

Please Note: You are **NEVER required** to provide a prescription to a patient

Do **NOT** prescribe list:

Controlled Substances	<ul style="list-style-type: none"> • Narcotics • Vyvanse • Concerta • Ritalin • Adderall • Benzodiazepines • Butalbital • Fioricet
Weight Loss Medications	<ul style="list-style-type: none"> • Phentermine-topiramate (Qsymia), • Tirzepatide (Mounjaro) • Semaglutide (Wegovy/Ozempic/Rybelsus) • Liraglutide (Victoza/Saxenda) • Naltrexone-bupropion (Contrave) • Orlistat (Alli, Xenical)
Schedule IV synthetic opioid analgesic	Tramadol (Ultram)
Ophthalmic steroids	<ul style="list-style-type: none"> • Click here to see some of the common ophthalmic steroids
Medical Marijuana	
Misoprostol (part of Plan C medical abortion)	
Depo-Provera IM injection for birth control	
Any drug that requires long term monitoring such as liver enzymes etc.	Terbinafine oral
Rx for STI/STD:	<ul style="list-style-type: none"> • FSH Policy is to REFER all STI patients for testing and NOT RX (because they may not follow up for testing.) • Must be tested in person for co-morbidities.
HIV Prevention and/or treatment	Biktarvy, PrEP (Truvada, Descovy, & Apretude)
1st generation cephalosporins with true penicillin allergy	Instead use 2 nd or 3 rd generation
Durable medical equipment	Nebulizer, glucose monitors, etc.

Do **NOT** initiate, but **OK** to follow refill policy:

Blood Thinners	<ul style="list-style-type: none"> • Dabigatran (Pradaxa) • Rivaroxaban (Xarelto) • Apixaban (Eliquis)
Behavioral health medications <ul style="list-style-type: none"> • You may refill an existing medication under the normal refill policy • Maximum of 3–30-day refills per 12-month period 	<ul style="list-style-type: none"> • Aripiprazole (Abilify) • Fluoxetine (Prozac) • Sertraline (Zoloft) • Citalopram (Celexa) • Mirtazapine (Remeron) • Trazodone, etc.
Anticonvulsants	<ul style="list-style-type: none"> • Keppra, Lamictal, etc.
Birth control	<ul style="list-style-type: none"> • Oral contraceptive pill: refill 1–90-day refill per 12-month period <u>OR</u> 3–30-day refills • Plan B or Ella Rx no limit on number of times per year
Erectile dysfunction medications	<ul style="list-style-type: none"> • Sildenafil (Viagra), tadalafil (Cialis), etc.

Rx with **caution**:

BV treatment:	<ul style="list-style-type: none"> • See MD guidelines for specifics. • Must be able to rule out STI/STD
Gabapentin (Neurontin)	<ul style="list-style-type: none"> • <u>Controlled medication in some states</u>
Flexeril	
Oral Fluoroquinolones	Ciprofloxacin, Levaquin, etc.
Lyrica	
Chantix CAN Rx IF:	<ul style="list-style-type: none"> • No hx of depression, bipolar disorder, etc. • Pt is willing to participate in an adjunct smoking cessation program

Do **NOT** do:

- Complete History and Physical Exam forms for admission into college
 - Requires an in-person physical exam.
- Provide sick note if recommending patient go to UC or ER