OUTCOMES Pharmaceutical Health Care®

PRESCRIPTION INFORMATION

Patient Info/Rx Info

Patient ID Number | Gender (M F) | Date of Birth (M M D D Y Y Y Y)

Patient Last Name

Patient First Name

Final Rx Info

Final Rx Date (M M D D Y Y Y Y) | Final Rx Number | N | Metric Qty | Days Supply

Final Rx National Drug Code: Labeler | Product | Pkg

Final Rx Prescriber ID

MONITORING

Attempts

1 __/__/__ at ___:___ a.m./p.m.

2 __/__/__ at ___:___ a.m./p.m.

3 __/__/__ at ___:___ a.m./p.m.

Document Patient Refusal after 3 attempts

Appointment

_____/_____/_____

_____:_____ **a.m. / p.m.**

(____)_____-_____

Initial Rx Info

Initial Rx Date (M M D D Y Y Y Y) | Initial Rx Number | N R | Metric Qty | Days Supply

Initial Rx National Drug Code: Labeler | Product | Pkg

Initial Rx Prescriber ID

Frequency of Therapy

- ❒ Acute
- ❒ Intermittent
- ❒ Chronic

ENCOUNTER DOCUMENTATION

Date of Encounter (M M D D Y Y Y Y) | Claim Number

I. Indication For Service (Reason)		II. Professional Service (Action)		III. Outcome Of Service (Result)	
Complex Drug Therapy	100	Comprehensive Med Review (CMR)	200	CMR with Encounter	300
				CMR without Encounter	301
				Patient Refusal	380
Cost Efficacy Management	105	Prescriber Consultation	205	Initiation of Cost Effective Drug	305
				Prescriber Refusal	375
Cost Efficacy Management	105	Patient Consultation	215	Patient Refusal	380
New/Changed Prescription Therapy	110	Patient Education/Monitoring	210	Therapeutic Success (Resolved/Stable)	310
OTC Therapy	117	Patient Education:		Therapeutic Failure (Unresolved/Worse)	320
		❒ Name of Drug		Patient Refusal	380
		❒ Therapeutic Class			
		❒ Directions for Use			
		❒ Side Effects/Warnings			
		❒ Storage Requirements			
		❒ Missed Dose Actions			
		❒ Written Material			
		❒ Set Monitoring Appointment			
		Monitoring:			
		❒ Monitor Symptoms			
		❒ Monitor Side Effects			
		❒ Monitor Compliance			
		❒ Patient Question & Answer			
Drug Therapy Problem Detected:		Prescriber Consultation	205	**Drug Therapy Problem Resolved:**	
Indications		Patient Compliance Consultation	215	**Indications**	
Needs Therapy	120	❒ Education		Initiated New Therapy	330
Unnecessary Therapy	125	❒ Set Monitoring Appointment		Discontinued Therapy	335
Efficacy				**Efficacy**	
Suboptimal Drug Selection	130			Changed Drug	340
Insufficient Dose/Duration	135			Increased Dose/Duration	345
Safety				**Safety**	
Adverse Drug Reaction	140			Altered Regimen/Changed Drug	350
Drug Interaction	145			Decreased Dose/Duration	355
Excessive Dose/Duration	150			Prescriber Refusal	375
Compliance				**Compliance**	
Overuse	155			Altered Compliance	360
Underuse	160			Altered Admin/Technique	365
Administration/Technique	165			Patient Refusal	380

IV. Estimated Cost Avoidance

❒	Level 1 Improved Quality of Care	❒	Level 4 Additional Prescription Order	❒	Level 7 Life Threatening
❒	Level 2 Drug Product Costs	❒	Level 5 Emergency Room Visit	❒	Prescriber/Patient Refusal
❒	Level 3 Additional Physician Visit	❒	Level 6 Hospital Admission		

V. Encounter Notes And Estimated Cost Avoidance Rationale

Monitoring Questions

How have initial signs and symptoms changed?

Have any new health problems developed?

Explain how you have been using the medication.

Have you missed any doses?

Are you satisfied with your drug therapy?

What other questions or concerns do you have?

RPh ID Number | NCPDP/NABP | RPh Initials

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