Re: Sharing RX medication to save $

Source: http://sci.tech−archive.net/Archive/sci.med.cardiology/2005−04/msg00965.html

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- *From*: "elgoog" <bjdefend−newsgroups@xxxxxxxxx>
- *Date*: 27 Apr 2005 09:53:07 −0700

<Hawk...@xxxxxxxxxxxxx> wrote:
> "elgoog" <bjdefend−newsgroups@xxxxxxxxx> wrote in message
> news:1114603616.677060.77700@xxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
> >
> > <Hawk...@xxxxxxxxxxxxx> wrote:
> >> "elgoog" <bjdefend−newsgroups@xxxxxxxxx> wrote in message
> >> news:1114527695.007065.32410@xxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
> >> >
> >> > tonywes...@xxxxxxxxx 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.
> >>
> >>
> >> 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.
> >
>
> ahhhhh....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
>
>
> >> 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 blanks ......now 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
> pharmicist...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
>
>
> 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
>
>
> alerw 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
> 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
> >

Errr... yes, everything you said. Just one comment about the audits
applied against the pharmacist's claim usually before dispensing the
drug. A primary objective of the DUR alert system is to warn the
pharmacist about drug interactions – not just payment, although payment
is a significant portion as well. The alert audits check the patient's
history for other drugs recently dispensed, for other diags; there are
contra–indicated audits (the drug is not allowed due to something on
history) and negative contra–indicated (the drug is not allowed due to
the abscence of something on history). Your state's DUR board sets
policy and determines alerts to be set for public assistance (MediCal).
In your state, some insurer's DUR boards rely upon the state's policies
to set their own. In other states, the state DUR board is able to set
policies that insurers must follow. But, it is a minor difference – and
in practice no difference at all since 99 percent of the time the
insurers follow state policies.

Now, the interesting thing, you would think the policies would be the
same from state to state – after all its based on science, right? Well,
some of it is and some of it isn't.

Maybe we can fix it.

.

- ***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 $***
    - *From:* elgoog
  - ***Re: Sharing RX medication to save $***
    - *From:* Hawki63
  - ***Re: Sharing RX medication to save $***
    - *From:* elgoog
  - ***Re: Sharing RX medication to save $***
    - *From:* Hawki63

- Prev by Date: ***Re: Sharing RX medication to save $***
- Next by Date: ***Re: Chest Pain Questions***
- Previous by thread: ***Re: Sharing RX medication to save $***
- Next by thread: ***Re: Sharing RX medication to save $***
- Index(es):
  - ***Date***
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