**Pharmacist Responsibility for Quality Care**

**Section:** Pharmacy Operations

**Compliance:** URAC Specialty Pharmacy 2.1

**URAC Standards:** PHARM-OP 2, 3, 5, PM 3, 11, SDrM1

**ACHC Standards:** DRX 11-B

**Policy ID:** 7.18

**Approved by:**

**POLICY**

The pharmacist shall have responsibility for optimizing patient care through medication management. The pharmacist will provide oversight of safety, appropriateness and effectiveness of pharmaceutical care provided to patients as related to specialty products dispensed through the specialty pharmacy. **[PHARM-OP 2 (c)][SDrM 1 (c)]** <insert practice name> has proven to be an advocate for patient access to drugs as well as consulting with the patient on benefits, assisting with obtaining prior authorizations, and any other way that assists the patient with accessing drugs. **[SDrM 1 (a)]** Upon receipt of a prescription, the pharmacist will review all medication orders for appropriateness, clarity **[PHARM-OP 3 (b**)**]**, and accuracy with prescription source verification **[PHARM- OP 3 (a)]**

**PROCEDURE**

1. The pharmacist will ensure that all doses, routes, and dosing intervals are appropriate for the patient’s age, weight, height, and diagnosis
2. The pharmacist will also ensure that the dispensed drugs match the prescription and include the following: **[PHARM-OP 5]**
   * Correct patient **[PHARM-OP 5 (a-i)]**
   * Correct route of administration **[PHARM-OP 5 (a-ii)]**
   * Correct dosage and strength **[PHARM-OP 5 (a-iii)]**
   * Correct administration schedule or time **[PHARM-OP 5 (a-iv)]**
   * Correct medications or drugs **[PHARM-OP 5 (a-v)]**
3. The pharmacist will ensure that appropriate patient education material is included with drugs from appropriate source such as manufacturer or other sources (other sources can include sources such as the FDA and AMA). **[PHARM-OP 5 (b)]**
4. The pharmacist will function in a clinical advisory role for both payers and prescribers may include providing clinical information to the payer organization to support the approval of a prior authorization for a specialty drug **[SDrM 1 (d)]**
5. Altered pharmacokinetics must be considered when validating prescriptions for the following populations: **[PHARM-OP 2 (d-ii)]**

* Pediatric clients;
* Geriatric clients;
* Pregnant clients;
* Patients with impaired renal function;
* Patients with impaired hepatic function;
* Amputees

1. Questions about medication orders will be resolved immediately with the prescribing physician or the physician on-call especially related to prescription legibility. Immediate contact is required in order to minimize the delay in therapy **[PHARM-OP 3 (b, c)]**
2. When a prescribed medication is unavailable, the pharmacist will contact the physician to offer available alternatives
3. The Pharmacist will participate in treatment decision making in coordination with treating provider **[SDrM 1 (b)]**
4. The pharmacist will review every drug regimen on a concurrent basis with every new and refill prescription. Particular attention will be given to potential drug to drug interactions, as well as drug- food interactions. When necessary, the physician will be notified and alternate solutions will be identified and suggested.
5. All medication orders will be reviewed against patient profiles in order to identify potential adverse drug reactions. When an allergy or intolerable reaction is validated, the pharmacist will recommend corrective action to the prescribing physician.
6. The pharmacist will respond to all drug information questions in a timely manner
7. The pharmacist will provide verbal and/or written information to the patient concerning prescribed medications, upon request from the physician, the patient, or other member of the healthcare team. **[SDrM 1 (f)]**
8. Counseling and education will include, but is not limited to:

* Self-management and effective use of available clinical and educational resources related to the patient’s medications **[PM 11 (a)]**
* Effectiveness of drug therapy **[SDrM 1 (a)]**
* Name and strength of the medication
* Timely administration or intake **[PM 11 (b-ii)]**
* Indication and expected action **[PM 11 (b-i)]**
* Instructions for use **[PM 11 (b-i)]**
* Contraindications **[PM 11 (b-iv)]**
* Precautions to be observed while taking the medication **[PM 11 (b-v)]**
* Common side effects, including avoidance and response should one occur **[PM 11 (b-iii)][PM 3 (h)]**
* Reconciliation, such as multiple medications **[PM 11 (b-vi)]**
* Potential drug-drug and drug-food interaction **[PM 11 (b-v)]**
* Action required in the event of a missed dose
* Techniques for self-monitoring of a drug therapy **[PM 11 (a)]**
* Proper storage of medication **[PM 11 (b-viii)]**
* Proper disposal of medication **[PM 11 (b-vii)]**
* Concurrent use of over the counter medication, if provided by the patient **[PM 11 (b-ix)]**
* Additional information, if required

1. The pharmacist will emphasize the importance of patient compliance with the medication regimen **[PM 3 (g)]**
2. Patients will be advised to discard the medication when the expiration date has been reached
3. <insert practice name> pharmacists will assist prescribers, upon request, in the appeals process to payors, including Medicare Part D plans. **[SDrM 1 (e)]**

|  |  |  |
| --- | --- | --- |
| **DATE:** | **REVISED BY:** | **REVISION:** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |