



Developmental Services
Medication Review
 Monitoring Protocol

Medication Review is an independent review and assessment of all prescription and over-the-counter medications being taken by an individual. The purpose of the drug regimen review is to assess, among other clinical considerations, whether drug therapy is needed, accurate, valid, non-duplicative and correct for the indication (diagnosis); that therapeutic doses and administration are at an optimum level; that there is appropriate monitoring (laboratory or clinical testing); and that drug interactions, allergies and contraindications are assessed and prevented. Consultant pharmacists provide this service to individuals who meet any of the following criteria:

1. Have prescription for, and are receiving or will be receiving within the next 30 days, any psychotropic medication, including atypical antipsychotics such as Risperdal (Risperidone), Zyprexa (Olanzapine), Clozaril (Clozapine), Seroquel (Quetiapine), or Gedone (Ziprasidone).
2. Have a prescription for, and are receiving or will be receiving within the next 30 days, any medication associated with tardive dyskinesia;
3. Have a prescription for, and are receiving or will be receiving within the next 30 days, any of the following medications: Digoxin (Lanoxin), Lithium, Carbamazepine (Tegretol), Phenytoin (Dilantin), Valproic Acid/Valproate (Depakene/Depakote), Primidone (Mysoline, Phenobarbital, or Theophylline);
4. Have a prescription for, and are receiving or will be receiving within the next 30 days, any neuroleptic medications;
5. Have a seizure disorder which: (a) is not controlled by medication as evidenced by documentation of seizure activity within the last twelve months or (b) requires the use of 2 or more anti-epileptic drugs (AED's);
6. Receive routine monitoring for any of the following: Potassium, sugar, thyroid and/or drug levels;
7. Have a chronic disease associated with the blood, brain, lungs, heart, liver, skin, kidney and/or circulation, including diabetes;
8. Have been hospitalized or visited the emergency room in the past 18 months for a medication-related problem.
9. Have a prescription for, and is taking two or more anti-epileptic medications or is taking one anti-epileptic medication and any other medication.

Cite	Standard	Probes
Explanation of Monitoring Tool Symbols/Codes		
	Alert: Denotes a critical standard or cite relating to health, safety and rights. A deficiency requires a more intense corrective action and follow-up cycle.	
“W”	Weighted Element: A “W” followed by 2.0 or 4.0 in the Cite column denotes elements that <i>have a greater impact on the monitoring score.</i>	
“R”	Recoupment: An “R” in the Cite column denotes an element that is subject to recoupment of funds by the State if the element is “Not Met.”	
B. Provider Qualifications and Requirements		
1  W4.0	The provider is a consultant pharmacist licensed by the Department of Health and certified, in accordance with Chapter 465 F.S.	Review Area Office enrollment files. Review license, credentials and other personnel information submitted by the provider.

Cite	Standard	Probes
C. Service Times and Limits		
2	The provider limits medication review services to two per fiscal year per individual.	<p>Review claims data to determine that only two reviews per individual are completed in a fiscal year.</p> <p><i>Note: The exception to this limit is when the prescribing physician writes an order and determines it is medically necessary for additional reviews based on the criteria provider under the description of this service.</i></p>
D. Documentation		
3	Provider has at a minimum a copy of the authorization for service.	Review claims data and provider's authorization for service.
4 R	Provider has at a minimum a copy of a report summarizing the medication review.	<ul style="list-style-type: none"> • Review the provider's medication review summary reports. <ul style="list-style-type: none"> ➤ The review should contain recommendations for changes in medications. ➤ There should also be a note indicating that a copy of the report was provided to the individual and the prescribing physician. ➤ The review should contain written guidelines and information for use by the individual and their caregivers about medication administration and other interventions specific to the individual's needs. <p>Copy of the report summarizing the medication review is submitted to the waiver support coordinator prior to or at the time of the claim submission.</p> <p>This Cite is subject to recoupment as reimbursement documentation if not available.</p>

Cite	Standard	Probes
5 W2.0	The provider will follow-up with the prescribing physician on report recommendations and findings.	<ul style="list-style-type: none"> Review documentation for evidence that the follow-up occurred.

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 Rev. 01.07.03; 02.03.03; 10-24-05; 11-22-05