

**Population Health Management Office** 

## MEDICATION USE IN OLDER ADULTS

*May 2021* 

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- Review pharmacokinetic changes in older adults
- Discuss the 2019 Updated Beers Criteria for potentially inappropriate medication use in older adults
- Evaluate strategies to reduce adverse drug events in older adults
- Review DukeWELL pharmacy resources and strategies to improve adherence



- 65.7% of hospitalizations due to unintentional overdoses
- Four medications/drug classes contributed to 67% of hospitalizations:
  - Warfarin (Coumadin): 33.3%
  - Insulin: 13.9%
  - Oral antiplatelet medications: 13.3%
    - Aspirin, clopidogrel (Plavix), prasugrel (Effient), etc
  - Oral hypoglycemic agents: 10.7%
    - Glyburide (Diabeta), glimepiride (Amaryl), etc



#### ADEs Following Hospital Discharge in Patients > 65

#### ADE occurred following 18.7% of discharges

• Over 50% within 14 days of discharge

#### 16.5% of ADEs due to Beers Criteria med

• Most common ADE meds: CV, diuretics, opioids, antibiotics, anticoagulant/antiplatelet agents

35% of ADEs were considered preventable

• 32% of the preventable ADEs were considered serious



# What are common ADEs in older adults?



#### How Age Influences Medication Response

Changes in GI motility and acid content	Altered absorption	Poor absorption of oral medications
Changes in body composition	Increased fatty tissue Loss of muscle mass	Build up of drugs in fatty tissue
Changes in liver function	Altered metabolism of medications	Increased medication levels
Changes in kidney function	Diminished filtration	Increased medication levels



#### Prescribing Cascade



Slide from: Dr. Mitchell Heflin, MD, MHS

#### Polypharmacy Causes

Patient Factors	<ul> <li>Multiple comorbidities</li> <li>Mental Health conditions</li> <li>Non-adherence to current therapies</li> </ul>
Prescriber Factors	<ul> <li>Inappropriate prescribing</li> <li>Lack of de-escalating therapies</li> <li>Poorly updated medical records</li> <li>Automated refill services</li> </ul>
System Factors	<ul> <li>Multiple pharmacies, multiple prescribers</li> <li>Direct-to-consumer advertising</li> <li>A culture that promotes "a pill for every ill"</li> </ul>



- Adverse drug reactions
- Increased risk of drug-drug interactions
- Worsened health outcomes
- Excessive costs



#### Beers Criteria for Potentially Inappropriate Medication Use in Older Adults

Created in 1991 by the late geriatrician Mark Beers, MD

A list of high-risk medications that that should generally be avoided in older adults  $\geq$  65

Updated every ~3 years, available online at: <u>www.americangeriatrics.org</u>

\*Last published 2019



American Geriatrics Society 2019 Updated Beers Criteria. J Am Geriatr Soc. Epub ahead of print.

**Guideline Goals** 

Improve medication selection

Educate clinicians and patients

Reduce adverse drug events

Serve as a tool for evaluating quality, cost, and patterns of care Medication Inclusion Criteria

1. Potentially inappropriate in most older adults

2. Avoid in older adults with certain conditions

3. Use with caution in older adults

4. Significant drug-drug interactions

5. Need renal dose adjustment

American Geriatrics Society 2019 Updated Beers Criteria. J Am Geriatr Soc. Epub ahead of print.

#### Beers Criteria Select Drug-Drug Interactions

Object Medication or Drug Class	Interacting Drug or Class	Rationale	Recommendation		
RAAS inhibitors (ACEIs, ARBs, aliskiren) or potassium-sparing diuretics (amiloride, triamterene)	Other RAAS inhibitors	Hyperkalemia risk	Avoid routine use in patients with CKD stage <u>&gt;</u> 3		
Anticholinergics	Anticholinergic	↑ Risk of cognitive decline	Avoid, minimize number of anticholinergics		
Antidepressants Antipsychotics Antiepileptics Benzodiazepines Z-drugs Opioids	≥2 other CNS- active drugs	Fall and fracture risk	Minimize number of CNS- active drugs if possible		
Corticosteroids	NSAIDs	Risk of ulcers	Avoid combination if possible or give GI protection		



#### Beers Criteria Select Drug-Disease/Syndrome Interactions

Syndrome/Disease	Agents to Avoid
Heart Failure	<ul> <li>Certain calcium channel blockers (diltiazem, verapamil)</li> <li>NSAIDs (use with caution, avoid if symptomatic)</li> <li>Thiazolidinediones (pioglitazone, rosiglitazone)</li> </ul>
Syncope	<ul> <li>Acetylcholinesterase inhibitors (e.g. donepezil, rivastigmine)</li> <li>Tricyclic antidepressants</li> <li>Nonselective peripheral alpha-1 blockers (e.g. prazosin)</li> <li>Certain antipsychotics (olanzapine, chlorpromazine)</li> </ul>
Dementia or Cognitive Impairment	<ul> <li>Anticholinergics</li> <li>Benzodiazepines</li> <li>Nonbenzodiazepine, benzo receptor agonists (e.g. zolpidem)</li> <li>Antipsychotics</li> </ul>
History of Falls/Fractures	<ul> <li>Benzodiazepines &amp; Z-drug hypnotics</li> <li>Opioids</li> <li>Antidepressants (TCAs, SSRIs, SNRIs)</li> <li>Antiepileptics</li> </ul>

#### Beers Criteria Select Renal Dose Adjustments

Medication	CrCl (mL/min)	Rationale	Recommendation
Spironolactone	< 30	↑к	Avoid
Triamterene	< 30	↑ K, ↓ Na	Avoid
Duloxetine	< 30	↑ GI effects	Avoid
Gabapentin	< 60	CNS adverse effects	Reduce dose
Levetiracetam	<u>&lt;</u> 80	CNS adverse effects	Reduce dose
Pregabalin	< 60	CNS adverse effects	Reduce dose
Ciprofloxacin	< 30	Increased risk of seizures, tendon rupture, confusion	Avoid or dose reduce
Trimethoprim- sulfamethoxazole	< 30	↑ K, ↓ eGFR	Reduce dose if 15-29 mL/min, avoid if <15

CARING FOR OLDER ADULT POPULATIONS



- High risk agents
- Assessment and monitoring
  - S/S of bleeding and/or thrombosis
  - Renal and/or hepatic changes
  - Drug interactions
  - Dietary considerations (warfarin)
  - Upcoming procedures
  - Duration of therapy



#### Warfarin

- Increase INR
  - "FAB-4"
    - Fluconazole
    - Amiodarone
    - Bactrim (sulfamethoxazole/trimethoprim)
    - Flagyl (metronidazole)
  - Consider proactively reducing warfarin for these agents
  - Ensure anticoagulation clinic follow-up
- Decrease INR
  - Rifampin, carbamazepine
- Maintain consistent dietary vitamin k intake
  - High vitamin k intake  $\rightarrow$  decreased INR

#### This is not a comprehensive list!



#### **Direct Oral Anticoagulants**

- Agents:
  - Apixaban (Eliquis), rivaroxaban (Xarelto), dabigatran (Pradaxa), edoxaban (Savaysa)
  - Dabigatran and rivaroxaban: Use with caution in patients  $\geq$  75
    - Greater risk of GI bleeding vs. warfarin
- Duke Anticoagulation Fact Sheets
  - Available on the Duke Intranet Formweb site, under Medication Usage Guidelines:
    - <u>http://formweb.com/duke/</u>
- Anticoagulation Forum DOAC Playbook
  - Microsoft Word M314 ACForum Playbook v14 Final.DOCX (acforum-excellence.org)



## **Direct Oral Anticoagulants**

Medication	Renal Dose Adjustment	Recommendation
Apixaban	ESRD on dialysis	Dose reduction vs. not
(Eliquis)	Afib with $\ge 2$ of: SCr $\ge 1.5$ , age $\ge 80$ , wt	Reduce dose
Dabigatran (Pradaxa)	CrCl < 30 mL/min	Avoid
Edoxaban	CrCl 15-50 mL/min	Reduce dose
(Savaysa)	CrCl < 15 OR > 95 mL/min	Avoid
Rivaroxaban	CrCl 30-50 mL/min	Decrease dose
(Xarelto)	CrCl < 30 mL/min	Avoid

#### **Monitoring:** CBC, SCr, hepatic function panel

Lexicomp online; Duke Anticoagulation Fact Sheets: dabigatran, apixaban, rivaroxaban.



#### **Antiplatelet Agents**

- Prasugrel (Effient <sup>®</sup>): Use with caution in patients <u>> 75</u>
  - Greater risk of bleeding
- Aspirin for primary prevention of cardiovascular disease in patients > 70
  - The ASPREE trial confirms there is a lack of evidence of benefit when compared to risks
  - Use with caution



- Aimed to evaluate the effect of aspirin on cardiovascular events and bleeding in healthy elderly (age <u>></u> 65-70)
  - No coronary heart disease, cerebrovascular disease, atrial fibrillation, dementia, uncontrolled hypertension, high risk of bleed, or anemia
  - Patients on anticoagulation or with compelling indication for aspirin were excluded
- Randomized patients in a 1:1 ratio to aspirin 100 mg daily vs. placebo



# When used for primary prophylaxis in elderly patients, low dose aspirin: 1. Does not significantly reduce risk of CVD 2. Increases risk of GI & intracranial bleed



### Medications that Affect Dementia/Cognitive Impairment

#### • Anticholinergics

- Benzodiazepines
  - Increase risk for cognitive impairment, delirium, falls, fractures
  - Chronic uses have higher risk of cognitive decline
- Non-benzodiazepine hypnotics ("Z-drugs")
  - Similar adverse effect profile to benzodiazepines
- H<sub>2</sub>-receptor antagonists
- Anti-psychotics



#### Anticholinergic Side Effects

Anti-SLUD: Salivation, Lacrimation, Urination, Defecation



"Hot as a hare, blind as a bat, dry as a bone, red as a beet, mad as a hatter"

> "Can't see, can't pee, Can't spit, can't... ...defecate"

### Which Medications Have Anticholinergic Properties?

# Check "Anticholinergic Burden" of specific medications: <u>www.acbcalc.com</u>



#### **Select Strong Anticholinergic Medications**

Amitriptyline (Elavil)	Doxylamine (Unisom)
Benztropine (Cogentin)	Hydroxyzine (Atarax, Vistaril)
Clozapine (Clozaril)	Meclizine (Antivert)
Diphenhydramine (Benadryl)	Oxybutynin (Ditropan)
Doxepin (Sinequan) at doses > 6 mg	Paroxetine (Paxil)



American Geriatrics Society 2019 Updated Beers Criteria. J Am Geriatr Soc. Epub ahead of print.

## Anticholinergic Impact on Cognition

Anticholinergics may increase the risk of cognitive impairment

• A 46% increase over 6 years has been shown

Anticholinergic medications have been associated with increased mortality at 2 years

• Dose-response effect



Neurology 2010;75:152-59. J Am Geriatr Soc 2011;59:1477–1483.

#### Medications that Increase Constipation Risk

- Opioids
- Anticholinergics (see prior slide)
- Tricyclic antidepressants:
  - (Amitriptyline (Elavil<sup>®</sup>), Nortriptyline (Pamelor<sup>®</sup>)
- Calcium channel blockers
  - E.g., verapamil (Calan <sup>®</sup>)
- Antacids
  - Calcium carbonate (Tums)
- Iron products



#### Hypertension

#### • Target BP

- <130/80 mmHg (per the 2017 AHA/ACC HTN guidelines) for most patients
- DPC and HEDIS metrics are < 140/90
- Goal can be individualized
- Utilize HTN Algorithm



#### Hypertension Algorithm

#### Hypertension Step-wise Therapy





- American Geriatrics Society and Choosing Wisely recommend:
- Avoid using medications other than metformin to achieve A1c < 7.5% in most older adults</li>
- ADA Goal Recommendations:

Consider A1c Goal < 8%:	Consider Goal < 8.5%:		
<ul> <li>Intermediate life expectancy</li> <li>Falls or hypoglycemia risks, including 2+ ADL impairments</li> <li>Mild to moderate cognitive impairment</li> </ul>	<ul> <li>Moderate-to-severe cognitive impairment</li> <li>Very complex/poor health with limited life expectancy</li> </ul>		

Diabetes Care. 2017;40(Suppl. 1):S1–S134 <u>http://www.choosingwisely.org/clinician-lists/american-geriatrics-society-medication-to-control-type-2-diabetes/</u> Accessed November 14<sup>th</sup>, 2017.



- Avoid glyburide, glimepiride due to increased risk of prolonged hypoglycemia
  - Consider glipizide as an alternative
- Metformin dosing in renal impairment

eGFR Cutoff	Recommendation
> 45 mL/min/1.73m <sup>2</sup>	No dose adjustment necessary
30-45 mL/min/1.73m <sup>2</sup>	<ul> <li>Do not initiate metformin</li> <li>If already on metformin consider risk vs. benefit of continuing therapy</li> <li>If continuing, dose reduce by 50%</li> </ul>
< 30 mL/min/1.73m <sup>2</sup>	Use is contraindicated





#### **Diabetes Algorithm**





## Allergies

- Avoid first-generation antihistamines
  - Examples: diphenhydramine, chlorpheniramine, hydroxyzine
  - Use of diphenhydramine for acute treatment may be appropriate
    - e.g., severe allergic reactions
- Use loratadine (Claritin), cetirizine (Zyrtec), fexofenadine (Allegra)



Hanlon, et al. J Am Geriatr Soc. 2015;63:e8-e18. American Geriatrics Society 2019 Updated Beers Criteria. J Am Geriatr Soc. Epub ahead of print.

#### Insomnia

- Optimize treatment for contributing conditions
  - Depression, pain, etc.
- Sleep hygiene
- Cognitive behavioral therapy for insomnia
  - Veteran's Affairs developed app: <u>CBT-I Coach</u>
  - Go! to Sleep
  - <u>Sleepio</u>
  - <u>www.cbtforinsomnia.com</u>
  - Find local therapists:
    - <u>Psychology Today</u>
  - Find online therapists:
    - Better Help
    - <u>https://www.online-therapy.com/</u>

Suzuki K, et al. J Gen Fam Med. 2017;18:61–71. Trauer JM, et al. Ann Intern Med 2015;163:191-204 J Clin Sleep Med. 2016 Apr 15; 12(4): 597–606. American Geriatrics Society 2019 Updated Beers Criteria. J Am Geriatr Soc. Epub ahead of print.



- Avoid sedative hypnotics, benzodiazepines, diphenhydramine, and amitriptyline
- Benzodiazepines
  - Increase risk for cognitive impairment and falls (as previously discussed)
- Non-BZD Hypnotics
  - Minimal improvement in sleep latency/duration
  - Similar adverse events to BZDs
  - Zolpidem in women: Limit IR to 5 mg and ER form to 6.25 mg





- Non-pharmacological options 1<sup>st</sup> line
- Pharmacologic considerations:
  - Melatonin 3-5 mg daily
  - Doxepin 3-6 mg daily within 30 minutes prior to bedtime, do not exceed 6 mg/day





- Avoid benzodiazepines, if possible
- Consider counseling
  - Silver Linings or other local therapists
  - Online therapists
  - Consider trial of SSRI, SNRI, or buspirone
    - Typically trial for at least 6 weeks prior to declaring ineffective
    - Educate patient regarding need for 6 week trial and good adherence
    - Start low, but titrate dose if no or limited response prior to declaring ineffective

Hanlon, et al. J Am Geriatr Soc. 2015;63:e8-e18. American Geriatrics Society 2019 Updated Beers Criteria. J Am Geriatr Soc. Epub ahead of print.



#### Anxiety: Tapering Benzodiazepines

- Generally, 2<sup>nd</sup> half of taper should be longer than 1<sup>st</sup> half
- Educating patients 
   <u>></u> 65 about harms of benzo use increased likelihood benzo would be discontinued or use reduced five-fold
- For panic disorder, taper no more than 10% weekly (complete taper over 2-4 months)



#### Anxiety: Tapering Benzodiazepines

Benzodiazepine Direct Taper Options

**Option 1:**  $\downarrow$  25% 1<sup>st</sup> week and 2<sup>nd</sup> week, then approximately 10% every week

**Option 2:** Taper to diazepam 10 mg (or equivalent), maintain for 1-2 months, then taper over 4-8 weeks

**Option 3:** Taper by 10% every 1-2 weeks until 20% of original dose is reached. Then taper by 5% every 2-4 weeks

**Option 4:** Taper by no more than diazepam 5 mg (or equivalent) every week. When diazepam 20 mg (or equivalent) is reached slow the taper rate to 1-2 mg of diazepam (or equivalent) per week



PL Detail-Document, Benzodiazepine Toolbox. Pharmacist's Letter/Prescriber's Letter. August 2014.

#### **Anxiety: Tapering Benzodiazepines**

- Switch and taper method
  - May be preferred if intolerant to direct taper
  - Switch to equipotent clonazepam dose

Clonazepam	Alprazolam	Lorazepam	Temazepam	Diazepam	
0.5 mg	1 mg	2 mg	30 mg	10 mg	

• Decrease clonazepam by ½ tab daily every 1-2 weeks



PL Detail-Document, Benzodiazepine Toolbox. Pharmacist's Letter/Prescriber's Letter. August 2014.

- Monitor for side effects of cholinesterase inhibitors
  - GI symptoms (diarrhea, N/V)
  - Wt loss
  - Bradycardia or hypotension
  - Sleep disturbances (vivid dreams
- Duke Dementia Family Support Program



#### Pain

- Non-pharmacologic
  - Heat and cold, physical therapy, and massage
- Pharmacologic
  - Avoid NSAIDs and skeletal muscle relaxants due to sedation risk and anticholinergic effects
  - Consider scheduled acetaminophen 1000 mg TID
  - Consider topical capsaicin or lidocaine
  - If opioids are required, ensure appropriate education
    - GI, CNS, falls, and respiratory risks



### Gastroesophageal Reflux (GERD)

- Proton Pump Inhibitors are often overused and carry risks:
  - Increased risk of *C difficile* infections
  - Increased bone loss and fracture risk
  - B12 malabsorption (reasonable to periodically assess with long-term use)
- Avoid use > 8 weeks unless high-risk
  - Chronic NSAID use
  - Erosive esophagitis
  - Failure of discontinuation trial etc.

PL Detail-Document, Chronic Meds in the Elderly: Taking a Less is More Approach. Pharmacist's Letter/Prescriber's Letter. November 2014. Overview and comparison of the proton pump inhibitors for the treatment of acid-related disorders. Up to Date. Accessed April 20<sup>th</sup>, 2015. J Am Geriatr Soc 2015. www.americangeriatrics.org Aliment Pharmacol Ther. 2000;14(6):651.



#### Nausea

- Avoid promethazine, meclizine
- Avoid metoclopramide
  - May cause extrapyramidal effects, including tardive dyskinesia
  - Risk may be increased in frail elderly
  - Consider for gastroparesis if benefits > risks
- Consider ondansetron



#### Medication Management in Older Adults

#### **Obstacles**

Childproof caps

Ability to correctly use nebulizer

Ability to correctly use inhalers

Ability to use blood glucose meter

Interpretation of medication labels

Difficulty recognizing color of pills

Large pill size



#### **Deprescribing Resource**



#### Deprescribing:

"The planned and supervised process of

#### DOSE REDUCTION or STOPPING

of medication that may be

#### **CAUSING HARM**

or NO LONGER PROVIDING BENEFIT

Reducing medications safely to meet life's changes



#### Summary: Master Medication Management

- M = Minimize number of drugs used
- A = Alternatives should be considered
- S = Start low and go slow
- T = Titrate therapy
- E = Educate the patient and caregiver
- R = Review regularly



#### Resource: DukeWELL Ambulatory Referral

Ambulatory Ref	erral to DukeWell				
Process Inst.: DukeWELL provides services for your eligible patients who may be at increased risk of an unplanned hospital admission or acu Through this order, you can place requests for care management, pharmacy support, and/or a specialty case review. Ineligible still qualify for select services. Our services do not represent a transfer in care; we partner with you and your patient to improve their chances of a better hea					
Is DukeWELL Reason for F Pharmacy Support @	elig. = Y in the header of the patient's record? (Ineligible patients may still qualify for select services)          Yes       No         Referral?       Care Management				
Disease Stat all that apply Comments:	es (select Asthma COPD/Lung disease Diabetes Heart ailure Heart disease Hypertension Kidney disease ) Other (explain below)				
• Next Required	✓ <u>A</u> ccept X <u>C</u> ancel				



#### **DukeWELL** Pharmacy Services

A team of pharmacy professionals dedicated to **improving medication safety and adherence** for high-need patients.



Benjamin Smith, PharmD, BCACP, CPP, BCGP Director, Population Health Pharmacy Services



Sarah Jenelle Hollis, PharmD, BCPP, BCPS Clinical Pharmacist



lis, Yolanda Williams, CPS PharmD, PhD ist Clinical Pharmacist

Ø

Holly Alvarado, PharmD, BCPS Clinical Pharmacist



Cindy Leslie Roberson, PharmD, BCACP Clinical Pharmacist

Provide assistance regardless of DukeWELL Eligibility status.

**DukeWELL clinical pharmacists** conduct chart reviews or directly interact with patients to improve medication management, education, adherence, and safety.



Patrick Gregory, PharmD, BCACP, CPP Coordinator, Primary Care Population Health Pharmacy Services



Lee Jackson Carter, PharmD, BCACP Senior Clinical Account Specialist *Express Scripts* 



Amit Patel, PharmD, BCACP Primary Care Population Health Clinical Pharmacist



Brittney Champagne, PharmD Primary Care Population Health Clinical Pharmacist

#### **DukeWELL** Pharmacy Services

A team of pharmacy professionals dedicated to **improving medication safety and adherence** for high-need patients.



Stephanie Johnson, CPhT II Lead Pharmacy Tech



Sean Kitson, CPhT II Pharmacy Tech



Shinita Monger, CPhT II Pharmacy Tech



Jeffica Cotton, CPhT II Pharmacy Tech



Virginia T McQuillan, CPhT II Pharmacy Tech

**DukeWELL pharmacy technicians** work with patients directly to obtain medication histories and improve adherence, medication access, and safety.

#### Medication Adherence Quality Measures

The percentage of Medicare Part D beneficiaries age 18 or older adhering to their prescribed drug therapy





#### What Can Providers Do To Improve Adherence?

#### Normalize adherence challenges

- "Keeping up with medications is hard. It can also be expensive. How often do you miss a dose of this medication?"
- Prescribe 90 day supplies when appropriate
- Ensure prescriptions are updated to reflect current dosing
  - E.g., If patient is asked to take a statin every other day instead of daily, then send updated Rx to pharmacy
  - Ideal to also ensure old Rx is discontinued at the pharmacy



#### What Can Providers Do To Improve Adherence

- Ensure patient is aware that you want to:
  - "Make sure you filled your prescriptions and that you are taking medicine as directed"
  - Above language reflects Medicare survey language
- Assess for side effect barriers and options to improve tolerance
  - E.g., Can't tolerate metformin, but are they taking as directed and with food?
  - Proactively ask about urinary incontinence
- Assess for transportation or financial barriers



#### On the Medications Tab Under Chart Review:

- Single click on any medication, as below
- Since in chart review, you do not need to be in an encounter

C	hart Re	eview	lotes Lat	os Micro Path/Cvto Imaging Surgeries	Procedures ECG	Telemetry Other Order	Meds	Episodes L	etters Referrals Media Misc	Reports SnapShot	Legacy EMR	Consents
F	Preview	- C Refree	sh (4:54 PM)	Select All E Deselect All	d Apply Default Sortin	g ■t Route Add to Book	marks	-				
	Filters	Current I	Meds Only	, <u> </u>								
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		Date	AMB/IP	Medication	Order Detail	Auth Provider		iii (1)				
	l O		AMB	acetaminophen (TYLENOL) 500 MG tablet	Take 1,000 mg by mo	Provider, Historical, MD	aspirin 81 MG	G chewable	tablet [421972077]			
		11/30/2020	AMB	amLODIPine (NORVASC) 5 MG tablet	Take 2 tablets (10 mg	. Howe, Catherine Rhea, MI			Order Details			
			AMB	aspirin 81 MG chewable tablet	Take 81 mg by mouth	Provider, Historical, MD	Dose: 81 mg Dispense	Route: Oral Refills:	Frequency: Daily Fills			
			AMB	bismuth subsalicylate (PEPTO BISMOL) 262 m	Take 524 mg by mout	Provider, Historical, MD	Quantity:		remaining:			
		11/30/2020	AMB	cholecalciferol (VITAMIN D3) 1000 unit capsule	Take 2 capsules (2,0	Howe, Catherine Rhea, MI	Sig: Take 81 r	ng by mouth o	nce daily			
		11/10/2017	AMB	dimethicone-zinc oxide 20-25 % Spry	Spray periwound with	Beatty, Amelia Beckett, NF	Written Date:	Expiration	Ordering			
		11/30/2020	AMB	ferrous sulfate 325 (65 FE) MG tablet	Take 2 tablets (650 m	Howe, Catherine Rhea, MI		Date:	Date:			
		12/17/2020	AMB	gentian violet 2 % topical solution	Apply to moist areas	Jones, Penny Woodworth,	Start Date:	End Date:	03/27/19			
		11/30/2020	AMB	losartan (COZAAR) 50 MG tablet	Take 2 tablets (100 m	Howe, Catherine Rhea, MI	Ordering	DEA #	NDI			
		07/17/2019	AMB	magnesium chloride (SLOW-MAG) 71.5 mg D	Take 1 tablet by mout	Andreae, Andrew Eric, MD	Provider:	DEA #.	NPI			
		01/22/2021	AMB	metroNIDAZOLE (FLAGYL) 500 MG tablet	Crush tablet into fine	Jones, Penny Woodworth,	Authorizing Provider:	DEA #:	NPI:			
•		01/27/2021	CAM	metroNIDAZOLE (FLAGYL) powder for topical	500 mg As Directed	Jones, Penny Woodworth,	Provider,	<u></u>				
		11/30/2020	AMB	rosuvastatin (CRESTOR) 5 MG tablet	Take 2 tablets (10 mg	Howe, Catherine Rhea, MI	Supervising	DEA #:	NPI:			
		11/04/2020	AMB	triamcinolone 0.1 % ointment	Lather onto leg prior t	Jones, Penny Woodworth,	Provider: Bowlby, Lynn	BB4142460	1588611123			
		01/27/2021	CAM	triamcinolone 0.1 % ointment 2 Application	2 Application As Dire	Jones, Penny Woodworth,	A, MD					
		04/28/2020	AMB	warfarin (COUMADIN) 5 MG tablet	TAKE 1/2 (ONE-HAL	Chery, Godefroy Sullyvan,	Ordering User: Asuzu,					
							Christopher Charles MD					

#### Scroll down to "Medication Dispense History"

Ch	art Re	eview															<b>2 3</b>	? ×
	e En	counters N	lotes La	bs Micro Path/Cyto Imaging Surgeries	Procedures ECG	Telemetry Other O	Orders N	Meds L	DAs Episode	s Letters	Referrals	Media	Misc Reports	SnapShot	Legacy EMR	Consent:	S	<i>ş</i> u -
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		11/30/2020	AMB	ferrous sulfate 325 (65 FE) MG tablet	Take 2 tablets (650 m	. Howe, Catherine Rh	ea, MD	unne	aipine besyla								~	
	4	12/17/2020	AMB	gentian violet 2 % topical solution	Apply to moist areas	Jones, Penny Wood	worth, l	ator	astatin calciu	m							♦	
	٩	11/30/2020	AMB	losartan (COZAAR) 50 MG tablet	Take 2 tablets (100 m	. Howe, Catherine Rh	ea, MD	dios	nin complex r	10.1							♦	
	4	07/17/2019	AMB	magnesium chloride (SLOW-MAG) 71.5 mg D	Take 1 tablet by mout	Andreae, Andrew Er	ic, MD	ergo	calciferol (vita	min D2)							≽	
Π,	4	01/22/2021	AMB	metroNIDAZOLE (FLAGYL) 500 MG tablet	Crush tablet into fine	Jones, Penny Wood	worth, I	ferro	us sulfate								♦	
	۹	01/27/2021	CAM	metroNIDAZOLE (FLAGYL) powder for topical	500 mg As Directed	Jones, Penny Wood	worth, I	hydr	ochlorothiazio	le							♦	
	4	11/30/2020	AMB	rosuvastatin (CRESTOR) 5 MG tablet	Take 2 tablets (10 mg	. Howe, Catherine Rh	ea, MD	losar	tan potassiun	ı							≽	
	4	11/04/2020	AMB	triamcinolone 0.1 % ointment	Lather onto leg prior t	Jones, Penny Wood	worth, I	metr	onidazole								♦	
	4	01/27/2021	CAM	triamcinolone 0.1 % ointment 2 Application	2 Application As Dire	Jones, Penny Wood	worth, I	rosu	vastatin calciu	m							♦	
	4	04/28/2020	AMB	warfarin (COUMADIN) 5 MG tablet	TAKE 1/2 (ONE-HAL	Chery, Godefroy Sul	llyvan, l	trian	ncinolone acet	onide							*	
								warf	arin sodium								~	

#### Disclaimer

Certain information may not be available or accurate in this report, including over-the-counter medications, low cost prescriptions, prescriptions paid for by the patient on non-participating sources, or errors in insurance claims information. The provider should independently verify medication history with the patient.

External Sources

Tracking Links





#### Click the arrow to expand the fill history, which allows you to assess adherence

Char	t Review	/														🛎 😚 🕐 🗴
R	Encounte	rs N	otes Labs	s Micro Path/Cyto Imaging Surgeries	Procedures ECG	Telemetry Other O	rders	Meds LD	As Episodes	Letters	Referrals	Media Misc F	Reports Sna	apShot Legacy EMR	Consents	str-
Pro Pro	view - C	<u>Refres</u>	h (4:54 PM)	Select All E Deselect All	d 🎄 Apply Default Sorting	Route Add to	Bookn	narks								
₹ <u>E</u>	ters 🗹 🕻	urrent N	leds Only													
	Date		AMB/IP	Medication	Order Detail	Auth Provider		← - C i	Hi 🖶 🔝 🚥						- 4 II	n ♀⊕×
	Û		AMB	acetaminophen (TYLENOL) 500 MG tablet	Take 1,000 mg by mo	Provider, Historical, M	ID	aspirin	81 MG chewable	e tablet		uisp	кеті	lis start	ENG	DAW
	11/30	/2020	AMB	amLODIPine (NORVASC) 5 MG tablet	Take 2 tablets (10 mg	Howe, Catherine Rhe	a, MD	Sig -	Route: Take 81	mg by mou	th once daily - C	Dral				
			AMB	aspirin 81 MG chewable tablet	Take 81 mg by mouth	Provider, Historical, M	ID	Clas	s: Historical Med							
			AMB	bismuth subsalicylate (PEPTO BISMOL) 262 m	Take 524 mg by mout	Provider, Historical, M	ID	Referen	ce Links		2 Lovi-D	ods				
	11/30	/2020	AMB	cholecalciferol (VITAMIN D3) 1000 unit capsule	Take 2 capsules (2,0	Howe, Catherine Rhe	a, MD	I. LEA			2. CON P					
	0 11/10	/2017	AMB	dimethicone-zinc oxide 20-25 % Spry	Spray periwound with	Beatty, Amelia Becke	tt, NP	Medicat	ion Dispense	e History	(from 2/6/2)	019 to 2/1/20	021)		Expand All Co	llance All
	11/30	/2020	AMB	ferrous sulfate 325 (65 FE) MG tablet	Take 2 tablets (650 m	Howe, Catherine Rhe	a, MD	amiod	ipine besylate							
	12/17	/2020	AMB	gentian violet 2 % topical solution	Apply to moist areas	Jones, Penny Woodw	vorth, I	atorva	statin calcium	1	Dispensed	Days Supply	/ Quantity	Provider	Pharmacy	
	11/30	/2020	AMB	losartan (COZAAR) 50 MG tablet	Take 2 tablets (100 m	Howe, Catherine Rhe	a, MD	ATORV	ASTATIN 40MG	ТАВ	06/23/2019	30	30 each	ASUZU, CHRISTOPHER	Walmart Phar 4250	macy
	07/17	/2019	AMB	magnesium chloride (SLOW-MAG) 71.5 mg D	Take 1 tablet by mout	Andreae, Andrew Eric	c, MD	ATORV	ASTATIN 40MG	ТАВ	05/27/2019	30	30	ASUZU,	Walmart Phar	rmacy
	01/22	/2021	AMB	metroNIDAZOLE (FLAGYL) 500 MG tablet	Crush tablet into fine	Jones, Penny Woodw	vorth, I	ATORV	ASTATIN 40MG	ТАВ	04/23/2019	30	Unspecified 1 30	ASUZU,	4250 Walmart Phar	macy
•	01/27	/2021	CAM	metroNIDAZOLE (FLAGYL) powder for topical	500 mg As Directed	Jones, Penny Woodw	orth, I						Unspecified1	CHRISTOPHER	4250	
	11/30	/2020	AMB	rosuvastatin (CRESTOR) 5 MG tablet	Take 2 tablets (10 mg	Howe, Catherine Rhe	a, MD	ATORV	ASTATIN 40MG	TAB	03/27/2019	30	30 Unspecified1	ASUZU, I CHRISTOPHER	4250	macy
	11/04	/2020	AMB	triamcinolone 0.1 % ointment	Lather onto leg prior t	Jones, Penny Woodw	vorth, I	diosm	in complex no	<b>b.1</b>						*
	01/27	/2021	CAM	triamcinolone 0.1 % ointment 2 Application	2 Application As Dire	Jones, Penny Woodw	orth, I	ergoca	alciferol (vitan	nin D2)						*
	04/28	/2020	AMB	warfarin (COUMADIN) 5 MG tablet	TAKE 1/2 (ONE-HAL	Chery, Godefroy Sully	yvan, I	ferrou	s sulfate							*
								hydro	chlorothiazide							*
								losarta	n potassium							*
								metro	nidazole							*
								rosuva	statin calcium	ı						*

triamcinolone acetonide

warfarin sodium



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- Go to Medications Tab (instead of Chart Review)
- Double click on any medication
- Similar to Option 1, you do not have to be in an encounter

€→	•	SnapShot ወ Chart Review	D Rev	view Flowsheets	et in the second								
Medi	atio	ons											
<b>▼</b> <u>F</u> ilters	Clea		ange Rx Re	order Rx Disconti	nue Interactions Legend	(j) Guidelines							
C <u>u</u> rrent	<u>H</u> ist	ory											
Curren	t Pre	scriptions (14 listed)											
🏩 🗩	¥ 🚹	Medication	Dose	Route	Frequency	Auth Provider	Note to Pharmacy	Disp	Refills	Start Date	End Date	DAW	D/C Reason
Ð		acetaminophen (TYLENOL) 500 MG tablet	1,000 mg	Oral	Daily PRN								
	Ŧ	amLODIPine (NORVASC) 5 MG tablet	10 mg	Oral	Daily	Howe, Catherine Rhea, MD		180 tablet	3 ordered	11/30/2020	11/30/2021	No	
	<u> </u>	aspirin 81 MG chewable tablet	81 mg	Oral	Daily								
		bismuth subsalicylate (PEPTO BISMOL) 262 mg chewable tablet	524 mg	Oral	Once PRN								
	Ŧ	cholecalciferol (VITAMIN D3) 1000 unit capsule	2,000 Units	Oral	Daily	Howe, Catherine Rhea, MD		180 capsule	3 ordered	11/30/2020	11/30/2021	No	
🗣 🔛		dimethicone-zinc oxide 20-25 % Spry				Beatty, Amelia Beckett, NP				11/10/2017		Yes	
	_ <u>A</u>	ferrous sulfate 325 (65 FE) MG tablet	650 mg	Oral	Every other day	Howe, Catherine Rhea, MD		90 tablet	3 ordered	11/30/2020		No	
<b>A</b>	_ <u>A</u>	gentian violet 2 % topical solution				Jones, Penny Woodworth, NP		59 mL	4 ordered	12/17/2020			
	Ŧ	Iosartan (COZAAR) 50 MG tablet	100 mg	Oral	Daily	Howe, Catherine Rhea, MD	Dose increase. Please discontinue Rx for losartan 25 mg daily	180 tablet	3 ordered	11/30/2020	11/30/2021	No	
<b></b>		magnesium chloride (SLOW-MAG) 71.5 mg DR tablet	1 tablet	Oral	Daily	Andreae, Andrew Eric, MD		30 tablet	3 ordered	7/17/2019			
<b>.</b>		metroNIDAZOLE (FLAGYL) 500 MG tablet				Jones, Penny Woodworth, NP		30 tablet	0 ordered	1/22/2021	2/22/2021		
	Ŧ	rosuvastatin (CRESTOR) 5 MG tablet	10 mg	Oral	Every other day	Howe, Catherine Rhea, MD		180 tablet	3 ordered	11/30/2020	11/30/2021	No	
ş 🛛	<u> </u>	triamcinolone 0.1 % ointment				Jones, Penny Woodworth, NP		454 g	0 ordered	11/4/2020		Yes	
4	Ŧ	warfarin (COUMADIN) 5 MG tablet				Chery, Godefroy Sullyvan, MD		105 tablet	3 ordered	4/28/2020		No	



#### After double clicking, you can see Prescription Details

rosuvastatin (CRESTOR) 5 I Dose: 10 mg	MG tablet [509986136] — Route: Oral	Frequency: Every other day	Order Details	Order Details							
Dispense Quantity: 180 tablet	Refills: 3	Fills remaining:									
Sig: Take 2 tablets (10 mg total)	by mouth every other day										
Written Date: 11/30/20 Start Date: 11/30/20	Expiration Date: 11/30/21 End Date: 11/30/21 after 183 doses										
Ordering Provider: Howe, Catherine Rhea, MD	DEA #: AD3189380-CH68	NPI: 1841751930									
Authorizing Provider: Howe, Catherine Rhea, MD	DEA #: AD3189380-CH68	NPI: 1841751930									
Supervising Provider: Greenblatt, Lawrence H, MD Ordering User: Howe, Catherine Rhea MD	DEA #: BG3138941	NPI: 1629019971									
Diagnosis Association: Hyperlipi Original Order: rosuvastatin (CR Dharmage Walmart Dharmage 4	idemia, unspecified hyperlipidem ESTOR) 5 MG tablet [479317476]	nia type (E78.5) ] JULION GLENN DR									
DEA #: Pharmacy Comments:	250 - MORRISVILLE, NC - 1001 3	SHEON GLENN DR.									
Fill quantity remaining:	Fill quantity used:	Next fill due:									
Pharmacy Contact											
Telephone 919-941-5170			Fax 919-941-5171								
Order Class											
Electronic											
Warnings History No Interaction Warnings Shown											
Outpatient Medication Def	ail										
			Disp	Pofills	Start	End	DAW				



#### Scroll down to medication dispense history information

Drder Report						?
						ē 🔎
Sig - Route: Take 2 tablets (10 mg total) by mouth every other day - Oral Sent to pharmacy as: rosuvastatin 5 mg tablet (CRESTOR) Class: Electronic E-Prescribing Status: Receipt confirmed by pharmacy (11/30/2020 1:40	PM EST)					
Reference Links						
1. Lexi-Comp	2. Lexi-Peds					
Order Item Modification History: rosuvastatin (CRESTOR) 5 M	MG tablet [509986136]					
Change #1 Order Transmittal by Howe Catherine Phoa MD at 2	11/20/2020 1:40 PM					
Item Description	Old Value		New Value			
0690 OPDER TRANSMITTAL - METHOD OF TRANSMISSION	<no value=""></no>		E-Prescribed			
Medication Dispense History (from 2/6/2019 to 2/1/2021) — amlodipine besylate					Expand All	Collapse All ⊗
atorvastatin calcium						*
	Dispensed	Days Supply	Quantity	Provider	Pharmacy	
ATORVASTATIN 40MG TAB	06/23/2019	30	30 each	ASUZU, CHRISTOPHER	Walmart Pharmacy 4250	
ATORVASTATIN 40MG TAB	05/27/2019	30	30 Unspecified1	ASUZU, CHRISTOPHER	Walmart Pharmacy 4250	
ATORVASTATIN 40MG TAB	04/23/2019	30	30 Unspecified1	ASUZU, CHRISTOPHER	Walmart Pharmacy 4250	
ATORVASTATIN 40MG TAB	03/27/2019	30	30 Unspecified1	ASUZU, CHRISTOPHER	Walmart Pharmacy 4250	
diosmin complex no.1						≽
ergocalciferol (vitamin D2)						*
ferrous sulfate						*
hydrochlorothiazide						*
losartan potassium						*
metronidazole						*
rosuvastatin calcium						*
triamcinolone acetonide						*
warfarin sodium						*



Disclaime

Certain information may not be available or accurate in this report, including over-the-counter medications, low cost prescriptions, prescriptions paid for by the patient or non-participating sources, or errors in insurance claims information. The provider should independently verify medication history with the patient.

You can also access dispense history by clicking on "Dispense Report" when in the "Outside Meds" Activity

CHARTING	L								_	
Visit Info	🔒 Outside Med	ication Reconciliation						+ J	L	
Vital Signs										
Home Vital Signs					Dispense Report Medication Reconciliation History					
Nurse/CMA Pain	<ol> <li>Update Neede</li> </ol>	h								
Care Everywhere	C oputte neede									
Allergies	Dispense history	y has not been updated recently. 🕤 Verify	Rx Benefit	S						
Verify Rx Benefits									- 1	
Outside Meds		Medication		Sig	Start Date	End Date	Source	Updated on		
Medications	ACETAMINOPHE	N							-	
History		acetaminophen (TVI ENOL) 325	Dose:	Take 650 mg by mouth			UNC		-	
Learning Screening	+ • • •	MG tablet New	650 mg	every four (4) hours as needed for pain.			Health Care	3/11/2020		
Problem List		ci					ourc			
Progress Notes							UNC		-	
0	+ 🛍 🥑	amiodarone (PACERONE) 400	Dose: 400 mg	Take 400 mg by mouth Two (2) times a day			Health	3/11/2020		
BestPractice		MG tablet New					Care			
SmartSets	ATORVASTATIN (	CALCIUM							_	
Visit Diagnoses		atorvastatin (LIPITOR) 20 MG	Dose:	Take 1 tablet (20 mg	3/11/2020		UNC	3/11/2020		
Meds & Orders	<b>T W C</b>	tablet New	20 mg	with evening meal.	5/11/2020		Care	5/11/2020		
Meda di ordera	CLOPIDOGREL BI	SULFATE								
DISCHARGE		slamidagral (DLA)(IX) 75	Doco:	Take 1 tablet (75 mg			UNC		-	
Pt. Instructions	+ ü 🥑	tablet New	75 mg	total) by mouth daily.	3/11/2020		Health	3/11/2020		
Follow-up		CONTRACT ITEM					Care			
Print AVS	GABAPENTIN						LINIO		-	
Sign Visit	+ m <i>O</i>	gabapentin (NEURONTIN) 100	Dose:	Take 100 mg by mouth			Health	3/11/2020		



#### Medication Adherence: Important Claims Data Caveats

Outside Meds Medications	Dispense date: 1/14/2020 Qty: 90.00 Unspecified1 Pharmacy: Walmart Pharmacy 2256 - HENDERSON, NC - 200 NORTH COOPER ROAD SPIRONOLACTONE									
History Learning Screening Problem List	spironolactone (ALDACTONE)     Dose:     Take 1 tablet (25 mg     Local       25 MG tablet     On chart     Dose:     25 mg     Take 1 tablet (25 mg     Medical     12/18/2019       a 3 dispenses in past 24 months     a dispenses in past 24 months     Dose:     25 mg     Take 1 tablet (25 mg     Local									
Progress Notes ORDERS BestPractice SmartSets Visit Diagnoses Made & Orders	Dispense date: 1/2/2020 Qty: 90.00 each Pharmacy: Walmart Pharmacy 2256 - HENDERSON, NC - 200 NORTH COOPER ROAD      Original Content of Disclaimer     Certain information may not be available or accurate in this report, including over-the-counter medications, low cost prescriptions, prescriptions paid for by the patient or non-participating sources, or errors in insurance claims information. The provider should independently verify medication history with the patient.									
Pt. Instructions Follow-up Print AVS	→ Accept/Next     ▲ Accept     Discard Remaining     Close     Previous     Next									



#### Medication Adherence: Important Claims Data Caveats

- Data is only current through most recent encounter
  - Claims data is only updated when patients have an encounter in Maestro Care
- Prescription claims data comes from either a patient's pharmacy or the company that processes their prescription claims
  - Some patients go to a pharmacy or have insurance that do not transmit fill data
- Often "unspecified" may indicate Rx was never picked up or other issue

AMLODIPINE-ATORVASTATIN 10/20MG TAB	11/22/2020	30	30 each	CAMERON,CHRISTIAN BLAKE	WALGREENS DRUG STORE #
AMLODIPINE-ATORVASTATIN 10/20MG TAB	10/20/2020	30	30 each	CAMERON,CHRISTIAN BLAKE	WALGREENS DRUG STORE #
AMLOD/ATORVA TAB 10- 20MG	09/22/2020	30	30 Unspecified1	CAMERON,CHRISTIAN	WALGREENS DRUG STORE #
AMLODIPINE-ATORVASTATIN 10/20MG TAB	09/22/2020	30	30 each	CAMERON,CHRISTIAN BLAKE	WALGREENS DRUG STORE #

 Claims Data is helpful, but questionable adherence or data should be confirmed by calling a patient's pharmacy

#### **Medication Adherence Patient Education**

#### • Available in Healthwise and Maestro Care Clinical References

#### UukeHealth

#### Taking Your Medicine as Prescribed

It is important to take your medicine just as your provider prescribes it. Taking your medicine correctly may help you feel better, and it may prevent future health problems. It may also prevent problems like having to go to the emergency room. It is important to tell your provider if you are not taking any of your medicine as prescribed and why. Your provider and pharmacist will work with you to find ways to help you take your medicine as prescribed. They may also be able to change your medicine so you have fewer side effects or lower the number of medicines that you take.

#### Tips to Help with Taking Medicine

Many different things can affect how people take their medicine. There may be more than one reason why people do not take their medicine. Follow these tips to make sure you take the medicine your provider has prescribed correctly:

Reason You don't think your medicine is helpful.	What To Do           It is very important to always talk with your provider or pharmacist before stopping a medicine. Ask your provider or pharmacist these questions:           • What is this medicine for?           • How do I know it is working?           • Can I stop taking it on my own?
You forget to take your medicine.	<ul> <li>Take your medicine at the same time as another daily activity. This could be something such as brushing your teeth, eating breakfast, or going to bed.</li> <li>Use sticky notes. Place notes on an item you use daily around the time you need to take your medicine. Examples: near your hairbrush, toothbrush, or on the refrigerator or nightstand</li> <li>Use a pillbox.</li> <li>Ask your provider or pharmacist for special packaging or "blister packs." These keep you from having to fill a pillbox each week.</li> <li>Use an alarm or reminder on your cellphone or clock.</li> <li>Use a free reminder app on your smartphone.</li> <li>Ask your provider or pharmacist if any medicine that you take more than one time each day can be changed to medicine that is taken less often. You may be able to switch from a medicine you have to take three times a day to one you only take once a day.</li> <li>Remember to call your provider or pharmacist as soon as you realize you forgot to take a dose to decide when to take the next dose.</li> </ul>

You forget to request a refill from your pharmacy or provider.	<ul> <li>For medicine that you take daily:</li> <li>Ask your pharmacy if they offer automatic refills. Let them know when your provider stops a medicine.</li> <li>Ask your provider for a prescription for a 90-day supply.</li> <li>Ask your pharmacy if they can arrange your refills so that they are all due at the same time of the month.</li> <li>Use a reminder on your calendar or smartphone to help you remember when to request a refill before you run out of medicine. Mail-order pharmacies will need 2 weeks.</li> <li>Write the number of refills you have left on the top of your bottle.</li> </ul>
effect or makes you feel bad.	<ul> <li>Tell your provider or pharmacist about your symptoms before you stop taking your medicine. There may be a different medicine you can take or a way to prevent the side effect. Read the information that came with your prescriptions to know if there are side effects that could create an emergency.</li> </ul>
Your medicine is too expensive.	<ul> <li>Ask your provider or pharmacist if there is a lower cost medicine that you can take instead. If not, they may be able help you find other programs to assist.</li> <li>You may be able to save money overall by filling a 90-day supply.</li> <li>If you have Medicare, you can call 1-800-MEDICARE (1-800-633-4227) for more information about Medicare drug plans and other savings programs. North Carolina residents may also call 1-85-408-121 (toll free) for Medicare counseling. If you have a Medicare Part D plan, it is helpful to call every year during open enroliment to be sure you are signed up for the best plan for you.</li> <li>Ask if there are any discount cards or programs from the drug company.</li> <li>Look for websites that offer coupons at your pharmacy for your medicine.</li> </ul>
You cannot drive or have other problems getting to your pharmacy to pick up your medicine.	<ul> <li>Consider using a local pharmacy that offers to deliver medicines to your home.</li> <li>Consider using a mail order pharmacy that delivers medicines directly to your home. Often, getting set up is as easy as asking your provider to write a new prescription and sending it to that pharmacy.</li> </ul>



To find the Preferred Drug List, bookmark <u>https://phmo.dukehealth.org/resources/pharmacy</u>





# THANK YOU!