

ORCHID Medication Refill Workflow

Refill requests come to you either because you are the PCP for the patient or you were the last one to see the patient. All requests will also be cc'd to the attending who last saw the patient when the prescription was filled.

Refill requests between visit can come through a number of sources:

1. The bulk of refill request for MV go through the pharmacists at our pharmacy. They will give short term (generally 30 days or until the next appointment) refills until patients can be followed up by the clinic. If they are unable to provide a refill (ie. it has been too long since patient was seen and prescribed the medication, they have already refilled once and the patient still was not seen in clinic, controlled substances, etc) they will forward those requests to you
2. Patient request refill by calling the clinic or through the portal. Nursing will generally call the patient back, confirm the medication needed and propose it to you, if they can to.
3. Outside pharmacy may send a fax or call requesting refill for a patient. Nursing will call the patient to confirm they need the medication and propose it to you if they can.

It is expected that you will attend to the request within **24-48 hours** depending on urgency of the medication. Respond to the message (attending should already be cc'd but add them if not) and document the refill or refill proposal.

****As a reminder, please always use the medication refill templates when you are documenting refills or refill proposals. This applies to all levels of residents.** (See templates below. We recommend that you create a dot phrase for these templates.

Medication Refill Auto text- LICENSED

Date of last visit: _

Date of next visit: _

Medication name and dose verified as per last note: Yes No

Pertinent labs and date (eg.: ACEI- last K and Cr): _

I reviewed this medication refill request and:

I ordered/signed the medication refill with correct sig, quantity, and number of refills.

The following modifications were made: _

I rejected the refill. Reason and follow-up instructions: _

Medication Refill Auto text- UNLICENSED

Date of last visit: _

Date of next visit: _

Medication name and dose verified as per last note: Yes No

Pertinent labs and date (eg.: ACEI- last K and Cr): _

Attending Provider, I reviewed this medication refill request and:

Recommend refill as proposed.

Please modify the sig, quantity, and number of refills as follows: _.

Please reject the refill request. Reason and follow-up instructions: _