

OLYMPUS FAMILY MEDICINE

POLICY FOR WEIGHT MANAGEMENT MEDICATIONS

General Information:

Olympus Family Medicine is dedicated to each of our patients' well being and health. As part of that dedication, we are committed to helping our patients achieve a healthier lifestyle and healthier weight by prescribing "diet pills" when other methods of dietary restrictions and exercise regimens have failed. These diet medications are prescription strength and cannot be found over-the-counter. They are controlled substance medications under the State and Federal governments, and are classified as "Sympathomimetics".

Sympathomimetics drugs are stimulant compounds which act as an appetite suppressant by stimulating the central nervous system. Common side effects of taking these class of medications include, but are not limited to, the following symptoms:

- Elevated Blood Pressure
- Headaches
- Anxiety
- Jitteriness
- Constipation
- Heart Palpitations
- Dizziness
- Insomnia
- Dependency

Monitoring Requirements:

All patients requesting medication for weight management (such as Phentermine), regardless of whether the medication is being prescribed for first time use or is a continuation of therapy that was established by another physician, are required to meet the following requirements:

(Please **read & initial** all of the policies detailed below in order to indicate your consent & understanding)

_____ The patient must follow-up MONTHLY for the **first 3 months** with a regular office visit in order to monitor stability on the medication. After the initial monitoring period, patients will be seen on a quarterly basis if their regimen is well controlled and they require no further dosage adjustments. In the event that dosage adjustments are needed any time during treatment, *the patient will be required to come in monthly until they have established appropriate response and control, as determined by their provider.* There are **no exceptions** to the monitoring policy. This a practice-wide requirement that applies to all patients.

_____ These medications are a short-term solution to aid in weight loss while the patient continues to engage in necessary lifestyle changes, including improving eating habits and exercise regimens.

_____ Termination of prescribed weight management medication will take place when one of the following criteria is met:

1. The patient has reached their weight loss goal
2. The patient experienced an adverse reaction or side effect(s) while taking the medication, which continuation of therapy might put their health at risk (i.e., High blood pressure, elevated liver enzymes, medication tolerance)
3. The patient has been using the same prescribed weight management therapy for one full year

_____ There will be **NO EXCEPTIONS** to this prescription monitoring policy.

NOTICE CONCERNING LOST OR EXPIRED PRESCRIPTIONS:

In order to be in compliance with the strict DEA and DPS monitoring of controlled substance medications, if a prescription medication is lost, stolen, expired, or becomes otherwise unsuitable for submission to a pharmacy for any reason, all of the following will apply:

- You must complete a *Request for Duplicate Prescription* form. You may be required to schedule an appointment to obtain a new prescription.
- **You will be required to pay a \$35.00 fee** for a replacement prescription.

By signing this form, I acknowledge that I have read fully, understand, and agree to the above Policy for Weight Management/Diet Medications, as outlined by Olympus Family Medicine.

Signature of Patient, Parent, or Legal Guardian

Date

Print Legal Name of Patient