Moving from Pediatric to Adult Care: Prescription Medicines, Supplies, and Equipment

To take care of your own health, you need to know how to fill prescriptions. Most prescriptions for medicines can be filled at a local pharmacy. You may also get them from a mail order pharmacy if your insurance allows. Your prescription insurance will use one specific mail order pharmacy.

When you go to your doctor, always bring the name and contact information for the pharmacy that you use. Your doctor may give you two prescriptions for the same medicine. The first one is for a 30-day supply so you can start taking the medicine right away. The second prescription will be sent to your mail order pharmacy to get a 3-month supply. The doctor will send the order electronically or you will need to send it to the pharmacy by mail.

When special supplies and equipment are needed, the prescription is filled by a durable medical equipment (DME) company. Your insurance may require you to use a specific company. The prescription will be sent to the DME company by you or your doctor.

When you fill a prescription, always take your prescription insurance information with you. This information may be on your health insurance card or on a separate prescription card.

Filling a prescription for medicine

- Give the doctor the name and contact information of the local pharmacy that you use. The doctor may send the prescription electronically to the pharmacy or you may take it there yourself.

- Some insurance companies only cover certain brands or types of medicines. If a medicine is not covered, the pharmacy may call your doctor to change the
medicine or your doctor may need to call the insurance company to get the medicine paid for. This is called “prior authorization.”

- The pharmacy may ask you to pay for part of the prescription each time you fill it. This is called a “co-pay.”

- When you get the prescription, read the label and know the different parts. Check to see if you have received the right medicine and dose (Picture 1). If you have any questions, ask your pharmacist.

A generic medicine may be given to you. Generic drugs have the same active ingredients as brand name drugs. They work the same way in your body but generic drugs will cost you less. Not all drugs have a generic form.

- Some medicines can only be prescribed once every 30 days. Some must be given in small amounts or cannot be renewed.

- Check to see how many refills there are. Refills allow you to ask the pharmacy for more medicine without getting a new prescription from your doctor. Try to refill a prescription at least 5 days before running out.

- If you will be taking the same medicine over many months, ask for automatic refills. The pharmacy will fill your medicine every month and call you when it is ready for pick up.
• If the label says NO REFILLS, plan ahead so that you always have enough medicine. As soon as you have filled the last refill, call your doctor to get a new prescription. The doctor may want to see you before writing a new prescription. It might take a few weeks to get an appointment.

• When you call the doctor to get a prescription, it may take a few days for the doctor’s office to return your call. Although most prescriptions are sent electronically to the pharmacy, you may need to pick up some and take them there yourself. Allow 7 days to get the new prescription.

• If you ask the pharmacy to refill your medicine but have NO REFILLS, the pharmacy may call the doctor for you and get one refill approved. The doctor will request that you schedule an appointment before renewing the drug again.

• Do not stop taking a medicine or change the amount you take without talking to your doctor first.

• If you notice any side effects while taking a medicine, tell your doctor or pharmacist.

**Getting prescriptions by mail**

Getting prescriptions from a mail order pharmacy may save you time and money. A 3-month supply is sent to your home. Your medicines may cost less if you get a larger amount at once.

Getting a prescription by mail is not the same thing as ordering medicines on the internet or from other countries. Ordering from the internet or from other countries is dangerous to do and not allowed by the Food and Drug Administration (FDA).

• Fill out the prescription order form from the mail order pharmacy. Send the original written prescription with the order form to the pharmacy.

• For refills, call the mail order pharmacy’s toll free number or go to their website to order online.

• If you can, request automatic refills. Refills are sent to you every 3 months without your having to ask for the refills. You will get refills until there are no more allowed by the prescription.

• Either you or the mail order pharmacy needs to contact your doctor to renew the prescription when you have NO REFILLS.

• To stop getting a medicine by mail order, you will need to call the company or go to their website to make the change.
How to transfer a prescription from one pharmacy to another

- If you need to change pharmacies, you do not need to call the old pharmacy. The new pharmacy can do this for you.
- Call or go to the new pharmacy to ask for the transfer. Take the medicine bottle with you. The label will have all of the information that the new pharmacy needs to transfer your prescription:
  - Name of the medicine
  - Prescription or Rx number
  - Name of the old pharmacy and their phone number
- Some pharmacies will allow you to transfer your prescriptions to another pharmacy online.
- If you have NO REFILLS left on a prescription, call your doctor for a new prescription and tell the doctor where you want it filled.

How to get supplies and equipment

Some types of equipment and supplies cannot be found at your local pharmacy. You will need to order these from a DME company.

- Call or check your health insurance company’s website to know which DME companies your insurance covers. Bring the list of names and phone numbers to your doctor’s appointment.
- Your doctor will write a prescription for the equipment. The prescription will be sent to the DME company by you or your doctor or you may take it to the DME company yourself. The prescription may need to be sent with an order form provided by the DME company.
- Make sure your insurance covers the cost of the supplies and equipment. Check your insurance to see if you need prior authorization for anything and what forms to fill out. Check to see if you will own the equipment. You may need to return it after using it.
- Your insurance company may allow the use of special equipment for a limited amount of time. When the time runs out, the DME company will contact your doctor to find out if the equipment is still needed. You will not need to be involved. However, if you no longer need the equipment, you will need to contact the DME company to arrange a time for it to be picked up.
- The amount of supplies that you can order each month may also be limited. Compare the prescription your doctor gives you to the quantity and the number of refills you are allowed.
• You may choose to rent or buy equipment. Your insurance company may only pay for certain brands of equipment and supplies.

• Supplies used regularly can be delivered to your home. Try to request automatic refills for supplies that need to be replaced each month. They will be sent to you without the need to reorder them regularly. You will get refills until there are no more allowed by the prescription.

• You need to contact your doctor to renew the prescription for supplies when you have NO REFILLS. You should do this at least 14 days or longer before you run out of supplies.

• For long term use of supplies and equipment, the prescriptions are usually good for one year. Each year, the prescription needs to be renewed by your doctor.

• When you receive any equipment or supplies from a DME company, save the packing slip. The packing slip will have information needed to order more equipment or supplies in the future. Bring the packing slip and a list of things that you need to your doctor’s appointments.

Local Pharmacy

Name: ___________________________________________________________
Address: _________________________________________________________
City/State/Zip: _____________________________Phone:____________________

Mail Order Pharmacy

Name: ___________________________________________________________
Address: _________________________________________________________
City/State/Zip: _____________________________Phone:____________________

Medical Supplies and Equipment (DME Company)

Name: ___________________________________________________________
Address: _________________________________________________________
City/State/Zip: _____________________________Phone:____________________