

Re: Sharing RX medication to save \$

Source: <http://sci.tech-archive.net/Archive/sci.med.cardiology/2005-04/msg00961.html>

- *From:* <Hawki63@xxxxxxxxxxxxxx>
 - *Date:* Wed, 27 Apr 2005 16:09:34 GMT
-

"elgoog" <bjdefend-newsgroups@xxxxxxxxxx> wrote in message
news:1114603616.677060.77700@xx
>
> <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

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>> > doctor's office (it may be done electronically). Refills don't need
> to
>> > be checked unless there is a change in dosage.
>>
>>
>> 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.
>

ahhhh...guess we were arguing apples and oranges here!!

of course your above statement is true....however your use of the word
"validated" implied (to me,,incorrectly) that somehow the PRESCRIBER would
be contacted to do the validating...

what you meant (sorry)...is that the payor/insurance company is
electronically "contacted" to make sure the drug is a/in their formulary
b/ has not been filled in the recent past...usually 30 days and c/that the
drug has no contraindications,,,for this patient..ie does not interfere with
other drugs he takes,,,or d/ this patient has not been " flagged" in the
realm of controlled substances....

all of this is of course done electronically...but it is a function between
the insurer/payor and the pharmacist...by this time..the "writer" of the
script is totally out of the loop

a separate issue of course is the pharmacist calling the prescriber (me!!)
if he discovers an allergy,,dosage error..or that the patient has had
scripts filled for this med way sooner than is logical...

>> 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.

don't get me started on THAT!!!

Personally I am lucky to have a doc who spends as MUCH time as he/we
need...not uncommon for him to be in the exam room for 30 minutes!!! and he
returns my phone calls HIMSELF....what a luxury

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>> 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.

actually what I meant to point out...that this "system" will most likely
FIRST appear in the matter of controlled substances...in this state
CALif...we were one of the last 7 states to have "triplicates"...three copy
special script blanksnow we have a special "unable to alter" type
holographic blanks...however...still done by writing on a piece of
paper,,,handing piece of paper to patient..patient hands piece of paper to
pharmacist...this is not electronic in any shape or form....

the practices I know of and have worked in...are barely getting to
electronic medical records!!!! ie...labs,, and diagnostic stuff auto
delivered to provider's computer...being able to dictate or type patient
encounter notes which are then incorporated into a permanent record...

none of know of...and this is a very up to date area...is yet transmitting
scripts to pharmacists..

remember that also involves the prescriber knowing WHERE to send the
script!!! we probably have 100 pharmacies around here....not to mention
that many mail order their meds...with our company..that entails mailing in
that piece of paper called a script!!!

progress!!! slow

>> I have collagues 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

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again..apples and bananas...what you describe is not validating a script...but validating that the holder of the script actually has a way to pay for it!!.....and yes..of course...other data are in the system...

again...the writer of the script is NOT contacted ..electronically or otherwise...to validate every script we write....yikes

alrw 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

> 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.

again...apples and bananas....if I write for drug A...and the pharmacist discovers it is not on the patient's formulary...he WILL call me...and we will decide upon an alternative....OR the patient can PAY for a drug they think they need...which doesn't happen that often!!

a private practice may deal with dozens of different formularies..gotta admit that as a provider I do NOT spend the time to look up each med I write for...and make sure it is covered...if it is not..I will hear from the pharmacist...HE has the magic computer that will tell him in seconds if said drug is covered or not...the providers do NOT have access to drug formulary databases..what we get is a list..or a book of covered meds...usually is outdated by the time it is printed!!! of course some programs..such as Medicaid..have much more limited formularies...thus pre auths are more common then..also a huge pain in the *ss!!!.....ah my older days of needing TAR's for nearly everything!!! (treatment authorization request...may be a

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new name for our state's system by now!!)..

- >> 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: elgoog

• **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 \$**
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