



## MANAGING PHARMACY COSTS CHECKLIST

Remedi SeniorCare is dedicated to assisting LTC facilities in managing their medication spend responsibly. Controlling pharmacy costs is a multi-faceted task that involves an interdisciplinary team - Admission Coordinators, Charge Nurses, Directors of Nursing, Administrators, and Prescribers alike. Several factors contribute to increasing medication costs, including:

- Increasing complexity of residents
- New, expensive medications in the marketplace
- Rising costs of both brand name and generic medications
- Possible overuse of certain medications

This checklist details suggestions that can be incorporated from admission to discharge and is designed to manage utilization and, subsequently, cost. Please share with your team and, as always, contact your Remedi SeniorCare representative for any questions or discussion.

### ADMINISTRATIVE

- **Obtain pricing** for all medications on every potential admission. Remedi SeniorCare customers can utilize the *My Remedi* portal Drug Price Quote function to assist with this critical step.
- **Set up a cost limit** for the admission to notify the administrator and seek admission acceptance approval.
- Pharmacy may provide high dollar medication lists to help identify expensive medications.
- Ensure all prescribers are enrolled in the pharmacy **Automatic Therapeutic Interchange Program (ATIs)**.
- Obtain the hospital MAR upon admission to **review PRN medication utilization**. If a patient was not utilizing a PRN medication in the hospital, note it as “profile only;” this ensures the pharmacy does not send it.
- Consult with pharmacist or prescriber on high-dollar new admission medications to identify potential lower cost substitutions.
- Where state regulations permit, coordinate with your pharmacy and identify a specific bulk OTC formulary for your facility. Doing so reduces the numbers of vitamins, supplements, cough and cold preparations, pain relievers, etc., purchased and wasted.
- Periodically review medication utilization with your pharmacy to determine where opportunities for improvement exist.



## CLINICAL

- **Establish stop dates** for medications such as antibiotics, anticoagulants, non-sedating antihistamines, and others. If a medication was ordered for 10 days in the hospital and the LTC facility receives the patient on day 5, then it is reasonable to assume there are 5 days remaining. The order sent to the pharmacy should reflect this.
- **Avoid duplication** of medications -- Vitamin D, vitamins and beta blockers are particularly common.
- **Liquid dosage forms** of medications are more expensive than their tablet or capsule counterparts. Switch to a tablet or capsule to improve cost savings. For patients with a feeding tube in place, check with a pharmacist to see if opening a capsule or crushing a tablet is feasible.
- Review **Lidocaine patch** use with patient. Ask the patient, if s/he believes it is effective, and if not, a trial off of the patch may be attempted.
- Utilize smaller sizes of **Insulin** and **Inhalers**, where appropriate to reduce waste and cost. The ideal candidate for smaller package size use is a shorter length of stay and fewer units per day prescribed.
- Check hospital records for admissions with **Proton Pump Inhibitors** (Nexium, Prilosec, etc.) on the drug record for a GI diagnosis. If the medication is intended for prophylaxis, review with the prescriber to see if use is still warranted.
- Check hospital labs for a Hemoglobin level approaching or above 10 mg/dL. If so, contact the prescriber and ask the pharmacy not to send the **Procrit or Aranesp** and to put it on profile for future use.
- Apply **IV to PO** principles during an “antibiotic timeout” to determine if switching is an option. Use sound clinical judgment.

## NURSING

- Provide pharmacy with **appropriate resident payor information**. When payor sources change, notify pharmacy immediately to avoid unnecessary charges for non-covered medications because of wrong coverage information on-file.
- For a medication requiring **prior-authorization**, provide the pharmacy with timely information when requested.
- Ensure medications requiring **refrigeration** are stored within appropriate temperatures in the refrigerator, and unused portions are returned to the refrigerator after use. This practice can avoid costly waste and subsequent reordering of medications.
- Utilizing the **actual “date-opened”** (versus using the pharmacy dispense date as the “date opened”) on the in-use insulin vials/pens can extend the life of the product.