

MultiCare Medical Center

Pharmacy Technician Services in the Emergency Dept and Medication Reconciliation

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Emergency Dept Satellite Pharmacy Services

Words of Advice

You will see some gruesome and sad patient cases in the ER. If for whatever reason you feel light headed while in a patient's room, please excuse yourself, sit down, drink some apple juice or other sugary beverage, and alert the pharmacist.

Patient safety – always gel in and out. Always wear personal protective gear when needed. (Look at sign on door to determine if it is contact precaution or respiratory precautions or isolation precautions.)



Shift Times at Tacoma General ED:

Day → 0700-1530

Day Med Rec -> 0830-1700 (with ER coverage from 1530-1700)

Evening → 1630-0100

ED Pharmacy Technician Shift Duties:

1. Complete Med Rec for all admitted patients to the hospital
2. Stock all Pyxis Medstations twice daily and pull outdated meds.
 - a. Daily refill pulled by Talyst tech at approximately 1030 and 1700
 - b. Both Day & Evening ED tech **ALWAYS** check in at the beginning of the shift with Main Rx either by stopping by or calling to check ED's bin
 - c. Manage time appropriately to make sure Pyxis pull is delivered
3. Refill any critical low /stock outs reports.
 - a. Pulled by Central tech as they print throughout the day
 - b. Tubed to Rx Satellite (station #19); stocked by ED tech
 - c. L.E.T. Gel is only kept in the EDSATRXs fridge. When Talyst labels print, Main usually will tube or place in ED's bin for ED tech to fill & deliver.
4. Restock Buffered Lidocaine in **MBED** med rooms at **0700, 1400 & 2300** depending on availability.
 - a. Keep track by marking on billing sheet for Jackie.
 - b. One vial to each med room's counter **MBEDNORTH & MBISSU** (it also has a home on the shelf)
 - c. Give it 30 hours from when it was pulled from fridge
 - d. J-Tips Buffered Lido in MBED NORTH and South refrigerators
5. Help restock pharmacist tackle boxes from codes (PharmDs usually do their own).
 - a. Replenishing narcotics for tackle boxes; always obtain a "sticky" (pt's name, MRN, CSN, etc) so you can add patient in our Pyxis, to "remove" all narcotics used from tackle box. Sign into Pyxis, **EDSATRX**, touch "Remove" button then touch "Add Patient" button. Enter last name, first name, CSN, in the room slot enter either TGED or MBED then the bed, and touch "Accept". Select all narcotics used to replenish tackle box. Staple pyxis paper to charge sheet.
6. Restock RSI & transport kits as needed. Main's Talyst will print a label when needed, Central Tech will either tube label to (#19) EDSATRX or place in ED's bin. Please try to rotate dates, ie. shortest dates (ones expiring sooner) place in **TGEDTRAUMA** always placing them in front.

7. Check Satellite's inventory & restock as needed; if you don't have time leave bin on counter or make a list to pull from Talyst or IV fluids. Day Shift, when possible, stock med bins & frig. Evening Shift, when possible, stock IV fluids & oral antibiotics.
8. Check Red Med Bins in all med rooms to make sure there isn't any patients meds that have left the ED. Plus empty return bins (**Tuesday & Thursday**).
9. Attend and assist with Pediatric codes. Please send Interns when possible.
10. Mix/fill labels that print in the Satellite. If interviewing a patient, try to look at pager if paged; pharmacist will page for "STAT" IVs when they print, when pharmacist isn't able to make it themselves. Always check printer; labels have Due Times & *usually* IVs can be mixed between Med Recs.
11. Receive tubed secured narcotics from Main pharmacy.
12. Keep adequate logs:
 - a. Every **Monday** check all three code boxes to insure expiration dates are accurate.
 - b. Eye wash station (Eoscene) done weekly on **Mondays**.
 - c. Day Shift check Return Bins on **Tuesdays & Thursdays**.
 - d. Twice weekly (**Wednesday & Friday**) EDSATRX narcotic inventory.
 - e. Refrigerator temperatures (Eoscene) twice a day; Day shift & Evening shift.
 - f. Monthly cleaning & outdating of ED Satellite.
 - g. Hood cleaning once per shift.
13. Compound L.E.T. Gel. Recipe is in Compound Assist. Day ED tech *usually* compounds when supply is down to <20 doses. Make a large 16oz amber bottle. All shifts will help draw up, place in cups & label.

Pharmacy Technician Role in Medication Reconciliation

Definition of Medication Reconciliation: Medication reconciliation is a process of comparing the medication a patient is taking, should be taking, and newly ordered medications. Medication reconciliation is completed by the medical provider admitting or rounding on the patient. The comparison addresses duplications, omissions, and interactions, and the need to continue current medications. The types of information that clinicians use to reconcile medications include (among others) medication name, dose, frequency, route, and purpose.

Definition of Obtaining the Prior to Admit (PTA) Medication List: The process of identifying the most complete and accurate list of all medications that the patient is taking outpatient (including name, dosage, frequency route, and last dose) by optimizing the medication record with external list of medications obtained from a patient, hospital or other provider.

Purpose for Med Rec: There is evidence that medication discrepancies can affect patient outcomes. Medication reconciliation is intended to identify and resolve discrepancies.

Overview of PTA Medication List Collection Process:

1. Obtain who is getting admitted from the Emergency Department
2. Print Pre-Visit Summary (MHS IP Med Rec Admission GS) for each patient
3. Interview the patient, family, or collect the medication list by alternative means
4. Mark last dose taken
5. Obtain or confirm outpatient pharmacy being used, note in demographics
6. Verify allergies and reaction
7. Obtain a height & weight and enter information (**pediatrics:** do not enter into EMR)
8. Complete a Progress Note
9. Give to verifying pharmacist

How to Determine Patient to be Admitted:

1. When patient is the color neon green on Emergency Room Track Board
2. If the track board notes the patient with the burgundy color, this means an inpatient bed has already been assigned. Treat this as a **STAT** PTA list.
3. Patient has an "Inpatient Bed Request" noted in EPIC
4. Provider verbally requests PTA list on a specific patient or has an RX consult requesting PTA list.
5. RNs are able to request PTA lists by picking the "Review in ED by Pharmacists Requested" tab. Verify request with your Pharmacist on duty first.
6. Acuity & age are also clues if the above is not happening.
7. Pharmacists may directly inform which patients are highly likely to be admitted.

The Interview:

1. Identify yourself using AIDET
 - “A” acknowledge the patient
 - “I” introduce yourself
 - “D” let patient/family know how long this will take (duration)
 - “E” explain why you are there
 - “T” thank you
2. Verify your patient by asking their name – please do not depend on room numbers, patients are moved fast.
3. Ask patient if they take care of their own medicines, if they are pretty familiar with their medicines that they take at home or if they could identify their medicines from a list.
4. Use your Pre-Visit Summary. At the top left mark room number. At the top right mark patient’s age. If patient has family members in room & patient is NOT answering questions, identify who is answering questions.
5. Ask if they have a list of their medications. If there is a list **ALWAYS** make a copy of it.
6. Ask what pharmacy they use. Enter the patient’s pharmacy if there isn’t a pharmacy on file in patient’s Demographics.
7. Go through each medication having the patient or provider telling us as much information as possible. Open ended questions are preferred over Y/N questions. Obtain name, strength & frequency for each medication.
8. Ask when the patient last took each medication, marking on your list “**T**”, “**Y**”, “**PW**”, “**PM**”, “**>Mon**”. Even for PRNs, you want to ask when they took it last.
9. When you have gone through the entire PTA medication list, ask if this list is complete. Ask if they buy OTC items that they take every day (we do not want to add remedies that are NOT consistent, for example, if they mention a remedy but they haven’t taken it a while, do NOT add).
10. Ask about creams, eye drops, inhalers, and patches; especially with the **Mary Bridge** patients.

Standard Interview questions for each patient

1. Are you currently taking any prescription medications?
2. Are you taking insulin or other injectable medication?
3. Are you currently taking any vitamins or herbal products?
4. Are you currently taking any other OTC medications such as aspirin or APAP?
5. Do you use any topical patches or creams? If yes, where are they applied and when were they changed/used last?
6. Do you use any inhalers or nebulizer solutions?
7. Are you currently taking any blood thinners, such as Coumadin? Have you ever been on a blood thinner for any reason?
8. Are you allergic to any medications? Include latex, food and contrast.
9. Do you have any prescribed medications that you don’t take for any reason (financial or other)?
10. If patient unsure of med/dosage, is there someone at home that can read off the prescription bottles to us?
11. At what pharmacy do you fill your prescriptions? May I contact them if I have any questions?

Entering Medications in Patient Profile:

1. Entering medications in patient's profile is done in the "Pharmacy" tab under "Review PTA Meds".
2. There's a box that states "New Prior to Admission Med" is where you want to begin. In this box you would start typing the medication you want to enter.
3. Typing a few letters of the medication and press the "enter" key. This will bring up a "Preference List" tab and a "Database Lookup" tab.
 - a. Preference List usually will list formulary items.
 - b. Database Lookup will list more options but not necessarily formulary. This tab will provide entries of meds that do not have strengths. For example, an entry that's "CALCIUM OR" you would pick if calcium strength is unknown.
 - c. Formulary items are preferred but may not always be possible to pick them.
4. Enter number of tablets or dose patient takes per administration
5. Enter route and frequency
6. If known, try to include prescription date and prescriber.
7. A few frequencies have been recommended by pharmacists when entering meds from scratch. For example, PPIs, H2s & thyroids, frequency (sig) should be QAM AC and Statins should be QHS even though Epic chooses QPM. Pick these frequencies only if patient doesn't state otherwise.
8. You want to make sure the box under "Taking?" is checked off if patient's actively taking that particular med. Epic automatically marks it off when you pick the ">Month" tab.
9. Finalize your entry with patient's last dose.
10. Always identify PRNs by either entering "PRN" after date of last dose. PRNs are probably the only entries that may not necessarily have a last dose because patient don't take them all the time
11. If patient took a PRN med, ask them how many doses they took in the last 24hrs.
12. When patients can't remember when they took a PRN last, just document on your last dose box "PRN no usage".
13. Finalize your Med entering with last doses & notes by identifying your "**Informants**". Click on your Informants tab which is located at the upper right hand corner when "Reviewing PTA Meds".

Range Dosing:

1. When a medication is given several times a day with different doses, this requires multiple entries into Epic.
 - a. Please enter the medication with correct dosing and then also place the full daily dose into the instructions.
 - b. Repeat the full daily dose information in the instructions for each entry of the same medication.
 - c. Plus this will help us catch the full dosing regimen if one of the entries gets discontinued by mistake.

2. Example:
 - a. Gabapentin 300mg every morning. Instructions: Take 300mg in the morning and 600mg in the evening.
 - b. Gabapentin 600mg every evening. Instructions: Take 300mg in the morning and 600mg in the evening.
3. This creates an accurate way for physicians to correctly order the med for inpatient use. Also, if one is discontinued by accident as a duplicate upon discharge, the full daily dose will be available in the instructions and hopefully flag pharmacy personnel to investigate.

Discontinuing Medications in Patient's Profile:

1. To discontinue a medication, click the red X, then discontinue to the right of the medication
2. When we want a medication to completely come off their profile, select reasons "Error" or "Duplicate."
3. There are other discontinue reasons options. They are viewed under the magnifying glass under the discontinue tab
4. If no reason is selected when discontinuing meds, they will stay in patient's profile which is not appropriate
5. There are a few reasons we can pick that purposely keeps med on patient's profile to alert our doctors. These include "Availability, Cost of medication, Noncompliance, Patient discontinued, Prescription was never filled, Reorder and Reprint script".
 - a. If the prescription is a "house," please make comments in notes, inform pharmacist, but please do NOT discontinue the medication.
6. Please be very specific & careful when discontinuing meds.
 - a. If you discontinue something by mistake just added it back in with all appropriate information.

Utilizing Notes (Corner Folded Sheet of Paper on PTA List):

1. Please use Notes to communicate important information. For example, use this when you want to state what day of remedy of antibiotics, prednisone titration, patches or course of treatment patient's on.
2. Notes to identify which Coumadin Clinic patient is using and/or document latest INR if provided.
3. To document how many tablets/capsules patient is taking when there is a range in their directions.
4. If it is a prescription & you do not want to discontinue & the directions say to take weekly, use your note to state what day of the week patient takes it.
5. Any information that would be helpful to our pharmacists & doctors, please use this tool to relay it.
6. These notes cannot be discontinued after written and exited
7. If you place two spaces and enter, the previous comments will not be highlighted

Medications the Patient Claims they are “not taking”

1. Ask the patient WHY they are not taking the medication
 - a. If the provider told pt to stop taking medication:
 - i. discontinue the medication using treatment complete
 - ii. Permanent stops only
 - b. Patient stopped medication without provider approval
 - i. Place a note in the “note field” stating why patient stopped taking
 - ii. The pharmacist will determine what to do with the med
 - c. If the medication is just being held for a procedure,
 - i. Please do NOT discontinue medication
 - ii. place a note in note field with reason on hold (side effects, noncompliance, other)

Key questions for Antibiotics & Prednisone tapers:

1. Antibiotic:
 - a. Determine name, strength, directions, and duration
 - b. If entering, place start and end date into the start and end date fields
 - c. Note how many current doses were taken and length of therapy
 - d. If manually entering, place start end date
 - e. Place information in the notes field
 - f. If the antibiotic is “done”
 - g. Please take the med off the list as “treatment completed”
2. Steroids:
 - a. Taper information including doses and directions of each taper\
 - b. Current strength they are taking
 - c. What day of the taper schedule they are on
 - d. Enter the current dose only
 - e. All the above information must be placed in notes field
 - f. Entire taper instructions must be made in entry instructions field

Key questions for Coumadin® (warfarin):

1. Order the warfarin exactly as they take it at home. Please do not leave “as directed” with dosing information in the note field as this risks dosing error when reordering.
2. Determine:
 - a. what strengths of warfarin tablets they are using at home
 - b. If patient doesn’t know, ask what color their tablets are
 - c. if patient takes different doses on different days
 - d. last dose
 - e. goal INR range
3. Ask what anticoagulant clinic they are using. Depending which Coumadin Clinic they attend, we may be able to look up latest doses. place Coumadin Clinic or provider in note field

Medication Reconciliation Guide to Insulin

Types of Insulin:

- **Rapid-acting** [Aspart (NovoLog), Lispro (Humalog), Glulisine(Apidra)]
- **Short-acting** [Regular (Humulin R, Novolin R)]
 - **Key Questions for both rapid and short-acting insulin:**
 - How many units do you inject?
 - How often do you administer?
 - Does that number ever change?
 - Do you have a sliding scale?
 - Do you have a sliding scale in addition to a scheduled dose?
 - Do you have a carb ratio that you follow?
 - When was your last dose?
 - How many units did you use?
 - **Entering sliding-scale parameters:**
 - Type in “SSI” as the medication name. Click on “database lookup” and pick the correct insulin, with custom scale. Enter in patient’s sliding scale in the information section.
 - If the specific insulin the patient uses is not part of the “SSI” list, enter the insulin as you would with a scheduled insulin and type in the sliding scale in the information section.
- **Intermediate-acting** [NPH (Humulin N, Novolin N)]
- **Long-acting** [glargine (Lantus), detemir (Levemir), regular (Humulin R U-500)]
 - **Key Questions:**
 - How many units do you inject?
 - How often do you administer?
 - Does your dose change in the morning and evening?
 - When was your last dose?
 - **U-500 pearls:**
 - This is a concentrated form of regular insulin used in patients requiring large amounts of regular insulin. It comes in 500 units/mL, vs the traditional 100 units/mL. **BE CAREFUL ABOUT DOSING!** Most patients will report their doses in mL, not units but be sure to clarify. Bring an insulin syringe AND TB syringe in the room to help clarify how much they draw up.
 - U-500 is non-formulary and if a patient is on this, please ask them to bring in their own home supply.
- **Ultra Long-acting; investigational only** [degludec (Tresiba), 70/30 degludec/aspart (Ryzodeg)]
- **Mixtures**
 - 70% aspart protamine suspension, 30% aspart solution: NovoLog Mix 70/30
 - 75% lispro protamine suspension, 25% lispro solution: Humalog Mix 75/25
 - 50% lispro protamine suspension, 50% lispro solution: Humalog Mix 50/50
 - 70% NPH, 30% Regular: Humulin 70/30, Novolin 70/30
 - **Make sure you ask what type of mixed insulin they take, especially if the patient says “70/30”**

Devices:

- Autopen Classic: Humalog
- FlexPen: Levemir, Novolog, NovoLog Mix 70/30
- Humalog KwikPen: Humalog, Humalog Mix 75/25, Humalog Mix 50/50
- HumaPen Luxura HD: Humalog
- Lilly original prefilled pen: Humulin N, Humulin 70/30
- Novo Pen 3: NovoLog
- Novo Pen Junior: NovoLog
- SoloStar: Apidra, Lantus
- Insulin Pumps
 - Questions to ask:
 - What type of insulin is in the pump?
 - What is your basal rate? (some patients have several basal rates, depending on the time of day)
 - What is your sliding scale?
 - What is your carb ratio?ⁱ
 - Do you have back-up insulin in case the pump malfunctions?
 - If so, what type of insulin is it?
 - How much do you administer?
 - Are the sliding scales the same (if a short-acting insulin)
 - How often do you administer the medication?
 - When entering pump parameters, type in “insulin pump parameters” in the medication name and go to “database lookup.” In the information section, type in the specific parameters.

Carb Counting:

Carb counting is a form of flexible insulin dosing where the patient counts the amount of carbohydrates in their meal and administers a certain number of units of insulin to adjust for that meal. Often times you will hear it in the form of a ratio, such as 1:15, which means 1 unit rapid-acting insulin per 15 grams of carbohydrate.

Correction Dosing:

Correction dosing is used to bring a patient’s blood glucose level down when their levels are elevated before eating a meal. This is given in addition to sliding scale/carb counting to account for the elevation in blood glucose from a meal. This is reported in terms of insulin sensitivity factor (ISF), which is the number of points 1 unit of rapid-acting insulin lowers your blood glucose. For example, if a patient’s ISF is 35, 1 unit of rapid-acting insulin is expected to lower their blood glucose by 35 mg/dL.

Patches:

1. Enter the patch medication name, strength and frequency of patch
2. Ask if they have the patch “ON” or “OFF”
3. Ask when the patch was placed last or taken off last
4. Indicate what day of treatment they are on and any other information in the Note field

Key questions for OTCs:

1. Ask if they buy anything over-the-counter (OTC) that they have used recently
2. Supplements: obtain medication name, strength (if they have it with look at vial and write all ingredients & strengths) and frequency. If vial is not available, research product and get as much information as possible.
3. Note when the patient took it last.
4. Always ask how many doses of the product they take; 2 caps or 1 tab and frequency per day.

What if Patient’s Not Taking Anything?

1. Go into “Pharmacy” tab in patient’s profile.
2. Input allergy information. “Mark as Reviewed”.
3. If no weight/height info, please enter under “Vitals” by selecting the “Stated” Weight Method.
4. “Review in ED by Pharmacist Requested” Med List Status under “Review PTA Meds”.
 - a. The pharmacist will mark it complete after verification
5. Electronically sign the PTA list by clicking on “Mark as Reviewed”.
6. Your Progress Note should state patient did not have any PTA meds to enter.

Hints:

1. If the patient prefers to take a medication as directed except at a different time of day than ordered for a “house” prescription, please just place those comments in the note field. Please do NOT discontinue the house prescription to change administration time. For verbal prescriptions, they may be deleted and reentered for the correct administration timing.
2. If a patient states they are not taking a medication, we MUST ask why. Please determine if the patient is noncompliant or if the medication was stopped under the order of a physician.
3. Medication Lists are to represent what the patient is currently taking NOT a medication history.
4. The Instructions field of the medication is visible to patients but our Epic Note field (Corner Folded Sheet of Paper on PTA List) is not.
5. Enter the strength of medication the patient is taking at home, even if they break it in half, to avoid confusion.

6. If the patient takes two different strengths of a medicine to make a full dose, please use only 1 entry.
 - a. Pick one strength of the medicine, enter the dose & frequency then please include all strengths being utilized in the instruction area.
7. If a medication is on hold by a physician (for a procedure or other reason), please do NOT discontinue it but rather place a note
8. Any non-medication devices (e.g. wheelchairs, socks, shoes, beds, canes, nebulizers) should be cleared from the PTA list. Please discontinue with “error” or “duplicate”.
 - a. This **EXCLUDES** insulin needles, test strips & oxygen because these are obtained from a pharmacy and these allows the PCP to use the entries for refills. But, if not on PTA list we do NOT have to add them in.

Entering Outpatient Pharmacy in Demographics:

1. Once in patients profile, click on “Demographics” folder.
2. There are 5 tabs/folders you can click on in Demographics; Contact Information, Clinical Information, Additional Information, Advance Directives and Inpatient Information.
3. “Clinical Information” is what you want to click on.
4. Then in the “Pharmacy Preferences” you can enter patient’s outpatient pharmacy.
5. A fast way to find pharmacy you can type pharmacy’s name & city; ie. “Walgreens Tacoma” & all Walgreens in Tacoma will come up then click the one you want.
6. A few mail order pharmacies may not be available or if you can’t find patient’s outpatient pharmacy include it in your Progress Note.

Entering Allergies:

1. This can be done a couple of ways. One way is, once in patient’s profile, click on the “Allergies” tab. This will bring up “Allergies/Contraindications” folder/section.
2. If there is a box that states “add a new agent”
3. If not allergy, check the no allergy button
4. Click on “Unable to Assess” when you are **NOT** able to verify allergies. This is useful when patient is intubated, family members are unavailable, or if patient is not able to answer questions upon admission.
5. If you have allergies to enter, in the “Add a new agent” box start typing part of your allergen then enter. This will bring up choices to pick from. Please try to enter both generic & brand name of allergen.
6. Another way to enter or verify allergies is under the “Pharmacy” tab. The “Allergies” tab is the first tab once you start your Med Rec.
7. Clicking on “Allergies” you have the opportunity to edit current allergens or add allergens.
8. Always try to enter “Reactions”. We have 60 reaction categories to pick from. If reaction is not listed please enter in the “Comments” section of allergen.
9. Finalize your allergies by clicking on “Mark as Reviewed”. This is your electronic signature.

MAR Instructions:

1. *Usually* for patients that come from a facility, information would be in their Demographics.
2. When a patient comes from a facility look around counter in room or room slot behind MDs. There might have been one sent with patient from facility.
5. When a MAR can't be located, call facility requesting one to be faxed to us. If facility claims they sent one, please request a "pharmacy copy" to be sent via fax. Also, while you have them on the phone, ask for a current Height and Weight and for them to include diabetic & respiratory meds because they may have separate MAR sheets.
6. Try to keep track on time it takes facility to fax MAR because if it takes more than 30 minutes, please contact facility again to see what the status is on physically faxing MAR.
7. Once MAR is obtained, enter last doses, enter any meds that were not on our list or discontinue any meds that are not on MAR but on our list.
8. There are different types of MARs out there. The electronic MARs are a little difficult to read because it only shows meds given and it doesn't show past PRN usage. Many times RNs at facilities have to be contacted to get that information or to clarify if doses were actually given. There are different codes RNs use when documenting on MARs; ie. Initials that are circled, most of the time indicates dose was not taken. So, do not hesitate to call facility and talk to RN to verify or clarify questions.
9. *Usually* PRNs that are not being utilized and is not on our list, can be left off.
10. Please use MAR as your final documentation when turning it in to pharmacist, marking room number & MRN on first page.

Writing a Progress Note:

1. Once you have completed entering all current meds, discontinued all appropriate meds, entered all last doses & made all appropriate notes.
2. If the patient has not been taking a med that they likely should be, please indicate this in your Progress Note stating the reason why patient is not compliant (side effect, cost, etc).

Example Progress Note:

Pharmacy has reviewed patient's PTA meds

This patient's PTA med list has been entered.

The following resources were used: I talked with ***.

Thank you for involving pharmacy in the care of this patient.

@PTAMEDLIST@

@ME@

Time spent entering this med list: ***min

Placing an I-vent

*This allows management to document our time, interventions, and workload.

Once in the patients encounter, go to Intervention tab on the left (or check under “More Activities”).

*Click on star to move the navigator to your left tab section.

The type of Intervention is “medrec’

Status is closed. You do not need to fill out any more information. Each intervention is worth 15 min, so place as many interventions as needed to justify your time.

How to get in touch with difficult pharmacies (VA/mail order/PTHA)

Veterans Administration (VA)

- To obtain a med list from the VA the most efficient method of contact is by fax: **Puget Sound VA Health Information Management Section: Use for VA patients (American Lake and Seattle)**
9600 Veterans Drive Tacoma, WA 98493-5000 Phone: 253-582-8440 Ext 71507 Fax: **253-589-4016**
- Be sure to use one of our Fax Cover Sheets, write down patient’s full name, date of birth, last 4 of social security number, patient’s diagnosis & the admitting Doctor. Write down that you are requesting a current outpatient medication list to be faxed to us as soon as possible.
- Remember, Madigan Hospital is not the same as the VA. Contact Madigan by

Puyallup Tribal Health Authority

- To obtain a med list from the Puyallup Tribal Health Authority fax health records: **Puyallup Tribal Health Authority**- Phone: 253-593-0230 Ext 271 (Health Records) Fax: **253-593-3492**

Group Health

- Group Health is tough to get lists from, start with the contacts listed below.
- **Group Health Tacoma Pharmacy**- 253-596-3350
- **Group Health Provider Assistance Unit**- 509-241-7206/1-888-767-4670 Fax: 509-241-7615
- Group Health Pharmacy Help Desk, Phone: 206-901-4411/ 1-800-729-1174 Fax: 206-901-4617 (Faxing works but it does take a little time)
- **Group Health Medical Records and Clinical Review information**- Fax: 1-800-377-8853

Mail Order Pharmacies

- Mail order pharmacies often will not fax information, and contacting an operator is different at each one. One tactic that has given good results is select to an option pertaining to calling from a physician’s office.
- Mail order pharmacies often want our NPI number or Tax ID number to confirm we are a legitimate entity. **TG Pharmacy NPI Number: 1306933213 DEA Number: AT9075828 Tax ID: 911352172-MHS**

- **OptumRx (aka Prescription Solutions):** 1-800-791-7658) (I got a pharmacist very quickly by selecting option one- physicians office calling about an oral med. I have not tried asking for a fax.)
- **CVS Caremark Mail Order Pharmacy:** 1-877-864-7744 (I didn't make a selection on the first menu and was transferred to a rep who read the list to me; I didn't ask for a fax)
- **Medco Provider Service Center (AKA Express Scripts):** 1-800-411-1665 (Hours M-F 0900-1730 EST) (I spoke to a pharmacist by picking option five for "other inquiries.")
- **Express Scripts Mail Order Pharmacy-** 1-866-595-7312 (stay on the line for an operator)

ⁱ Last updated 9/19/2013