



5680 N. Tower Rd., #120
Denver, CO 80249

Phone: (720) 734-8816
Fax: (720) 405-4454
www.prairiepeds.com

ADHD MEDICATION POLICY

Stimulant medications have proven to be safe and effective in the treatment of ADHD for many decades. For many children these medications offer a critical role in school and social success. Despite their safety, the US Drug Enforcement Administration (DEA) lists these medications (Adderall®, Ritalin® and others) as Schedule II drugs, which restricts our prescribing them and penalizes us for misuse or poor compliance with DEA regulations.

Our approach to patients on ADHD medications includes the following policies. Due to DEA regulations, we are unable to deviate from these policies.

- Patients will be seen monthly in the office until they are on an optimal dose. Response to treatment is individual and often requires trials of different medications and titration of doses.
- In person appointments are required in order to check growth and physically examine patients on these medications.
- Once a child is stable on a dose and type of medication, appointments will be scheduled every 3-6 months.
- Timing of appointments and suitability for telehealth once a patient is stable is per the doctor's discretion.
- Unless discussed in advance, dose adjustments will not be made in between appointments, over the phone or via telehealth appointments.
- Medications are prescribed in either a 1 or 3 month supply depending on your insurance plan. Doctors are not able to prescribe more than your insurance will authorize.
- Medications may only e-prescribed and cannot be refilled.
- Early fills from pharmacies for summer camp or vacation plans are at the discretion of your insurance plan. Additional or extra medication cannot be prescribed for these purposes.
- We understand that children may temporarily live or travel out of state. However, Prairie Pediatrics doctors *are only licensed in Colorado* and are not able to prescribe medications if a patient is out of state.

Your signature below confirms that you have read and fully understand all aspects of this policy.

Signature _____

Date _____

Relationship to Patient _____