

Are yearly visits needed for renewing non-controlled medication prescriptions?



DEBUNKING THE MYTH

Yearly patient visits are not always required for the continuation of non-controlled maintenance medication prescriptions.

BACKGROUND

On average, primary care physicians (PCPs) receive between 10 and 25 prescription refill requests per day and spend an average of 30 minutes per day assessing and responding to refill requests.¹ Many practices coordinate chronic daily medication prescription renewals with their patients' yearly exams. As a result, patients may be asked to complete a yearly visit before the physician will renew the prescription(s) for their medication(s). This may create an unnecessary burden for patients and extra work for physicians, for example, when a patient is unable to complete an appointment 12-months after their last visit or when a yearly visit is not medically necessary in the physician's professional judgement. In such scenarios, physicians receive avoidable and burdensome prescription refill requests which have significantly increased compared to pre-COVID 19 pandemic-levels.²

Some states have changed their maximum allowed prescription duration for non-controlled medications to be longer than 12 months allowing for greater flexibility in the prescription renewal process. Find information about state allowances (where available) in this [PDF](#). For example:

State	Maximum allowed non-controlled Rx duration
Idaho ³	15 months
Illinois ⁴	15 months
Iowa ⁵	18 months
South Carolina ⁶	24 months

Case Example:

A patient in South Carolina, where non-controlled prescriptions can be renewed for up to 24 months, takes lisinopril daily for hypertension. They request a renewal, though their last office visit and lab tests were 14 months ago. Instead of requiring they come for their yearly visit before renewing the prescription, the PCP approves a renewal for another 24 months, orders pertinent lab tests, and asks the patient to schedule a follow-up appointment and have the lab tests done in advance of that visit. By asking the patient to schedule the labs and follow-up visit after approving the renewal—rather than as a condition for it—the PCP minimizes refill requests and ensures the patient's access to essential medications between visits.

Key takeaways

Practices can reduce refill requests for maintenance medication prescriptions by taking advantage of state provisions that allow extended prescription durations. Insurance and pharmacy benefit management requirements should also be considered. An extended prescription renewal period that is based on shared decision-making and what's in the patient's best interests—rather than a one-year interval—can reduce the time spent on refill requests; enhance medication adherence by ensuring patients don't run out of refills between visits; and improve patient-physician trust by no longer using prescriptions as a "hook" for patients to return for follow-up visits.

Resources

- 2024 **Medication Management** AMA STEPS Forward Toolkit. Accessed September 2024.
- 2014 **Annual Prescription Renewal** AMA STEPS Forward Toolkit. Accessed September 2024. <https://edhub.ama-assn.org/steps->
- Code of Federal Regulations: Annual Wellness Visits Providing Personalized Prevention Plan Services- **Conditions for and Limitations on Coverage**. Accessed September 2024.
- **2012 CMS Guidance**: The Initial Preventive Physical Exam and the Annual Wellness Visit FAQs. Accessed September 2024.

References

1. Tokazewski JT, Peifer M, Howell JT. Leveraging and Improving Refill Protocols at Your Health System. *Appl Clin Inform*. 2022;13(5):1063-1069. doi:[10.1055/a-1947-2556](https://doi.org/10.1055/a-1947-2556)
2. Arndt BG, Micek MA, Rule A, Shafer CM, Baltus JJ, Sinsky CA. More Tethered to the EHR: EHR Workload Trends Among Academic Primary Care Physicians, 2019-2023. *The Annals of Family Medicine*. 2024;22(1):12-18. doi:[10.1370/afm.3047](https://doi.org/10.1370/afm.3047)
3. Idaho State Board Of Pharmacy. 2018 Idaho Administrative Code Archive: Rules Governing Pharmacy Practice. Subchapter A: Standard Provisions (Rules 000 through 099); 2018. <https://adminrules.idaho.gov/rules/2018%20Archive/27/270103.pdf>
4. Illinois Department of Financial and Professional Regulation (DFPR), Illinois State Board of Pharmacy. Illinois General Assembly Pharmacy Practice Act.; Section 225 ILCS 85/3. 2025. <https://ilga.gov/legislation/ilcs/ilcs3.asp?ActID=1318#:~:text=A%20prescription%20for%20medication%20other,unless%20the%20prescription%20states%20otherwise.>
5. The General Assembly of the State of Iowa. Practice of Pharmacy—Pharmacist Licensure—Intern, Technician, and Support Persons on Registration— Penalties. Vol HF 555.; 2024. Accessed March 6, 2025. <https://www.legis.iowa.gov/docs/publications/iactc/90.2/CH1056.pdf>
6. South Carolina State Board of Pharmacy. South Carolina Pharmacy Practice Act.; Section 40-43-260. 2022. <https://www.scstatehouse.gov/code/t40c043.php>