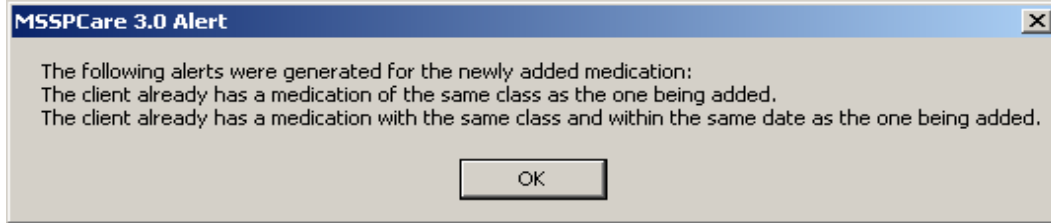


## Medication Management Improvement System Protocol #1 for Care Managers: Unnecessary Therapeutic Duplication

**Problem:** *Use of multiple agents from the same chemical family or therapeutic class.*

**Goal:** *No unnecessary therapeutic duplication*



**Purpose:**

The purpose of this protocol is to help care management staff resolve potential medication problems identified through a computer-generated alert. There are many cases where duplicative drugs are appropriate and many others where they are potentially harmful and should be brought to the physician's attention. This procedure will help staff distinguish which need further action.

**Action:**

**1. Verify possible duplication:**

- a. Ask client/caregiver if both medications are being taken regularly
- b. Confirm the dose(s)
- c. Confirm the frequency
- d. If client record does not accurately reflect how they are actually taking medications, please correct the record before proceeding with pharmacist consultation.

**THEN:**

- *If client is taking both medications routinely at prescribed dose consult the pharmacist as soon as possible.*
  - a. *Save PharmD report*
  - b. *Email report to pharmacist*

**Gold standard practice for non-nurse care managers:** *Look the medications up in handbook. If they are generic and brand name of the same medication, please inform primary care physician and other prescribing physician(s) immediately.*

- *If the client is taking both medications but in different amounts than prescribed &/or at different times (e.g. PRN being used routinely), consult with the pharmacist. Then initiate patient education or contact MD depending on pharmacist advice.*
- *If client is not taking one of the medications, instruct patient/caregiver to either dispose of the medication or separate it from currently used medications.(see disposal guidelines/client handouts)*

**2. Pharmacist review and consultation:** The pharmacist should be available to review all medication alerts within two to three days. After reviewing the client record, the pharmacist will advise staff to

help ensure that alerted potential problems are valid concerns before contacting the physician or recommending a medication change to the client. The pharmacist should review the client's clinical assessments for diagnoses/problem list, the complete medication list, vital signs, and other signs/symptoms such as recent falls, confusion, or dizziness.

### 3. Inform the physician:

- ✓ Fax medication report (Patient Risk Assessment report), current medication list and pharmacist recommendations to:
  - Primary care physician; *and*
  - Any other prescribers of affected medications

### 4. Discuss with patient/caregiver

- a. Explain reason for need to contact the physician.
- b. Explain reason for medication change (if there is to be one)
- c. Discuss need to coordinate care with primary care physician
- d. Document discussion with client/caregiver
- e. Provide written information for client/caregivers - For an excellent source of consumer information about medications, consult the website:  
<http://www.nlm.nih.gov/medlineplus/druginformation.html>

### ***Care Planning and Documentation:***

Initiate care plan when MSSPCare produces the alert for possible therapeutic duplication.

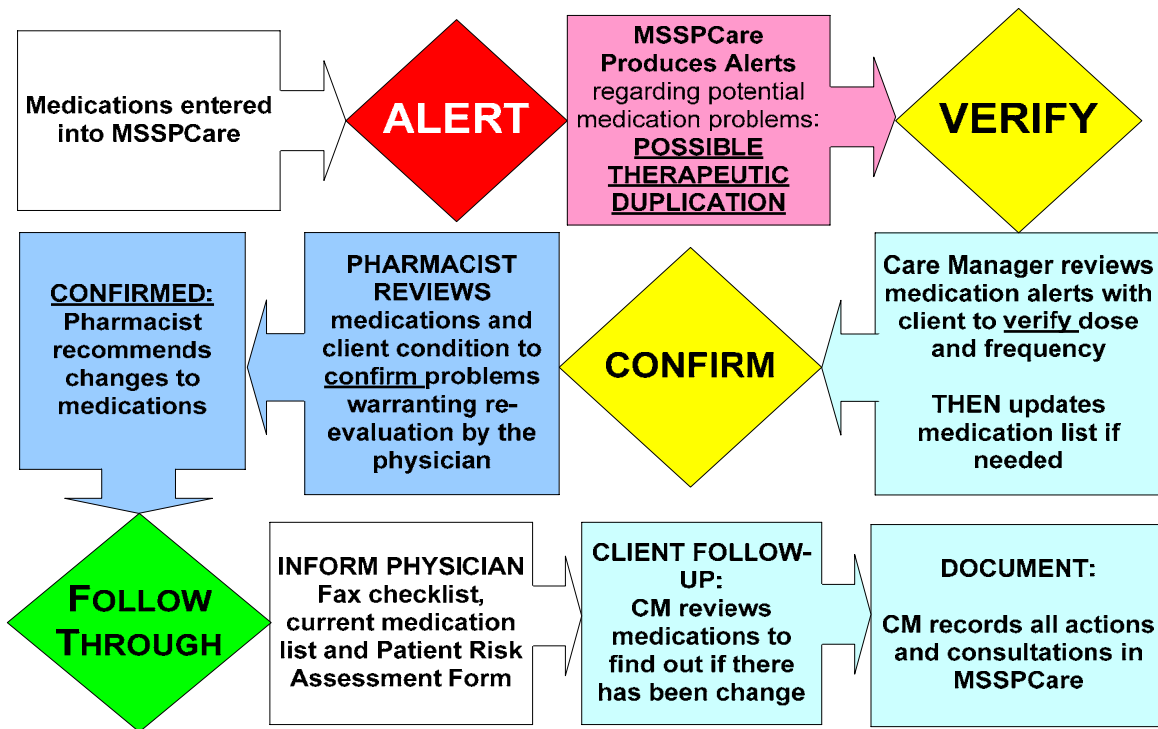
- a. If necessary, talk to client to verify frequency and dose for each alerted medication. Correct medication list as appropriate.
- b. If alerted medications are being taken as directed, thus producing a probable duplication, include care plan entry for pharmacist consultation – document when completed.
- c. If pharmacist is consulted, enter recommendation into care plan and document actions taken per pharmacist recommendation (e.g. notification of physician, client education).
- d. Care plan target date for checking with client regarding the recommended change(s) in medications. Document any changes actually made.

#### ***Example of Medication Management Care Plan***

- Refer to Medication Management program to review medication for risk factors.
- Collaborate with Med. Mgmt pharmacist, MD, and other health professionals as needed.
- Provide Health education on drug interactions, side effects, proper dosing, etc..
- **Goal:** Prevent medication-related adverse events (such as falls), improve medication management and adherence to prescribed medication regimen.

### ***Follow-up***

- a. Ask client/caregiver about medication changes at next contact (e.g. monthly telephone call)
- b. Verify changes/assess adherence to change at 3-month follow-up visit and update medication list
- c. Document changes in progress notes and update medication list.
- d. Assess adherence to overall medication regimen as frequently as possible.



***Target Medications for Intervention:***

The following are commonly used groups of drugs which might cause adverse consequences if inadvertently duplicated. If the patient is taking two different drugs within the same group the primary care physician should be informed. See attached list for generic and trade names.

<p><b><u>Antidepressant Medications:</u></b> Tricyclic antidepressants SSRI antidepressants</p>	<p><b><u>Diabetic Medications:</u></b> Sulfonylureas</p>
<p><b><u>Antipsychotics</u></b> Typical Atypical</p>	<p><b><u>Pain Medications:</u></b> Narcotic analgesics NSAIDs, except aspirin ≤325 mg</p>
<p><b><u>Antiulcer Medications:</u></b> H<sub>2</sub> blockers Proton pump inhibitors</p>	<p><b><u>Sleep Aids</u></b> Benzodiazepines Hypnotics OTC sleep aids</p>
<p><b><u>Asthma Medications:</u></b> Methylxanthines (theophyllines)</p>	<p><b><u>Thyroid Medications:</u></b> Thyroid replacements</p>
<p><b><u>Cardiovascular Medications:</u></b> ACE inhibitors ARBs β-blockers (not including eyedrops) Dihydropyridine CCBs Non-dihydropyridine CCBs</p>	<p><b><u>Diuretics :</u></b> Loop diuretics Potassium sparing diuretics Potassium supplements Thiazide diuretics</p>

***For more information:***

- Call the Partners in Care Medication Management team at 818-837-3775 x112
- Email us at [info@homemedics.org](mailto:info@homemedics.org)
- Visit our website: [www.homemedics.org](http://www.homemedics.org)