Rx Review Program

Pharmacist Orientation Instructions
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 January Montaño via email at january.montano@state.co.us or by phone at (303) 866-6977.

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.
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:

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

### Client Diagnoses

- 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

### Pharmacy(ies)

03003548  WALGREEN CO  3034338911  2975 FEDERAL BLVD DENVER  80211

**Drugs, Number of Claims and Prescribing**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Quantity</th>
<th>Claims</th>
<th>Prescriber Name</th>
<th>Phone</th>
<th>Address</th>
<th>City</th>
<th>Zip</th>
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<tbody>
<tr>
<td>PRAVASTATIN SODIUM 40</td>
<td>30</td>
<td>4</td>
<td>SMITH PA, ALICIA</td>
<td>3033064321</td>
<td>1400 S POTOMAC #150  AURORA 80012</td>
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<td></td>
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<td>LISINOPRIL 10 MG TABLET</td>
<td>30</td>
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<tr>
<td>PREDNISONE 5 MG TABLE</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>POTASSIUM CL 10 MEQ CAP SA</td>
<td>30</td>
<td>4</td>
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<tr>
<td>OXYCODONE-APAP 10-325 MG TA</td>
<td>270</td>
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<td>SMITH NP, ANELLA</td>
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<tr>
<td>OXYCODONE-APAP 10-325 MG TA</td>
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<td>SMITH NP, ANELLA</td>
<td>3036939991</td>
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<td></td>
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<td>NYSTATIN 100,000 UNIT/GAM CR</td>
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<tr>
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<td>2</td>
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<tr>
<td>GABAPENTIN 100 MG CAPSULE</td>
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<td>FUROSEMIDE 20 MG TABLET</td>
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<tr>
<td>FLOVENT HFA 220 MCG INHALER</td>
<td>12</td>
<td>1</td>
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<td>EFFEXOR XR 75 MG CAPSULE</td>
<td>30</td>
<td>4</td>
<td>RAGSDALE MD,</td>
<td>7208557174</td>
<td>2058 OCEOLA ST DENVER 80212</td>
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<td>EFFEXOR XR 150 MG CAPSULE</td>
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<td>3</td>
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<td>7208557174</td>
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<td>PROAIR HFA 90 MCG INHALER</td>
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</tbody>
</table>

**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: January Montaño, Pharmacy Benefits Section
1570 Grant Street
Denver, CO 80203
(Fax) 303-866-3590
(Email) january.montano@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: January Montaño, or email using encryption to january.montano@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!

January Montaño, MPS  
Rx Review Coordinator  
Pharmacy Benefits Section