

Re: Sharing RX medication to save \$

Source: <http://sci.tech-archive.net/Archive/sci.med.cardiology/2005-04/msg00960.html>

- *From:* "elgoog" <bjdefend-newsgroups@xxxxxxxxxx>
 - *Date:* 27 Apr 2005 05:06:56 -0700
-

<Hawk...@xxxxxxxxxxxxxx> wrote:
> "elgoog" <bjdefend-newsgroups@xxxxxxxxxx> wrote in message
> news:1114527695.007065.32410@xx
>>
>> tonywes...@xxxxxxxxxx wrote:
>>> elgoog wrote:
>>>> Without a crooked doctor to write the script incorrectly, it
would
>>>> never get past the Drug Utilization Review (DUR) alerts.
>>>>
>>> Many medications have a sufficiently wide range of dosages to not
>>> trigger an alert. For instance, I take a BP med, avalide, (FYI,
I'm
>>> not sharing it) and get 60 pills monthly. Going from 30 to 60 is
>>> within normal dosage.
>>>>
>>> True. But, in this case the person sharing half of their
prescription
>>> would be doing so only at the risk of their own health (i.e. they
>>> receive only half of the prescription). This behavior might be more
>>> common where the patient is conning the doctor for pain killers, or
>>> some other drug that is being abused.
>>>>
>>>> When the
>>>> pharmacy receives a script, they verify the prescription with
the
>>>> prescribing doc,
>>>>
>>>> I'm sure mine doesn't. It just gets keyed into their computer.
They
>>>> get it wrong often enough.
>>>>
>>> It gets keyed into their computer and processed by the payer. The
>>> pharmacist is supposed to validate the original prescription with
the
>>> doctor's office (it may be done electronically). Refills don't need
to
>>> be checked unless there is a change in dosage.

Re: Sharing RX medication to save \$

- >
- >
- > I had to go back and find your original post on this point
- >
- > pharmacists do NOT validate the original script with the provider's
- > office (and please release that many providers are NOT doctors...but
- NP and
- > PA providers)

Correct. It depends on which drug and the presence of a Prospective Drug Utilization Review (ProDUR) alert. It is not a matter of routine practice – and, I mispoke when I said "with the doctor's office." I should have said, it is validated electronically through the patient history on record with the payer.

- > if all scripts needed to be verified...the provider would have no time to
- > see patients

As it is, providers spend too little time with patients.

- > you MAY be referring to a very new system of electronic "sending " of
- > scripts wherein patients do not receive a paper script...but the order is
- > sent electronically to the pharmacy..

Correct. This system is live and available in some areas.

- > I have colleagues all over the US...almost NONE use this system "yet"..

The system is in use.

- > just a thought...but HOW would scripts be verified on weekends,,after
- > hours..or when the original prescriber is not available???

The scripts are checked for the presence of electronic data that validates it – just like ProDUR and Prior Authorizations are done today. The absence of some data does not prevent the script from being approved for the pharmacist to dispense – unless there is a contra-indicated or a negative contra-indicated audit alert.

- > how many folks run right to the pharmacy ??? many hold on to the script for
- > days...I know I do

Doesn't matter.

- > having written scripts for 20 years...the ONLY time I hear from a

Re: Sharing RX medication to save \$

Re: Sharing RX medication to save \$

pharmacy

> is when an error has been made..ie the patient is allergic..I wrote the

> wrong dose...etc...

Yep. That is not likely to change.

> "pre authorization" is a whole nother story...it is used for meds that are

> NOT on the patient's insurance formulary...in my experience that occurs

> maybe 2% of the time

<<snip>>

Agreed. However, some states have taken notice to the fact that they can use ProDUR alerts – enforced by boards and supported by legislation – to further their control in attempts to control costs. The board's decisions bind not only public health programs, but can extend to other payers. This authority is not uniform across the states.

Up until now, the federal government and federal agencies, the state governments and state agencies have not done the best job at creating conformance across the states. We now believe that the lack of uniformity is an impediment at trying to get a handle on health care expenditures. It is not always clear to me whether legislation ameliorates the problem or exacerbates it. HIPAA has cost us billions of dollars, and will cost us billions more.

–elgoog, still learning

"Sto ancora imparando (I am still learning)" – Michelangelo

• ***Follow-Ups:***

◆ ***Re: Sharing RX medication to save \$***

◇ *From:* Hawki63

• ***References:***

◆ ***Sharing RX medication to save \$***

◇ *From:* danieljcostello

◆ ***Re: Sharing RX medication to save \$***

◇ *From:* elgoog

◆ ***Re: Sharing RX medication to save \$***

◇ *From:* tonywesley

◆ ***Re: Sharing RX medication to save \$***

◇ *From:* elgoog

◆ ***Re: Sharing RX medication to save \$***

◇ *From:* tonywesley

Re: Sharing RX medication to save \$

◆ [Re: Sharing RX medication to save \\$](#)

◇ From: elgoog

◆ [Re: Sharing RX medication to save \\$](#)

◇ From: Hawki63

- Prev by Date: [Doctors Influenced By Mention Of Drug Ads](#)
- Next by Date: [Re: Sharing RX medication to save \\$](#)
- Previous by thread: [Re: Sharing RX medication to save \\$](#)
- Next by thread: [Re: Sharing RX medication to save \\$](#)
- Index(es):
 - ◆ [Date](#)
 - ◆ [Thread](#)