



Neurodevelopmental Pediatrics Prescription Refill Process

PRESCRIPTION REFILL

ONLINE: www.childrensnational.org/devrxrefill

PHONE: (301) 765-5423

FAX: (202) 476-4336

111 Michigan Ave., NW
Washington, DC 20010
(202) 476-3508

9850 Key West Avenue
Rockville, MD 20850
(301) 765-5400

3023 Hamaker Ct.
Fairfax, VA 22031
(571) 226-8380

13922 Baltimore Ave.
Laurel, MD 20707
(240) 568-7000

888 Bestgate Rd.
Annapolis, MD 21401
(410) 266 6582

Please call for refills before 2:00 p.m. Monday to Friday and allow at minimum **14 business** days before you need your prescription refill to allow sufficient time to handle your request. We do not guarantee same-day response on prescription refills.

- **PHARMACY REQUESTS:** Please contact your pharmacy and instruct them to **fax a refill request to (202)476-4336** directly. They will have all of the information needed to properly refill your prescription. This is the most efficient way for you to obtain your medication refill. *Please note that due to the high volume of requests, we do not call pharmacies to fill prescriptions.*
- **CONTROLLED SUBSTANCES,** please call (301) 765-5423. Because of federal and state laws, stimulant medications require a written prescription, and must be mailed to you directly or picked up at our office. Federal and state laws also prohibit dispensing more than 30** days supply of stimulant medication. For this reason we are only able to write for 30 days worth of medication, unless you are filling the prescription through a mail order pharmacy in association with your insurance company**.

When leaving a message, please speak **SLOWLY** and include all of the following information. Incomplete messages will delay the processing of your request.

- Your name, relationship to the patient, and the best phone number to reach you
- Your child's name and date of birth. Please spell both first and last names
- The name of our physician
- The name of the medication
- The size and/or strength of the medication. (If your child is taking a long-acting formulation, it is very important to specify that it is, for example, Adderall XR, Focalin XR, or Ritalin LA)
- The directions for taking the medication
- If you would like us to mail your prescription, your complete mailing address

****Please consider using a mail order pharmacy program if your insurance company has one.**

Typically, these programs allow you to get a 90-day supply of medication. Some mail order pharmacies will fill a 90-day supply even if your prescription is for a controlled substance. Getting your child's medication in this way will save you time and may save you money.

Make sure your child gets appointments when needed. Your child needs to be seen every two to six months for appropriate monitoring while receiving medication. Because we are booked in advance, please call well in advance to make sure you get an appointment. **We will not refill prescriptions if your child has not returned for follow up as instructed by your physician.**