Tips for a Safe & Effective Medication System

Ross Brickley, RPh, MBA, CGP
Consultant Pharmacist

Admission Orders

- Verification of orders unless the prescribing practitioner signed FL2 within 24 hours of the admission date. Clarification is needed if orders are incomplete, not clear or conflicting orders between admission orders

- Medication orders provide legal orders to administer medications, but they don't always comply with the Board of Pharmacy or Drug Enforcement Administration (DEA) requirements for a pharmacy to dispense medication.

- A signed FL2 does <u>not</u> typically meet the DEA requirements as a legal controlled substance prescription for the purpose of a pharmacy dispensing it for a resident (it is usually missing the quantity to dispense). Therefore, the pharmacy usually needs signed prescription for controlled medications.

Orders for Psychotropic Medications

- Primary care physician (PCP) may be unwilling to authorize medication "refills" for psychotropic medications ordered by another prescriber. Getting signed FL2 or six month physician orders can be a challenge if the PCP only authorizes certain meds.

- Mental Health Provider provides authorization for psychotropic medications only. Pharmacy has to have refill authorizations to dispense the medications and adult care home has to ensure orders in facility.

Refill Authorizations Continued…

- Mental health prescriber writes a prescription for a psychotropic such as: **Abilify 2mg po QD, #30, 0 refills**. The adult care home administers the medication for 30 days and the mental health prescriber will not authorize a refill until the resident is seen in the mental health clinic. The ACH has an "order" to administer it.

- This can create a challenge for the pharmacy in not having a "legal" prescription to refill and a challenge for the adult care home in coordinating a follow-up visit with the mental health prescriber. Clinically it would not be appropriate for the resident to go without the medication.

FL2 or Physician Order Sheets

- To further assist the pharmacy in obtaining "legal" prescriptions for dispensing, the following statement could be inserted onto the FL2 or the six month Physician Order Sheet update: **"Signature on one page of the physician order sheet denotes review and renewal of all orders in 30 day supply quantities for six months."**

Orders for Psychotropic Medications

- Rule 10A NCAC 13F/G .1002(g) requires psychotropic medications ordered "as needed" shall not be administered unless the following have been included: Behavior-specific instructions; exact dosage, exact time frames between dosage.

- In addition, Rule 10A NCAC 13F/G .1002 (h) requires personal care aides and direct supervisors to receive annual training about the desired and undesired effects of psychotropic medications,…

Mental Health History & Rx Insurance Prior Authorizations (PA's)

- The large majority of mental health residents are covered by the <u>Federal Medical Part-D</u> Rx insurance program.

- A small percent of mental health residents are only covered by <u>N.C. Medicaid</u>.

- Each Part-D plan and N.C. Medicaid have different formularies of covered medications and different processes for getting prior authorizations approved.

Mental Health History & Rx Insurance Prior Authorizations continued….

- Over the past 10 years, a steady increase in Rx insurance plans limiting their "formulary" of covered medications.

- During this period, there has been a significant increase in medications that require the prescriber or his agent to complete a "medication prior authorization."

- Each of the two scenarios above means the medication is "not" going to be paid by the insurance and the pharmacy is not able to dispense it as an "insurance paid" prescription.

Mental Health History & Rx Insurance Prior Authorizations continued….

- Secondary to current day challenges of "Non-Formulary" and "Prior Authorizations," it is very important to obtain a copy of the mental history or psychological evaluation of the resident in the "History" section of the resident record.

- This "history" could assist with not only managing behavioral issues, but also help with providing information needed to respond to the Rx insurance plan for a non-formulary or prior authorization issue.

Clozapine: A Unique Challenge

- In order to prescribe and dispense clozapine, prescribers and pharmacies are required to be certified in the Federally mandated Clozapine REMS Program (Risk Evaluation Mitigation Strategy).

- A resident must be entered into the Clozapine registry and undergo regular blood monitoring of Absolute Neutrophil Count (ANC) that continues as long as a resident receives clozapine ("No blood, no drug"). Routine neutrophil monitoring is performed at the following intervals:

Clozapine continued....

Clozapine Blood Monitoring:

- Weekly during the first six (6) months of therapy.

- Every two weeks during 2nd six months of therapy.

- Every four (4) weeks after the first year of therapy.

- If neutropenia develops during treatment, clozapine would either need to be monitored more frequently, stopped temporarily, or discontinued, based on the severity of neutropenia

- The pharmacy has to have a copy of the lab report prior to dispensing a new supply of the Clozapine.

Tips for Managing the "Flow" of Medication Orders

- Over the past few years, making sure that each resident gets the correct medication and dose at the right time has become more challenging.

- Frequent medication order changes by prescribers and an increasing number of medication insurance payment obstacles has placed a burden on the adult care home and the pharmacy.

- To assist in managing the "flow" of physician orders, a process was created and coined as the "Bucket System."

Bucket System for Managing Meds

- **Bucket #1 - New Physician Order**: Faxed new order to pharmacy and need to transcribe it to the paper MAR or if using an eMAR, waiting for the pharmacy to enter to populate the patient profile in the eMAR software system.

- **Bucket #2 – New Medication Order:** Order was transcribed to the paper eMAR or it showed up in the eMAR and now the Adult Care Home is waiting for the medication to arrive from the pharmacy.

- **Bucket #3 – Medication Not Delivered:** Order is incomplete; drug therapy duplication; drug allergy or we need a signed prescription for a controlled substance. Order may also be "Non-Formulary" or require "Prior Authorization."

Bucket System for Managing Meds

- **Bucket #4 – Lab/Diet/DME/Oxygen Therapy/Hospital Follow-up/Misc. Orders**: These physician orders require follow-up by the Adult Care Home with another clinical/support service group. There must be a system in place in the home for "managing" these type of orders.

- **Bucket #5 – Ready to File:** Physician orders have been processed and medications received. A copy of the order needs to be chronologically filed in the resident's record. It is important that each resident record be set-up the same way. This sounds simple, but it is not uncommon to find misfiled orders or unorganized resident records. The use of labeled dividers is essential for organization of records.

Suggested Order for Resident Records

- **Admission Records**: DNR, face sheet, guardian forms, FL2, Six month physician order sheet, insurance cards, resident register, TB testing/vaccines, pharmacy agreement, Advance Directives/Living Will.

- **History & Physical**: Hospital Discharge Summary, Mental Health History, History & Physical by primary care physician.

- **Physician Orders**: Standing Order Sheet, prescription orders, telephone orders, diet/lab/rehab/misc orders, hospital transfer medication list. Most current order on top!

- **Consult Notes**: Physician/podiatry/dentist/eye/specialist and consultant pharmacist and nurse progress notes.

Suggested Order for Resident Records

- **Assessments:** ACH staff notes, DMA 3050 (care plan), LHPS, quarterly assessments, fall assessments, SCU pre-screening, care plan addendum, self-administration of medication assessment form

- **MARs:** Medication Administration Record (3 months of MARs)

- **Labs/Tests**: Lab results, Test Results, X-ray/CT-Scan results

- **Hospice/Home Health**: Hospice and home health paperwork/care notes.

Pulling it all Together to Establish a Safe Medication System

- It takes training and coordination between the pharmacy provider, supervisor, resident care coordinator and med-aides in the adult care home to consistently "manage" medication orders.

- The resident care coordinator or supervisor must over-see the process and monitor the medication system to identify system break-downs. Your consultant pharmacist, nurse consultant and pharmacy provider can assist you with the system analysis.

- The med-aides can be valuable team members in the managing the medication system, but they need to be inserviced, monitored and challenged to take the correct step.

THANK YOU!

Ross Brickley, RPh, MBA, CGP

Ross.Brickley@gmail.com