

## BMC Adult Medication Refill Protocol

Labs/Procedures/ Appts	BP & HR	Lytes	SCr	HbA1c	TSH	Lipid Panel	MICRO ALBUMIN	Clinician Visit	Comments
<b>Hypertension</b>									if ≤ 80 yrs old BP 140/90 IF > 80 yrs old BP 150/90
ACE/ARB	QYR	K+: QYR	Q YR					Q YR	IF > 80 yrs old BP 150/90
Alpha Blockers	QYR							Q YR	If BP outside of protocol refill will be reassigned to RX Group for review
Beta Blockers	QYR							Q YR	
Calcium Channel Blocker	QYR							Q YR	
Clonidine	QYR							Q YR	
Diuretics	QYR	Na, K+: QYR	Q YR					Q YR	
Hydralazine	QYR							Q YR	
Potassium		Q YR						Q YR	
<b>Hyperlipidemia</b>	<b>BP &amp; HR</b>	<b>Lytes</b>	<b>SCr</b>	<b>HbA1c</b>	<b>TSH</b>	<b>Lipid Panel</b>	<b>MICRO ALBUMIN</b>	<b>Clinician Visit</b>	<b>Comments</b>
Fibrates						Q YR		Q YR	
Resins						Q YR		Q YR	
Statins						Q YR		Q YR	
Ezetimibe (Zetia)						Q YR		Q YR	
<b>Urology</b>	<b>BP &amp; HR</b>	<b>Lytes</b>	<b>SCr</b>	<b>HbA1c</b>	<b>TSH</b>	<b>Lipid Panel</b>	<b>MICRO ALBUMIN</b>	<b>Clinician Visit</b>	<b>Comments</b>
Alpha Blockers	Q YR							Q YR	
<b>GI</b>	<b>BP &amp; HR</b>	<b>Lytes</b>	<b>SCr</b>	<b>HbA1c</b>	<b>TSH</b>	<b>Lipid Panel</b>	<b>MICRO ALBUMIN</b>	<b>Clinician Visit</b>	<b>Comments</b>
Proton Pump Inhibitors								Q YR	
H2 Blockers								Q YR	
<b>Allergy and Asthma</b>	<b>BP &amp; HR</b>	<b>Lytes</b>	<b>SCr</b>	<b>HbA1c</b>	<b>TSH</b>	<b>Lipid Panel</b>	<b>MICRO ALBUMIN</b>	<b>Clinician Visit</b>	<b>Comments</b>
Steroid Nasal Spray								Q YR	
Epi-injector								Q YR	**May refill any age**
Albuterol								Q YR	Should last 3 mo. If more frequent send to nurse to schedule appt
Controller Inhaler								Q YR	
Singulair								Q YR	
Oral Antihistamines								Q YR	
<b>Contraception</b>	<b>BP &amp; HR</b>	<b>Lytes</b>	<b>SCr</b>	<b>HbA1c</b>	<b>TSH</b>	<b>Lipid Panel</b>	<b>MICRO ALBUMIN</b>	<b>Clinician Visit</b>	<b>Comments</b>
Oral Contraceptives	Q YR							Q YR	1.) If smoker and >35 send to provider 2.) BP <135/85 3.) If patient is due for PAP ok x1 and send reminder letter
Nuvaring or Patch	Q YR							Q YR	If non smoker may refill < 45 yrs

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<b>Antidepressants</b>	<b>BP &amp; HR</b>	<b>Lyttes</b>	<b>SCr</b>	<b>HbA1c</b>	<b>TSH</b>	<b>Lipid Panel</b>	<b>MICRO ALBUMIN</b>	<b>Clinician Visit</b>	<b>Comments</b>
SSRIs		Na+:Q YR						Q YR	Required for patients >65
SNRIs	Q YR	Na+:Q YR						Q YR	Required for patients >65
Tricyclics								Q YR	
Trazodone								Q YR	
Bupropion								Q YR	
Mirtazepine								Q YR	
Buspirone								Q YR	
<b>Endocrine and Metabolic</b>	<b>BP &amp; HR</b>	<b>Lyttes</b>	<b>SCr</b>	<b>HbA1c</b>	<b>TSH</b>	<b>Lipid Panel</b>	<b>MICRO ALBUMIN</b>	<b>Clinician Visit</b>	<b>Comments</b>
<b>Antidiabetic agents</b>									Controlled: A1C I <7 in last 6mo
Metformin	Q6 mo		Q YR	Q6 mo		Q YR	Q YR	Q6 mo	
Sulfonylureas	Q6 mo		Q YR	Q6 mo		Q YR	Q YR	Q6 mo	
Insulin	Q6 mo		Q YR	Q6 mo		Q YR	Q YR	Q6 mo	
Thiazolidinediones (TZDs)	Q6 mo		Q YR	Q6 mo		Q YR	Q YR	Q6 mo	
Other	Q6 mo		Q YR	Q6 mo		Q YR	Q YR	Q6 mo	
Diabetic Supplies	Q6 mo		Q YR	Q6 mo		Q YR	Q YR	Q6 mo	Refill even if A1C is >7 in last 6mo
Thyroid Replacement Agents					Q YR			Q YR	0.5-4 (Unless pregnant or thyroid cancer)
Bisphosphonates (osteoporosis)			Q YR					Q YR	
<b>Headache/Migraine</b>	<b>BP &amp; HR</b>	<b>Lyttes</b>	<b>SCr</b>	<b>HbA1c</b>	<b>TSH</b>	<b>Lipid Panel</b>	<b>MICRO ALBUMIN</b>	<b>Clinician Visit</b>	<b>Comments</b>
Triptans								Q YR	If on SSRI send to provider
Beta Blockers								Q YR	
Tricyclics								Q YR	
SSRIs								Q YR	If on triptans send to provider
<b>Pain/Inflammation</b>	<b>BP &amp; HR</b>	<b>Lyttes</b>	<b>SCr</b>	<b>HbA1c</b>	<b>TSH</b>	<b>Lipid Panel</b>	<b>MICRO ALBUMIN</b>	<b>Clinician Visit</b>	<b>Comments</b>
NSAIDs			Q YR					Q YR	

- If patient is due for a PE, Pharmacy Team will refill up to 90 days and notify patient that they need an appt before more refills can be approved.
- If patient is due for labs, Pharmacy Team will refill x1 (30- or 90-days) and send PTA to order labs
- If prior lab values related to the protocol eligible medication are abnormal (**based on NexGen flags**) the Pharmacy Team will reassign to RX group.
- The following exceptions apply:
  - \*\*\*Total cholesterol, HDL, Non-HDL and/or LDL are abnormal
  - \*\*\* Triglycerides are elevated, but < 700 mg/dL
  - \*\*\* Microalbumin is elevated
  - \*\*\* SCr is low
  - \*\*\* HgbA1C is elevated but the refill is for diabetic supplies
  - \*\*\* If patient is pregnant or has/had thyroid cancer the refill will be reassigned to the RX Group for closer monitoring