Attachment 8

Patient Project ID: _____
Staff Project ID: _____
Pharmacy Project ID: _____

Form Approved
OMB No: 0920-XXXX
Exp. Date: XX/XX/XXXX

Pharmacy Record Abstraction Form

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Pharmacy Record Abstraction Form

Was Medication Therapy Review conducted in the past *3 months*? ◻ yes ◻ no

Was a *Personal Medication Record* completed? ◻ yes ◻ no date: _____/_____/____

Was a *Medication-related action plan* conducted? ◻ yes ◻ no date: _____/_____/____

Was individualized adherence support provided? ◻ yes ◻ no date: _____/_____/____

Pharmacist's Recommendations (*use additional pages for each additional recommendation*)							
What kind of Medication Therapy Review was conducted?		◻ Targeted Medication Review ◻ Comprehensive Medication Review ◻ Medication reconciliation ◻ Scheduled medication follow-up		date: _____/_____/____			
Medication name/strength/dose:		Conflicting Drug or Disease State (if applicable):					
General therapy issue (s) identified	HIV specific therapy issue(s) identified	Suggested Resolution (see Appendices 1 and 2)	Pharmacist Recommendation	Clinic contacted?	Was an action plan developed with clinic?	Describe action plan	Non-HIV health conditions identified
◻ discrepancies between medication lists ◻ drug interaction ◻ insufficient dose/duration ◻ excessive dose/duration ◻ unnecessary therapy ◻ suboptimal drug therapy ◻ adherence—over/underuse ◻ administration	◻ needs therapy ◻ suboptimal drug therapy ◻ complex drug therapy ◻ over-the-counter therapy ◻ not on 3 active HIV drugs ◻ not on preferred regimen ◻ on single tablet			◻ yes ◻ no How was clinic contacted? ◻ phone ◻ fax ◻ email ◻ in person ◻ other: _____ **Date clinic**	◻ yes ◻ no How did clinician accept recommendation? ◻ phone ◻ fax ◻ email ◻ in person ◻ other: _____		# of non-HIV conditions identified: ____ Non-HIV conditions identified: (see Appendix

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technique □ adverse drug reaction □ complex drug therapy □ cost efficacy □ other	regimen and another ARV* □ not on appropriate prophylaxis □ HIV viral load levels are detectable □ co-infected with HIV/HBV^ and not on a preferred regimen □ CrCl† ≤60 min/mL or goes ≥25% from baseline □ rise in LFTs‡ □ patient is on tenofovir but no serum Creatinine has been drawn □ ARV therapy is not synchronized to be filled on the same date □ patient has been without ARVs for 3 or more consecutive days OR 9 days total in the 90 day period.			**contacted:** __/__/___	_____ **Date clinician accepted recommendation:** __/__/___		3)

* ARV = antiretroviral ^HBV = hepatitis B virus †CrCl= Creatinine clearance ‡LFTs= liver function tests

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Is follow-up with patient required? □ yes □ no **Follow-date(s):** date: _____/_____/____

Was a pharmacist recommendation or pharmacist/clinic action plan implemented? □ yes □ no

For patients with adherence problems identified during the CMR/TMR(s), were barriers to adherence identified? □ yes □ no

If yes, please complete the following:

Identified Adherence to Therapy Barriers (*use additional pages for each additional medication*)					
Medication name/strength/frequency:					
Barrier(s) identified	Intervention or Recommendation	Clinic contacted?	Clinician accepts recommendation?	If no, was action plan developed with clinic?	Describe action plan
□ poor understanding of when and how often to take meds	□ patient education/monitoring	□ yes □ no	□ yes □ no □ N/A	□ yes □ no □ N/A	
□ poor understanding of why they need to take meds	□ patient education/monitoring	□ yes □ no	□ yes □ no □ N/A	□ yes □ no □ N/A	
□ regimen is too complex		□ yes □ no	□ yes □ no □ N/A	□ yes □ no □ N/A	
□ too many pills	□ change to combination therapy	□ yes □ no	□ yes □ no □ N/A	□ yes □ no □ N/A	
□ side effects	□ patient education/monitoring □ add medication/regimen □ discontinue medication/regimen □ alter regimen/change drug due to safety □ alter compliance or administration technique □ other	□ yes □ no	□ yes □ no □ N/A	□ yes □ no □ N/A	
□ forgets to refill	□ auto refill □ text reminder/emails/phone call □ delivery		□ yes □ no □ N/A	□ yes □ no □ N/A	
□ transportation problems getting to pharmacy to pick up meds		□ yes □ no	□ yes □ no □ N/A	□ yes □ no □ N/A	
□ no time to pick up meds		□ yes □ no	□ yes □ no □ N/A	□ yes □ no □ N/A	
□ can't afford		□ yes □ no	□ yes □ no □ N/A	□ yes □ no □ N/A	
□ other:		□ yes □ no	□ yes □ no □ N/A	□ yes □ no □ N/A	

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In the past 3 months, please list each prescription picked up by the client

Prescription Refills						
Medication	**Dose**	**Frequency**	**# dispensed**	**Prescription start date**	**Refill due date***	**Date refill picked up***
ART						
Other (?)						

*If there is more than 1 refill, for the same medication, in the past 3 months, list each refill due date and refill pick up date separately

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Appendix 1: Therapy issues identified and suggested resolutions

For each therapy issue identified select a suggested resolution to record in the table under "suggested resolution"

Therapy issue identified	Suggested resolution
1. Discrepancies found between multiple medication lists	1.1. Consider discontinuing medication and starting_____ 1.2. Confirm which medication patient should be taking 1.3. Confirm which dose of medication patient should be taking 1.4. Confirm which dosing form patient should be taking 1.5. Confirm which route patient should be taking
2. Drug interaction	2.1 Consider discontinuing medication 2.2 Consider discontinuing medication and starting_____ 2.3 Consider changing dose of medication from_____to_____
3. Insufficient dose/duration (based on age, kidney, liver, lab results, or health condition)	3.1 Consider discontinuing medication and starting_____ 3.2 Consider changing dose of medication from_____ to _____ 3.3 Other
4. Excessive dose/duration (based on age, kidney, liver, lab results, or health condition)	4.1 Consider discontinuing medication and starting_____ 4.2 Consider changing dose of medication from_____ to _____ 4.3 Other
5. Unnecessary therapy	5.1 Medication may be an unnecessary duplication with _____ 5.2 Medication does not correspond with a known health condition 5.3 Other
6. Suboptimal drug therapy	6.1 Medication may not be appropriate based on patient age 6.2 Medication may not be appropriate based on patient health condition 6.3 Other
7. Adherence - Prescription refill history indicates over/underuse	7.1 Prescription refill history indicates patient is OVERUTILIZING medication 7.2 Prescription refill history indicates patient is UNDERUTILIZING medication 7.3 Other
8. Other drug therapy problem	
9. Adherence - Patient self-reports over/underuse	9.1 Consider discontinuing and starting_____ 9.2 Other
10. Administration technique	10.1 Consider changing medication to dosage form/device such as_____ 10.2 Other
11. Adverse drug reactions	11.1 Consider discontinuing medication 11.2 Confirm existence of side effect Other
12. Cost efficacy management	12.1 Consider discontinuing medication and starting_____

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	12.2 Consider changing medication to a generic, such as_____ 12.3 Consider patient for enrollment into medication assistance program 12.4 Other

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Appendix 2: Health conditions identified and suggested resolutions

For each health condition identified select a suggested resolution to record in the table under "suggested resolution"

Health Condition identified	Suggested resolution
1. Needs therapy	1.1. Confirm patient needs additional therapy for health condition and consider starting____ 1.2. Confirm patient needs additional therapy for health condition 1.3. Other
2. Suboptimal drug therapy	2.1. May be a more effective medication option for health condition 2.2. Other
3. Complex drug therapy	3.1. Patient has issues with self-monitoring of health condition 3.2. Patient unable to manage taking current medication regimen for _____ 3.3. Other
4. Over-the-counter therapy	4.1. Patient taking an over-the-counter therapy that may not be indicated for his/her health condition 4.2. Patient is overusing over-the-counter therapy 4.3. Other
5. Patient is not taking at least 3 active drugs to treat HIV infection (boosting agent, such as ritonavir or cobicistat, do not count toward the 3 active drug regimen)	5.1. Consider discontinuing_____ 5.2. Consider discontinuing_____ and starting_____ 5.3. Consider starting_____ 5.4. Other
6. Patient is not on a DHHS preferred regimen or alternate regimen	6.1. Consider discontinuing_____ 6.2. Consider discontinuing_____ and starting_____ 6.3. Consider starting_____ 6.4. Other
7. Patient is taking a single tablet regimen (e.g. Atripla, Complera, Stribild, Trizivir) and is also taking another antiretroviral	7.1. Consider discontinuing_____ 7.2. Consider discontinuing_____ and starting_____ 7.3. Consider starting_____ 7.4. Other
8. Patient CD4 count performed within the last 12 months is below 200 cells/µL and patient is NOT taking appropriate prophylaxis	8.1. Consider discontinuing_____ 8.2. Consider discontinuing_____ and starting_____ 8.3. Consider starting_____ **8.4. Other**
9. Viral load has been conducted in last 6 months, levels are detectable, adherence assessment complete, and a plan has been developed with provider to perform intervention	9.1. Consider discontinuing_____ 9.2. Consider discontinuing_____ and starting_____ 9.3. Consider starting_____ 9.4. Other
10. Patient is co-infected with HIV/HBV and is not on a preferred backbone of either tenofovir + emtricitabine or tenofovir + lamivudine	10.1. Consider discontinuing_____ 10.2. Consider discontinuing_____ and starting_____ 10.3. Consider starting_____

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	10.4. Other
11. If CrCl drops to ≤ 60 mL/min, then make an assessment, plan, and contact clinic OR if CrCl drops ≥ 25% from baseline, then make an assessment, plan, and contact clinic	11.1. Consider discontinuing_____ 11.2. Consider discontinuing_____ and starting_____ 11.3. Consider starting_____ 11.4. Other
12. Rise in LFTS	12.1. If LFTs (ALT and/or AST) increase 1.25 – 2.5 times the upper limit of normal (grade 1) then make an assessment and plan 12.2. If LFTs (ALT and/or AST) increase 2.6 – 5 times the upper limit of normal (grade 2), then make an assessment and plan and contact clinic directly 12.3. If LFTs (ALT and/or AST) increase >5.1 times the upper limit of normal (grades 3 [5.1-10 x ULN] and 4 [>10 x ULN]) then make an assessment and plan and contact clinic immediately
13. Patient is taking tenofovir and Serum Creatinine has not been evaluated in 6 months	13.1. Contact prescriber to schedule test 13.2. Patient has test scheduled on date_____
14. ARV therapy is not synchronized to be filled on the same date	14.1. Provided short fill 14.2. Provided long fill 14.3. Other
15. Using sold dates, over the past 90 days has the patient been either without ARV's for 3 or more consecutive days OR 9 days total in the 90 day period.	15.1. Consider discontinuing_____ 15.2. Consider discontinuing_____ and starting_____ 15.3. Consider starting_____ 15.4. Other
16. Other.	

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Appendix 3: Non-HIV health conditions identified

1. Alzheimer's Disease
2. Arthritis
3. Asthma
4. Atrial Fibrillation
5. Benign Prostatic Hyperplasia (BPH)
6. Cancer
7. Chronic Obstructive Pulmonary Disease (COPD)
8. Depression
9. Diabetes
10. Esophagitis/Gastroesophageal reflux (GERD)
11. Gout Unspecified
12. Heart Failure, Unspecifed
13. Hypercholesterolemia
14. Hypertension
15. Myocardial Infarction
16. Osteoporosis
17. Pain
18. Parkinson’s Disease
19. Recent Hospital Discharge
20. Other (write in condition)