



**COLORADO**

Department of Health Care  
Policy & Financing

Pharmacy Unit  
1570 Grant Street  
Denver, CO 80203

# Rx Review Program

## Pharmacist Orientation Instructions

Our mission is to improve health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources.  
[www.colorado.gov/hcpf](http://www.colorado.gov/hcpf)



Dear Pharmacy Practitioner:

The Department of Health Care Policy and Financing (the Department) would like to thank you for providing your knowledge, time and energy by participating in the Rx Review Program. Through your assistance, we will not only improve patient outcomes, but also enhance the profession's presence within the community.

All required documents are located on the Department's website at: <http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1244207386120>

Any questions or concerns regarding the program, the materials or reimbursement issues, may be directed to Sara Haynes via email at [sara.haynes@state.co.us](mailto:sara.haynes@state.co.us) or by phone at (303) 866-4229.

### **Pharmacist Expectations**

Overall, the Department expects participating pharmacists to provide a thorough and comprehensive evaluation of the patient's over the counter and prescription medications and supplements by conducting a face-to-face or phone consultation with the patient. The pharmacist will document this encounter by providing written recommendations to the Department. While this program is not designed to provide intensive medication therapy management, you are being asked to screen for drug-drug interactions, drug-OTC/supplement interactions, drug duplication or use of multiple prescribers. As a pharmacy practitioner, we ask that you only make recommendations that are evidenced-based and within your comfort level.

Please do not use questionable internet sites to obtain your drug information. Instead, we suggest using references such as "Drug Facts and Comparisons", "Handbook of Nonprescription Drugs", "Applied Therapeutics", "Pharmacotherapy", Lexicomp's "Handbook of Drug Information", Epocrates.com or similar sources. If you are a preceptor through a School/College of Pharmacy, we ask that you include your pharmacy student in your consultation, as this program is an excellent opportunity to teach and demonstrate the value of pharmacy services.

### **Step by Step Approach:**

Below is a step by step framework to the program. Please make sure that each step is completed.

#### **1. Obtaining Patient's Contact Information**

Open your patient profiles. At the top of the page, you will see the patient's contact information. The Department will mail an introductory letter to your patients which will explain the program and provide notification that a pharmacist will be contacting them.

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The Rx Review program is optional and the letter gives them a number to call to opt out of the program. You will need to contact your patient, preferably by telephone, in order to introduce yourself as well as set up the consultation. Please contact your patient within one week of receiving your materials.

## **2. Obtaining Preliminary Health Information and Setting up the Consultation**

When talking to your patient, please identify a specific location for the consultation. The consultation location can be anywhere from the patient's home to a mutually agreed upon meeting place. Many pharmacists may wish to use their pharmacy as the preferred site. However, if the client cannot meet in person, the consultation may be conducted over the telephone. When speaking to the patient, **notify the patient that they must bring all of their OTC's, nutritional supplements, and prescription medication bottles with them**, or for phone consultations, have them readily available. A document for the patient to list all their medications/dosages, diagnoses and additional questions has been sent to the client. Also, if they use a glucometer or spacer, they should bring these as well. You may wish to ask the patient who assists with their medications or oversees their health care. If it is a family member or caregiver, then please ask for their participation as well. You may wish to ask the patient exactly what OTC medications, supplements or prescription medications they are taking and for what medical indications. This will help as you are reviewing their medication profiles.



### 3. Reviewing Medication Profiles

An example of a patient profile is as follows:

<u>Client ID, Name, Age and Address</u>						
Y123456	JANE DOE	Birth Date: 10/31/1931	Phone Number			
1234 W 12 <sup>th</sup> AVE	DENVER	80211	3034331234			

  

<u>Drugs, Number of Claims and Prescribing</u>				<u>Prescriber Name</u>	<u>Phone</u>	<u>Address</u>	<u>City</u>	<u>Zip</u>
<u>Drug Name</u>	<u>Drug Quantity</u>	<u>Claims</u>						
PRAVASTATIN SODIUM 40	30	4						
LISINOPRIL 10 MG TABLET	30	4						
PREDNISONE 5 MG TABLET	21	1		SMITH PA, ALICIA	3033064321	1400 S POTOMAC #150	AURORA	80012
POTASSIUM CL 10 MEQ CAP SA	30	4		SMITH NP, ANELLA	3036939991	4745 SOUTH HELENA WAY	AURORA	80015
OXYCODONE-APAP 10-325 MG TA	270	3		SMITH NP, ANELLA	3036939991	4745 SOUTH HELENA WAY	AURORA	80015
OXYCODONE-APAP 10-325 MG TA	240	1						
NYSTATIN 100,000 UNIT/GAM CR	30	1		SMITH NP, ANELLA	3036939991	4745 SOUTH HELENA WAY	AURORA	80015
GABAPENTIN 100 MG CAPSULE	90	2		SMITH NP, ANELLA	3036939991	4745 SOUTH HELENA WAY	AURORA	80015
GABAPENTIN 100 MG CAPSULE	60	2						
FUROSEMIDE 20 MG TABLET	30	2		SMITH NP, ANELLA	3036939991	4745 SOUTH HELENA WAY	AURORA	80015
FLOVENT HFA 220 MCG INHALER	12	1		SMITH NP, ANELLA	3036939991	4745 SOUTH HELENA WAY	AURORA	80015
EFFEXOR XR 75 MG CAPSULE	30	4						
EFFEXOR XR 150 MG CAPSULE	30	3		RAGSDALE MD,	7208557174	2058 OCEOLA ST	DENVER	80212
PROAIR HFA 90 MCG INHALER	8.5	4		SMITH NP, ANELLA	3036939991	4745 SOUTH HELENA WAY	AURORA	80015

  

<u>Client Diagnoses</u>	
250	Diabetes Mellitus
347	Cataplexy and Narcolepsy
496	Chronic Airways Obstruction, Not Elsewhere Classified
780	General Symptoms
781	Symptoms Involving Nervous and Musculoskeletal Systems
799	Other Ill-Defined and Unknown Causes of Morbidity and Mortality

  

<u>Pharmacy(ies)</u>				
03003548	WALGREEN CO	3034338911	2975 FEDERAL BLVD	DENVER 80211

**Box #1** -- Name, age, phone and address of your patient.

**Box #2** -- Patient's medications, drug quantity and number of Medicaid claims filed (in the past three months) for that medication.

**Box #3** -- Prescriber's name, phone number and address.

**Box #4** -- Patient's comorbidities as recorded by the prescriber, which may or may not be complete.

**Box #5** -- Pharmacy(ies) where the patient is filling their prescriptions.

From the sample case above, it appears that Jane Doe has three providers dictating care. Perhaps you could investigate how the patient is using her inhalers. You may also note that she is currently taking prednisone. Is this a steroid burst for her asthma? If this is



chronic therapy, she may need the addition of calcium carbonate 500 mg TID to prevent long-term metabolic consequences of her steroid. Due to being on steroids, you may want to ask Ms. Doe how well controlled her blood sugars have been and if she happens to know what her latest hemoglobin A1c value was.

You may want to write down these questions to ask during the counseling session or to send to the provider in the recommendation letter.

#### **4. The Consultation**

The Department is cognizant that a pharmacist's time is extremely valuable and no minimum time limit has been set for the consultation. We ask that it be conducted in an adequate amount of time for the patient to comprehend the information (please refer to the Patient Counseling Pointers).

As you know, many patients use multiple providers and there may be more than one prescriber managing the patient's care. Therefore, you should ask the patient to identify each and every prescriber. Also, do not forget to obtain the prescribers' addresses and telephone numbers. This information should be located on the patient's prescription bottles. You may need to do a bit of detective work.

Make sure to inform the patient that the Department will be communicating these recommendations to their prescriber(s) in the form of a letter. You should also let the patient know that a copy of this letter will be sent to them. It is essential that the patient be told that they must contact their prescriber before implementing any initial pharmacy recommendations. As pharmacists, we do not want to be accused of "practicing medicine" and do not want to put the provider on the defensive. Rather we would like to create a working collaborative relationship. All Medicaid prescribers have been made aware of the program.

#### **5. Documentation and Provider Letter**

Please fill out the Sample Letter and Consultation Summary with the requested information. You can use additional sheets if necessary.

A written recommendation of the sample consultation with Jane Doe to the provider is as follows:

*During the 90 day review for this client's medications, there was only one prescription for her maintenance corticosteroid inhaler, Flovent, and three refills for the rescue albuterol inhaler. I would recommend counseling this client about the importance of using her maintenance corticosteroid inhaler as prescribed. It might also be appropriate to increase her dosage since she also needed a prednisone prescription during this three-month period.*



*While Advair Diskus is an expensive medication, it is a preferred product for Colorado Medicaid clients and might help with this client's compliance.*

*Medical appointment visit information is not available for this evaluation but Medicaid clients do not have a high percentage of seeing their primary care providers on a yearly basis. It might be time to remind this client of the importance of lab work such as a lipid panel and liver function test since she is taking pravastatin.*

*I see a diagnosis of Diabetes Mellitus, however; there are no medications in this profile to manage this disease. While this could be an error, please verify this diagnosis.*

*This client received 1050 Percocet 10-325 tablets in a 90 day timeframe. While her average APAP dosage would be 3800mg per day and within a safe dosage, it might be a better option to use oxycodone without APAP due to this client's advanced age.*

*All of Jane Doe's medications are on the Medicaid PDL.*

Once completed, please send the letter to the Department documenting your recommendations. Please be as succinct as possible and prioritize your recommendations, placing the highest priority problems at the top of your list. Typically, the problems that might cause death, hospitalization or exacerbate comorbidities are considered priority problems. Please sign and return the recommendations via mail, fax or e-mail to the Department at:

Department of Healthcare Policy and Finance  
Attention: Sara Haynes, Pharmacy Benefits Section  
1570 Grant Street  
Denver, CO 80203  
(Fax) 303-866-3590  
(Email) [sara.haynes@state.co.us](mailto:sara.haynes@state.co.us)

*You do not need to send this letter to the client's provider(s), the Department will do so for you.*

## **6. Reimbursement**

Please either fax your letter of recommendations, the client Medication Table and the Pharmacist Invoice Form to (fax) **303-866-3590**, Attention: Sara Haynes, or email using encryption to [sara.haynes@state.co.us](mailto:sara.haynes@state.co.us). All of these materials must be received before reimbursement can be processed. Please expect reimbursement to arrive in the mail within three to four weeks of sending your materials and your invoice.



## 7. Follow-up

One of the most rewarding feelings is the satisfaction that comes from actually seeing your therapeutic recommendations taken by a patient's provider and implemented. While it is not required, you may wish to follow-up with your patient and/or their provider(s). Please let us know of any meaningful feedback you receive regarding the program so that we may make improvements where needed.

Again, thank you for your hard work and dedication to the community to make this program successful!

Sara Haynes,  
Rx Review Coordinator  
Pharmacy Benefits Section

