



ARROWHEAD REGIONAL MEDICAL CENTER
Department of Ambulatory Care Services
Primary Care Clinic Policies and Procedures

Policy No. 580.00 Issue 1
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SECTION: PATIENT CARE

SUB SECTION: MEDICATIONS

SUBJECT: MEDICATION REFILL STANDING ORDER

APPROVED BY: _____

Clinical Director, Ambulatory Services

POLICY

To provide a process for nursing staff of the Primary Care Clinics (PCCs) to review and approve maintenance prescription refill requests in a safe and efficient manner. The Clinic Staff includes the Registered Nurse (RN), the Licensed Vocational Nurse (LVN), or the Medical Assistant (MA). The Clinic Staff will receive a medication request and refill medications per the following refill criteria. The Clinic Staff are the agents of the prescriber delegated to refill medications as per the following procedure.

PROCEDURES

- I. PCC Medication Refill Protocol for Clinic Staff: General Criteria
 - A. Clinic staff are authorized to refill medication as requested for up to a 100-day supply unless otherwise specified.
 1. Refills for most medications may be provided for up to a 100-day supply.
 2. Refills for diabetic supplies may be provided for up to a 12-month supply.
 - B. Clinic staff review patient medication and appointment visit history for compliance.
 1. The patient must have had an appointment with a clinic Provider:
 - a. Within the previous 12 months from the time of the request.
 - b. Or the patient has a scheduled visit within the next three months.
 - C. Clinic Staff verify and review allergy and medication list in the electronic health record (EHR) prior to refilling medication including outside allergies.
 1. The requested medication is active on the patient's medication list.
 - D. Medication refill requests that do not meet the criteria specified in this standing order shall be forwarded to the prescriber.
 - E. Other condition specific criteria may apply as specified below.

- F. The health condition for the requested medication must have been addressed within the previous 12 months.
- G. Medication refill medication order(s) may only be approved by qualified staff of the originating department or discipline:
 - 1. Family Medicine may approve refill requests for Family Medicine.
 - 2. Obstetrics and Gynecology may approve refill requests for Obstetrics and Gynecology.
 - 3. Example Ophthalmology may not approve a refill request for a chronic hypertensive
- H. Patient fulfills criteria outlined in the respective disease and medication categories listed below.
- I. Patient's upcoming appointment is scheduled as per the last clinic visit instructions.
- J. Medication is a maintenance medication.
- K. All medication refill requests will be processed within 72 hours.

II. Indications

- A. Medications included in this protocol may be filled if the following criteria is met:
 - 1. Patient is established with the department and the original medication order and diagnosis (es) was/were entered by a licensed provider within the department.
 - 2. Patient fulfills criteria outlined in the Medication Categories listed below.
 - 3. Patients have no allergies or sensitivities to the medication.
 - 4. Medication is active on medication list.

III. Contraindications

- A. The following medications or circumstances are excluded from this protocol:
 - 1. Controlled Substances [scheduled substances II through V].
 - 2. Short course antibiotics
 - 3. Short course oral corticosteroids.
 - 4. Chemotherapeutic agents are actively managed by Oncology.
 - 5. Anticoagulation agents.
 - 6. Indication(s) that the patient may be experiencing side effects and drug interactions from the medication.
 - 7. Evidence of non-adherence, including overuse or underuse of the medication.
 - 8. Specific medications documented in the medical record to be refilled only by the prescriber.
 - 9. Refill requests for medications that either do not meet the refill protocols listed or are not part of a medication or medication class that has been approved for nursing staff to refill

IV. Anti-Hypertensives

- A. Hypertension, Cardiovascular Disease, and Heart Failure.
 - 1. Criteria that apply to each of the following listed medication classes.
 - a. Last blood pressure reading in the previous 9 months at the same clinic:

- 1) May refill Maximum 3-month supply if:
 - a) Blood pressure is less than (<) 140/90 mmHg or less than (<) 130/80 if Coronary Artery Disease (CAD) or Peripheral Vascular Disease (PVD) within the last 12 months
- 2) May refill for a maximum of a one (1)-month supply with follow-up appointment within one (1) month if:
 - a) Blood pressure is greater than (>) 140/90 mmHg or greater than (>) 130/80 if CAD or PVD within the last 12 months

B. Angiotensin-Converting Enzyme (ACE) Inhibitors (example Lisinopril, Enalapril)

1. Age 18 and older.
2. Normal serum creatinine test (sCr) in the past 9 months
3. Normal serum potassium (K+) in the past 9 months.
4. A blood pressure reading in the past 9 months
 - a. A blood pressure reading of less than (<)140/90 or (<)130/80 if CAD or PVD in the last 12 months
5. Patient is not pregnant (pregnancy episode or pregnancy test results)
6. The patient's appointment with the clinic provider is in the past 12 months or within the next three (3) months.

C. Angiotensin II Receptor Blockers (ARBs) (example Losartan, Irbesartan, Valsartan).

1. Age 18 and older.
2. Normal serum creatinine test (sCr) in the past 9 months
2. Normal serum potassium (K+) in the past 9 months.
3. A blood pressure reading of less than (<)140/90 or (<)130/80 if CAD or PVD in the last 12 months
4. Patient is not pregnant (pregnancy episode or pregnancy test results)
5. The patient's appointment with the clinic provider is in the past 12 months or within the next three (3) months.

D. Diuretics: Loop/Thiazide Diuretics, **Adults** (example Hydrochlorothiazide, Chlorthalidone, Furosemide)

1. Age 18 and older.
2. Normal serum creatinine test (sCr) in the past 9 months
3. Normal serum potassium (K+) in the past 9 months.
4. Normal serum sodium (Na+) in the past 9 months.
5. A blood pressure reading of less than (<)140/90 or (<)130/80 if CAD or PVD in the last 12 months
6. The patient's appointment with the clinic provider is in the past 12 months or within the next three (3) months.

E. Calcium Channel Blockers (CCBs) (example Amlodipine, Nifedipine)

1. Age 18 and older.
2. Normal serum creatinine test (sCr) in the past 9 months
3. Normal serum potassium (K+) in the past 9 months.
4. A blood pressure reading of less than (<)140/90 or (<)130/80 if CAD or PVD in the last 12 months
5. Does not have diagnosis of heart failure with reduced ejection fraction
6. Patient is not pregnant (pregnancy episode or pregnancy test results)

F. Beta Blocker Medications, **Adults** (example Propranolol, Labetalol, Carvedilol)

1. Age 18 and older
2. Normal serum creatinine test (sCr) in the past 9 months
3. Normal serum potassium (K+) in the past 9 months.
4. Patient is not pregnant (pregnancy episode or pregnancy test results)
5. A blood pressure reading of less than (<)140/90 or (<)130/80 if CAD or PVD in the last 12 months
6. If tested: Normal hepatic transaminase levels: Alanine Aminotransferase (ALT) and Aspartate Aminotransferase (AST)
7. The patient's appointment with the clinic provider is in the past 12 months or within the next three (3) months.

V. Dyslipidemia Medication.

A. Hydroxymethylglutaryl-CoA (HMG-CoA) reductase inhibitors (example Statins).

1. Age 18 years and older
2. Patient is not pregnant (pregnancy episode or pregnancy test results)
3. Fasting lipid panel result within the past 12 months
4. Normal hepatic transaminase levels: ALT and AST in the past 6 months
 - a. Excluded if increased Liver Function Tests (LFTs) greater than (>) 3 times upper limit of normal, defined as any of the following:
 - 1) ALT > 180
 - 2) AST > 105
 - 3) Alkaline Phosphate >345
5. The patient's appointment with the clinic provider is in the past 12 months or within the next three (3) months.

B. Ezetimibe (example Zetia®)

1. Age 18 years and older
2. Patient is not pregnant (pregnancy episode or pregnancy test results)
3. Fasting Lipid Panel result within the past 12 months
4. Normal hepatic transaminase levels: ALT and AST in the past 6 months
 - a. Excluded if increased LFTs > three times upper limit of normal, defined as any of the following:

- 1) ALT > 180
- 2) AST > 105
- 3) Alkaline Phosphate >345

5. The patient's appointment with the clinic provider is in the past 12 months or within the next three (3) months.

C. Fibric Acid Antilipemic Agent

1. Age 18 years and older
2. Patient is not pregnant (pregnancy episode or pregnancy test results)
3. Fasting Lipid Panel result within the past 12 months
4. Normal hepatic transaminase levels: ALT and AST in the past 6 months
 - a. Excluded if increased LFTs > three times upper limit of normal, defined as any of the following:
 - 1) ALT >180.
 - 2) AST > 105
 - 3) Alkaline Phosphate >345
5. The patient's appointment with the clinic provider is in the past 12 months or within the next three (3) months.

VI. Anti-Diabetic Medications and Supplies

A. Criteria to refill for the listed Diabetic medications and supplies

1. Normal sCr in the past 6 months.
2. Last hemoglobin A1c (HbA1c) documented in the past 6 months.
3. Fasting Lipid panel result in the past 9 months
4. Last patient appointment with the clinic provider was within the past 6 months.

B. Biguanides (example Metformin)

1. Patient 12 years of age or older
2. HbA1c in the past 6 months.
3. Fasting Lipid panel result in the past 9 months
4. Hepatic function in the last 6 months
5. Serum Creatinine (sCr) in the past 6 months and greater than 30 mg/dL.
6. The patient's appointment with the clinic provider is in the past 6 months or within the next 3 months.

C. Sulfonylureas (example Glipizide, Glyburide, Glimepiride)

1. Patient 18 years of age or older
2. HbA1c in the past 6 months.
3. Fasting Lipid panel result in the past 9 months
4. (sCr) in the past 6 months
5. Glomerular Filtration Rate (eGFR) greater than 10 mL/min
6. The patient's appointment with the clinic provider is in the past 6 months or within the next 3 months.

D. Sodium-Glucose Cotransporter 2 (SGLT2) Inhibitors (example Farxiga, Jardiance, Steglatro)

1. Patient 18 years of age or older
2. HbA1c in the past 6 months and greater than 10.
3. Fasting Lipid panel result in the past 9 months
4. (sCr) in the past 6 months
5. (eGFR) greater than 20 mL/min in the past 6 months
6. The patient's appointment with the clinic provider is in the past 6 months or within the next 3 months.

E. Glucagon-Like Peptide-1 (GLP-1) Receptor Agonists (example Ozempic/Wegovy/Semaglutide, Trulicity, Liraglutide, Victoza)

1. Patient 18 years of age or older
2. HbA1c in the past 6 months.
3. Fasting Lipid panel result in the past 9 months
4. (sCr) in the past 6 months
5. (eGFR) greater than 20 mL/min in the past 6 months
6. The patient's appointment with the clinic provider is in the past 6 months or within the next 3 months.

F. Dipeptidyl Peptidase 4 (DPP-4) Inhibitors (example Sitagliptin, Saxagliptin, Linagliptin, Alogliptin)

1. Normal sCr in the past 6 months.
2. Last hemoglobin A1c (HbA1c) documented in the past 6 months.
3. Fasting Lipid panel result in the past 9 months
4. Last patient appointment with the clinic provider was within the past 6 months.

G. Supplies

1. Refills for diabetic supplies may be provided for up to a 12-month supply.
 - a. Insulins
 - b. Syringes
 - c. Pen needles
 - d. Glucometer
 - e. Lancets
 - f. Test Strips
 - g. Alcohol Swabs

VII. Hormonal Therapies

A. Estrogens and Estrogen Combination Medications

1. Minimum age 18 years old
2. Patient is not pregnant (pregnancy episode or pregnancy test results)
3. Patient is current with Pap Smear Health Maintenance
4. The patient's appointment with the clinic provider is in the past 12 months or within the next 3 months.

B. Oral Contraceptive Medications

1. Minimum age 13 years old
2. Patient is female
3. Not currently a smoker over 35 years of age
4. Absence of migraine with aura
5. Patient is not pregnant (pregnancy episode or pregnancy test results)
6. The patient's appointment with the clinic provider is in the past 12 months or within the next 3 months.

VIII. Respiratory Medications

A. Inhaled Steroids (example Fluticasone, Beclomethasone, Budesonide).

1. Age 4 years and older
2. Patient has an active prescription for short acting beta agonists (SABA) inhaler.
3. The patient's appointment with the clinic provider is in the past 9 months or within the next 3 months.

B. Leukotriene Inhibitors (example Singular/Montelukast).

1. Age 24 months or older
2. The patient's appointment with the clinic provider is in the past 9 months or within the next 3 months.

C. Nasal Steroids (example Flonase/Fluticasone, Nasacort/Triamcinolone).

1. Age 4 years and older.
2. The patient's appointment with the clinic provider is in the past 9 months or within the next 3 months.

D. Nebulizer Solutions for Asthma (example Albuterol).

1. Age 4 years and older
2. The patient's appointment with the clinic provider is in the past 9 months or within the next 3 months.

E. Beta-Agonists, Combined Long-Acting (example Symbicort, Advair, Dulera, Breo).

1. Does NOT Apply to Long-Acting Beta-Agonists not Combined
2. Age 4 years and older.
3. Active Short-Acting Beta Agonist Inhaler Prescription
4. Appointment with provider with clinic provider in past 3 months or in next 3 months.

F. Beta Agonist Inhalers, Short-Acting (example Albuterol).

1. Age 4 years and older.
2. The patient's appointment with the clinic provider is in the past 9 months or within the next 3 months.

IX. Gastroenterology Medication

A. Proton Pump Inhibitor Medications, **Adults** (example Omeprazole, Pantoprazole).

1. Minimum age 18 years old
2. Patient is not pregnant (pregnancy episode or pregnancy test results)
3. Patient does not have diagnosis of Osteoporosis on problem list
4. Appointment with clinic provider in past 12 months or in next 3 months

B. Proton Pump Inhibitor Medications, **Pediatrics** (example Omeprazole, Pantoprazole)

1. Minimum age One-year old
2. Patient is not pregnant (pregnancy episode or pregnancy test results)
3. Patient does not have diagnosis of Osteoporosis on problem list
4. Appointment with clinic provider in past 12 months or in next 3 months

C. Histamine H2-Receptor Antagonists, H2-Blockers (example Famotidine)

1. Appointment with clinic provider in past 12 months or in next 3 months

X. Pain Medication

A. Non-Steroidal Anti-Inflammatory Drugs (NSAID) Medications (example Naproxen, Ibuprofen, Diclofenac)

1. Ages 18 to 65 years
2. Presence of normal serum creatinine tested in the past 9 months
3. Presence of normal serum potassium tested in the past 9 months
4. AST less than (<) 55 in the past 9 months
5. ALT less than (<) 90 in the past 9 months
6. Hemoglobin greater than (>) 10 in the past 9 months
7. Hematocrit greater than (>) 30 in the past 9 months
8. No active pregnancy on record
9. No pregnancy test in the past 12 months or most recent test was negative
10. Appointment with clinic provider in the past 9 months or within the next 3 months.

XI. Hypothyroidism

A. Thyroid, Hypothyroidism Medications, **Adults** (example Synthroid/Levothyroxine)

1. Minimum age 18 years old
2. Thyroid-Stimulating Hormone (TSH) level in the past 9 months in the normal range.
3. Appointment with clinic provider in past 12 months or in next 3 months

B. Thyroid, Hypothyroidism Medications, **Pediatrics** (example Levothyroxine)

1. Age 5 years and older
2. Patient is not pregnant (pregnancy episode or pregnancy test results)
3. TSH level in the past 9 months in the normal range.
4. Appointment with clinic provider in past 12 months or in next 3 months

XII. Neurology

A. Anticonvulsant Medications (example Keppra, Depakote)

1. For female patients of childbearing age 15 to 50 years, Folic Acid is active on the medication list
2. No active pregnancy on record
3. No pregnancy test in the past 12 months or most recent test was negative
4. Appointment with clinic provider in past 9 months or in next 3 months

XIII. Allergy

A. Antihistamines, Non-Sedating (example Loratadine, Diphenhydramine, Fexofenadine)

1. Age less than 65 years of age
2. Appointment with clinic provider in past 18 months or in next 6 months

XIV. Urinary

A. Urinary Anticholinergic Medications (example Oxybutynin)

1. Minimum age 18 years old
2. Appointment with clinic provider in past 12 months or in next 3 months

XV. Workflow

A. Refill requests may be generated from the following sources.

1. Patient's pharmacy: electronic prescription refill requests, phone calls, and faxes.
2. From the patient, patient's care giver or representative: direct walk in the clinic, phone call, or current EHR patient portal message.
3. All refill requests, activities, and communication shall be documented in the patient's EHR.

B. Designated nursing staff: RNs and LVNs.

1. Review nursing pool in basket messages for medication refill requests.
2. Create 'Orders Only' encounter.
3. Follow the 'Indications', 'Contraindications', and other outlined criteria listed.
4. In the EHR under 'Ordering Information' enter the refill order as "Per Protocol: No Cosign Required"
5. In the EHR under 'Providers' enter the Order Mode as "Per Protocol: No Cosign Required"
6. Enter or accept the submission.

XVI. Competency Requirements

- A. Electronic Health Record Training
- B. Department Specific Orientation and Competency Training

XVII. Quality Assurance

- A. Selected cases may be reviewed by attending providers as frequently as deemed clinically appropriate.
- B. Quality improvement or productivity reports may be reviewed as frequently as management

deems appropriate

REFERENCES: Medical Board of California for the Medical Assistant: Scope of Practice 2025.

DEFINITIONS: EHR patient portal is a web-based patient portal to access their electronic health record, lab results, visit summaries, medications, and to communicate with providers.
Medical Assistants are unlicensed individuals who perform non-invasive routine technical support services under the supervision of a licensed physician, surgeon, podiatrist, physician assistant, nurse practitioner, or nurse midwife in a medical office or clinic setting without the need of receiving a certification. The supervisor must be on the premises in order for the medical assistant to perform non-invasive technical support services. (Medical Board of California for the Medical Assistant, 2025)

ATTACHMENTS: N/A

APPROVAL DATE:	6/4/2025	Kristy Byers, Clinical Director II <small>Department/Service Director, Manager or Supervisor</small>
	6/17/2025	Nursing Standards Committee <small>Applicable Administrator, Hospital or Medical Committee</small>
	6/25/2025	Patient Safety and Quality Committee <small>Applicable Administrator, Hospital or Medical Committee</small>
	7/17/2025	Pharmacy and Therapeutics Committee <small>Applicable Administrator, Hospital or Medical Committee</small>
	9/4/2025	Quality Management Committee <small>Applicable Administrator, Hospital or Medical Committee</small>
	9/23/2025	Medical Executive Committee <small>Applicable Administrator, Hospital or Medical Committee</small>
	3/10/2026	Board of Supervisors <small>Approved by the Governing Body</small>

REPLACES: N/A

EFFECTIVE: 9/23/2025

REVISED: N/A

REVIEWED: N/A

