

MY HEALTH CARE PROVIDER HAS DIED, RETIRED OR MOVED AWAY CAN I GET MY PRESCRIPTION FILLED

The question of what to do about filling or refilling prescriptions written by deceased prescribers, those who have moved away, and those who have retired, arises from time to time. I have usually answered this in oral or telephone conversations with pharmacists, because even though the rule or the law could be fairly straightforward, there are many nuances in actual patient care.

In the case of the practitioner's license being suspended, restricted or revoked, I would handle this on a case-by-case basis. If this has happened, please contact the Board of Pharmacy Office for guidance, as much depends on the respective licensing board's specific action.

The short answer to the question of "My doctor/ advanced practice nurse/ physician assistant has died, can I get my prescription filled?" is N O. The Board of Medical Examiners, Board of Nursing and the Board of Pharmacy consider that prescribing a drug or treatment to a patient is the practitioner's responsibility, not only at the time the prescribing occurs, but also for the duration of the prescription. Good medical care includes follow up of the patient, setting goals for the therapy, monitoring and keeping track of those goals. It also includes fielding calls from the patient, should any unusual circumstances, side effects or idiosyncratic reactions occur with the medications. Obviously, all of these things are very difficult to do *IF* the prescriber is deceased, moved away or retired from practice.

The long answer to the question, and I believe the most important one, is ***Use Your Professional Judgment - Take Care Of The Patient- Be Reasonable.***

I will include some guidelines, which I have discussed with the Executives of the Board of Medical Examiners and Board of Nursing.

Obviously, in today's environment, when a patient comes in for a refill of a maintenance medication, it is impractical to expect them to see another practitioner immediately. It may take six to eight weeks to get an appointment with a new physician. Also, an emergency room visit to take care of a maintenance therapy situation is not usually in the best interest of the patient or the pocketbook of the healthcare system.

The Board of Medical Examiners, Board of Nursing and the Board of Pharmacy feel that the physician/nurse practitioner/physician assistant have an ongoing responsibility to the patient. Obviously, they cannot fulfill that responsibility if they are deceased, moved away or retired from practice. Therefore, the pharmacist must use their professional judgment in the best interest of the patient, to determine the following circumstances.

If the practitioner who has died, moved or retired was part of a multiple provider practice and the patients chart resides where others can easily access them and have agreed to care for the departed provider's patients, a telephone call to the clinic requesting who is following the patient, may be all that is necessary. However, even in this case, it may be unreasonable to expect another practitioner to immediately pick up the phone and prescribe for a patient whom the practitioner has not actually seen recently.

If the provider was in a private practice, where others are not following their patients, we have a more serious situation, with the inability of another provider to immediately consult the chart of the patient, to find out what is happening should an adverse event occur.

In the event the provider has retired, there are always nuances about whether the provider is still available, whether the medical practice has been transferred to another provider, or perhaps the provider has moved to Florida and would not be available at all any more. Is their license still current? When making a decision, all of these circumstances must be considered by the pharmacist.

With these situations under consideration, the next step would be for the pharmacist to make a decision about what to do for the patient. Obviously, if we are talking about Schedule II Controlled Substances, the answer would be for the patient to see another provider, even a trip to the emergency room, if the medication is needed immediately. On other medications, here is where the professional judgment comes in.

In discussions with Duane Houdek, Executive of the Board of Medical Examiners, and Dr. Connie Kalanek of the Board of Nursing, we have generally felt that a *reasonable* refill would be a thirty-day supply of the medication and the effort to help the patient obtain an appointment with a new practitioner within that time. Should the patient have a firm appointment for six weeks and the pharmacist felt the patient was doing fine, that might be appropriate as well. On the other hand, if the patient can arrange an appointment within two weeks, the medication should only be continued until that time, allowing the new practitioner to make the decision on the continuation of the medication.

Should the patient not have a refillable prescription, we then have a different and more acute situation. We have given the pharmacist authority to prescribe up to a three-day supply of medication when they are unable to contact a practitioner. In these cases the pharmacist may have to take a more active role in calling the clinic or another prescriber to ask if the person can be seen.

In summary, even though the deceased, retired or absent practitioner cannot follow the patient any longer, the pharmacist should use professional judgment within these guidelines to take care of the patient. Look at it as “I need to be able to convince five of my peers that my action is appropriate”.

One reason you are professionals is that we need to leave some things up to *your* judgment in the interest of the patient, while expecting you to be reasonable and keep the goal of the best patient care in mind.

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