Volume 2 No. 67 December 1992

TO: Providers of Pharmaceutical Services, Physicians, Podiatrists, Dentists and Independent Clinics

SUBJECT: Establishment of Prospective Drug Utilization Review (DUR) Stan

EFFECTIVE: JANUARY 1, 1993

BACKGROUND: The New Jersey Medicaid program must establish standards for the coun the Omnibus Budget Reconciliation Act (OBRA) of 1990, requires a pharmacist dispensing drugs to Medicaid recipients to offer to discuss matters which, in the pharmacist's professional judgement, are deemed significant.

The Health Care Financing Administration has promulgated patient counseling regulations which shall ensure appropriate drug therapy for pharmacy services provided to Medicaid recipients. The State is required to implement these regulations no later than January 1, 1993, in order to receive federal funding for the Medicaid program.

As part of these regulations, a prospective drug utilization review must include screening for potential drug therapy problems due to therapeutic duplication, drug-disease contraindications, adverse drug-drug interactions, incorrect drug dosage, incorrect duration of drug treatment, drug-allergy interactions and clinical abuse/misuse. As a requirement of Section 1927(g)(2)(A)(ii) of the Social Security Act, standards for counseling by pharmacists of Medicaid recipients or the recipient's caregivers shall be established by State statute. The Division of Medical Assistance and Health Services has determined that current State Board of Pharmacy regulations regarding patient counseling requirements, as promulgated in New Jersey Administrative Code (N.J.A.C.) 13:39-7.15-Patient Profile Record system, are in agreement with Section 1927(g)(2)(A) of the Social Security Act and Section 4401 of OBRA `90 with the exception of a recordkeeping requirement for pharmacists to record comments relevant to a recipient's individualized drug therapy and documentation relevant to a recipient's refusal to accept an offer to discuss drug utilization.

ACTION: Effective January 1, 1993, the New Jersey Division of Medical Assi
point-of-sale. These discussions or consultations shall include but not be limited to:

(1) The name and description of the medication;

(2) The dosage form, dosage, route of administration and duration of drug therapy;

(3) Special directions and precautions for preparation, administration and use by the patient;

(4) Common severe side or adverse effects or interactions and therapeutic contraindications that may be encountered, including their avoidance and the action required if they occur;

(5) Techniques for self-monitoring drug therapy;

(6) Proper storage;

(7) Prescription refill information;

(8) Action to be taken in the event of a missed dose; and

(9) Pharmacist comments relevant to the individual's drug therapy.

In addition, the pharmacists shall comply with recordkeeping requirements as described in N.J.A.C. 13:39-7.15, which shall include, but not be limited to:

(1) Name, address, telephone number, date of birth and gender of the patient; and

(2) Individual medical history, if significant, including disease state(s), known allergies and drug reactions, and a comprehensive list of medications and relevant devices.

The pharmacist is required to perform patient counseling directly with a Medicaid recipient. In the event the recipient is not available for counseling, for example, someone other than the recipient picks up the medication or the medication is delivered as a service of the pharmacy, then the pharmacist shall note this occurrence on the pharmacy's prescription receipt log or equivalent pharmacy record. Ancillary pharmacy personnel, under a pharmacist's supervision, may assist the pharmacist in the offer to discuss with the patient and to complete recordkeeping responsibilities. Written supplemental information regarding proper drug utilization shall not be considered a substitute for direct pharmacist counseling with a Medicaid recipient.

In order to properly document a refusal by a Medicaid recipient to accept an offer from a pharmacist to discuss his/her proper drug utilization, the pharmacist shall:

(1) complete the attached certification statement form (FD-386). The pharmacist may copy the form FD-386 or order a supply from the Division of Medical Assistance and Health Services, General Services, CN 712, Trenton, New Jersey 08625-0712. This request must be made on the pharmacy's business letterhead; or

(2) indicate a recipient's refusal to accept counseling by providing, on the pharmacy's business letterhead, at least the following information:

(a) Recipient's name

(b) Date of refusal of counseling

(c) Pharmacist's name

(d) Prescription number

(e) Recipient's signature

NOTE: The completed statement shall be kept on file in the pharmacy.

If you have any questions regarding this Newsletter, please contact the Chief Pharmacy Consultant at (609) 588-2724.

RETAIN THIS NEWSLETTER NUMERICALLY BEHIND THE NEWSLETTER TAB
(BLUE TAB MARKED "5")

STATE OF NEW JERSEY

DEPARTMENT OF HUMAN SERVICES

DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

CERTIFICATION STATEMENT
REFUSAL OF PATIENT COUNSELING

I, _____, certify that on _____ I have refused an offer from _____, R.Ph. of _____ Pharmacy to discuss proper drug utilization relevant to prescription number _____. I understand that the offer to receive patient counseling has been made in accordance with section 1927(g)(2)(A) of the Social Security Act. This certification does not preclude the receipt of counseling regarding this prescription should a need be indicated. If I should require counseling from the pharmacist, even after signing this form, I may request counseling and the pharmacist must respond accordingly.

_____
Patient signature

_

_____
Date

FD-386 (12/92)