**Patient Compliance with Drug Therapy**

**Section:** Pharmacy Operations

**Compliance:** URAC Specialty Pharmacy 2.1

**URAC Standards:** PM 3, 7, SDrM 1

**Policy ID:** 7.16

**Approved by:**

**POLICY**

<insert practice name> is proud to help improve patient outcomes through patient compliance (adherence) management.

**PROCEDURE**

The following steps will be taken to manage and maximize patient compliance with prescribed therapies: **[PM 3 (g)]**

1. Each patient will receive a printed drug monograph with each new medication
2. Each new patient will be offered a pharmacist consultation and such offering will be documented in <pharmacy software>. **[SDrM 1 (f)]**
3. An assigned member of the pharmacy team or designated practice member will utilize <insert computer system> to contact patients approximately 7 days after initial chemotherapy teaching by APN. Patients will be asked about how they are taking medication in addition to any side effects that may occur. Patients will have monthly follow up apt with either physician or APN to evaluate disease and potential toxicities with patient. Longer follow-up intervals may occur once patient has demonstrated no problems with therapy. Patients will be contacted again on approximately day 7 following a therapy evaluation with a physician or APN. **[PM 7 (d)]**
4. If the patient cannot be reached on the first call attempt, the assigned member of the pharmacy staff will seek to call the patient again within one day.
5. If the patient cannot be reached on a second phone call, the assigned member of the pharmacy staff will call emergency contacts.
6. All answering machine or voice mail messages will be HIPAA compliant with no mention of the patient’s illness or drug
7. Follow up calls to patients filling prescriptions at an <insert practice name> Pharmacy will be audited for completeness approximately 7-10 days before the next cycle is due. If information is not complete from early call a subsequent follow up call will be made.
8. This audit will also serve of the purpose of a refill reminder to check patient schedules for therapy evaluation appointments or contact patients who have refills for delivery/pickup of next medication cycle.
9. <insert practice name> will assess Medication Possession Ratios periodically in an effort to assess patient compliance **[PM 7 (d)]**
10. When clinically appropriate, a physician, an APN, a pharmacist, or nurse will discuss non-compliance with the patient or their prescriber **[SDrM 1 (f)]**

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