



Medication Reconciliation
Cheryl A. Viracola, PharmD
cviracola@wakedocs.org
919-250-9611

Date: _____ Allergies: _____ Referral Source: Hospital Discharge
Patient Name: _____ DOB: _____ MCD# _____
PCP: _____ Practice: _____ Primary CM: _____

Med Reconciliation:

54 yo AA referred for med review after hosp. D/C 5-28-08 for abdominal pain and severe diarrhea. Please see below for items requiring immediate attention. PMH for stroke 2 yrs ago, HTN, reflux, kidney disease w/ possible need for dialysis. Concerned over recent loss of medications stating he has been without for several days. Thinks maybe stolen, or perhaps misplaced by mother with whom he currently resides. Housing situation still unstable. Patient concerned b/c does not have the money to pay for additional meds at this time. Reports difficulty breathing w/ recent hot weather and poor air quality. Brown bag assessment conducted in home 6-17-08 showed pt to have the following meds in his possession: Advair 500/50 (12 doses left), Metronidazole 500mg (11 pills left), Furosemide & Altace (29 pills left).

Med Review Summary:

1. **Medication Discrepancy: See highlighted region on Med Reconciliation Chart**
 - No record of Advair or Albuterol inhalers ever filled. Per Hosp. D/C instruction pt. to continue home meds Spiriva, Albuterol & Advair **Clarify need for all 3 meds & issue new Rx for Albuterol and Advair if warranted.**
2. **Medication Adherence**
 - Late refills/ non-adherent with the use of Spiriva, omeprazole, carvedilol, Altace, Furosemide & Bidil. Pt. only has Furosemide and Altace in his possession. Pharmacy currently has no refills on file for carvedilol. Furosemide and Altace have 6 refills remaining. **Please issue new Rx for carvedilol for continuation of therapy. Pt. completely out of medication.**
3. **Medication Safety:**
 - Tramadol: use undetermined from home visit. 2 fills since 3/08. Pt self reports PMH of kidney disease w/ ? need for dialysis. **If pt is continued candidate for tramadol and CrCl < 30ml/min, consider increasing dosing interval to 12 hours w/ max daily dose of 200mg. No refills on file w/ pharmacy at this time.**
4. **Generic Alternative/Cost Saving Opportunities**
 - Medicaid will allow a 90-day supply on generics as long as a 1 month trial has been filled, **Consider writing 90-day supply for the following to reduce patients copay: Furosemide, omeprazole, carvedilol, ramipril (Note: Pharmacies are currently having trouble acquiring the generic for Altace... until such time that supplies are replenished, pharmacist are dispensing Altace which is not available for 90 day authorization).**
5. **Narcotic use**
 - **Tramadol 50mg** : 2 fills (3/18/08 & 5/09/08)
 - **Oxycodone 5/325** : 6 fills (2/23/08, 3/08/08, 3/18/08, 4/11/08, 4/24/08, 4/25/08 (4-25-08 pt. pd. Cash - confirmed w/Eckerd drug), 4 different providers.
 - **Hydrocodone 7.5/500**: 1 fill (2/25/08)
 - **Hydrocodone 5/325**: 1 fill (12/18/07) Dr. Won DDS
 - **Avinza 60mg** : 2 fills (1/4/08 & 2/16/08)

Please feel free to contact me with any questions. Pharmacy Home regimen report included for review. Any changes to therapy pending this review should be directed to patient's local pharmacy.

CVS 4056
200 Fayetteville St.
Raleigh, NC 27601
Phone: 919- 834-3336



The Pharmacy Home Medication Regimen Report

Rx claims through: 6/10/2008

Report Print Date: 06/18/2008

Patient Information

Name	DOB	Gender	MedicaidID	Medicaid Eligible	Yes
Allergies	Unknown			Medicare Eligible	No

Practice Information

PCP	PCP Phone	PCP Fax
Practice	Network Community Care of Wake / Johnston Counties	

Pharmacist/Case Manager Information

Most Recent Pharmacy	ECKERD DRUGS 8596	Pharm Phone	(919) 821-1407	Case Manager Status
Network RPh	Cheryl A Viracola	Network RPh Phone	919-250-9611	Network RPh Fax

Patient Criteria Information

8+ Rx	No	3+ Practices	No	Ave. PDC	0.65	Ave. Rx \$/Mo	\$86.09
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Medication Regimen

Drug Description	Prescriber*	Last Filled	Days Supply	Qty	Paid Amt	AI	Gap/DC	PAL/PA
TRAMADOL HCL 50 MG TABLET	JAMES K HARTYE	05/09/08	30	90	\$7.08			
CARVEDILOL 3.125 MG TABLET	JAMES K HARTYE	05/09/08	30	60	\$7.03	1.00		
OMEPRazole 20 MG CAPSULE DR	JAMES K HARTYE	05/09/08	30	60	\$36.99	0.27		
SPIRIVA 18 MCG CP-HANDHALER	JAMES K HARTYE	05/09/08	30	30	\$156.69			
BIDIL TABLET	JAMES K HARTYE	04/25/08	30	60	\$122.50	0.45		
OXYCODONE W/APAP 5/325 TAB	DONALD M RABIL	04/24/08	30	60	\$1.18			
FUROSEMIDE 20 MG TABLET	AFUA S BOATEN	04/14/08	30	30	\$3.49	0.38		
ALTACE 5 MG CAPSULE	JAMES K HARTYE	04/14/08	30	30	\$49.13	0.76		
CYCLOBENZAPRINE 10 MG TABLET	HANY C IBRAHIM	03/08/08	5	15	\$3.72			
HYDROCODONE/APAP 7.5/750 TB	JAMES K HARTYE	02/25/08	10	20	\$3.77			
HYDROCHLOROTHIAZIDE 25 MG TB	JOY C MARTIN	02/23/08	14	14	\$3.06	1.00	75*	
AVINZA 60 MG CAPSULE	JAMES K HARTYE	02/16/08	5	5	\$34.46			

* The prescriber(s) listed above may occasionally be misstated due to pharmacy imputation errors when interpreting a prescriber's signature. In many cases the prescriber is unknown

AI = Adherence Index
GAP = Gap in Therapy
DC = New Drug Filled in Same Class

OTC Regimen

Drug	Type	Frequency	Condition For Use	Source	Date Added
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Clinical Alerts

Fill Date	Drug Description	Alert
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