

# Development of a First-Fill Failure (FFF) Service Utilizing RXFILL Notifications

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## Service

### E-prescribing technology

The SCRIPT standard for RXFILL enables pharmacies to electronically notify prescribers when their electronically prescribed medication has not been picked-up.<sup>1,2</sup>

### Patient Care Processes

Using RXFILL notifications, pharmacists identify members with first-fill failure (FFF) of new antihypertensives, contact patients, and work with prescribers to evaluate the reasons for FFF and address patient and/or prescription barriers.

## Justification

- Prevalence of FFF is 17 to 34% for antihypertensives<sup>3-5</sup>
- Unknown burden on health outcomes and healthcare costs
- Physicians want to be informed about FFF, but are concerned with time and staff needed
- RXFILL is a field in each prescription's record that describes whether the prescription was dispensed, transferred to another pharmacy, or handled otherwise
- RXFILL allows for efficient identification of FFF, and pharmacists can address FFF with interventions adapted from managing refill non-adherence
- Consistent use of RXFILL notification has the potential to identify non-adherence to newly prescribed medications, and presents an opportunity for intervention, but because of lack of awareness of this communication mode, RXFILL is not currently a part of normal pharmacy or prescriber workflow.

### Possible RXFILL Status of e-prescription:

DISPENSED

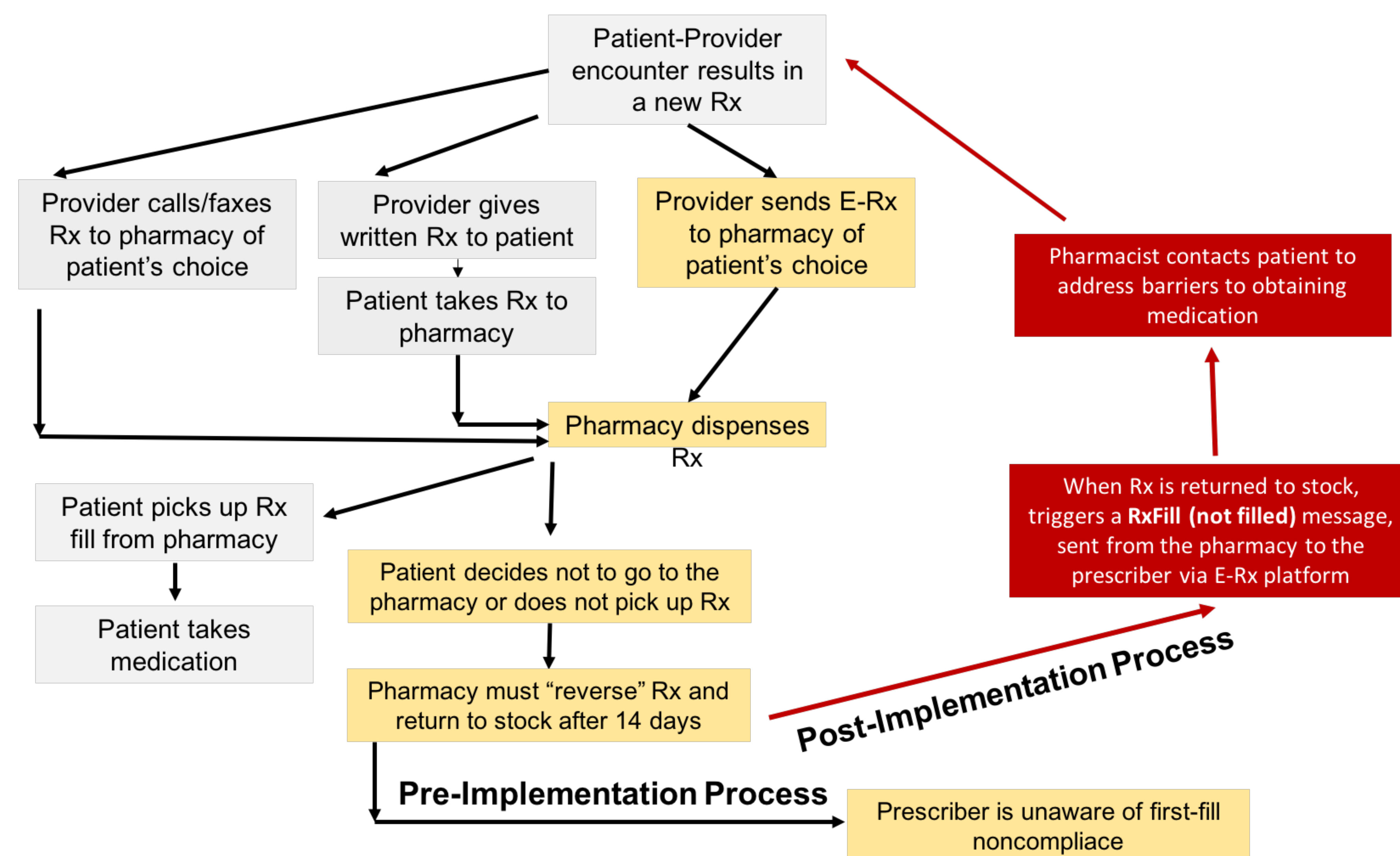
PARTIALLY  
DISPENSED

NOT  
DISPENSED

TRANSFERRED

## Methods

Current and proposed processes of how a new prescription (Rx) reaches the patient



Success of the service measured by:

- **FFF rate** (i.e., number of new e-prescribed antihypertensive medications that are picked up within 30 days ÷ total number of new e-prescribed antihypertensive medications)
- **ACO quality measure** for blood pressure control.

## References

1. CMS. Medicare EHR Incentive Program Physician Quality Reporting System and Electronic Prescribing Incentive Program Comparison. Centers for Medicaid and Medicare Services website. [https://www.cms.gov/regulations-and-guidance/Legislation/EHRincentiveprograms/downloads/MLN\\_MedicareEHRProgram\\_PQRS\\_eRXComparison.pdf](https://www.cms.gov/regulations-and-guidance/Legislation/EHRincentiveprograms/downloads/MLN_MedicareEHRProgram_PQRS_eRXComparison.pdf). Updated May 2013.
2. U.S. Department of HHS. Electronic Prescribing Adoption and Use by State. The Office of the National Coordinator for Health Information Technology website. <https://dashboard.healthit.gov/datadashboard/documentation/electronic-prescribing-adoption-use-data-documentation.php>. Accessed August 9, 2017.
3. Comer et al. Using Aggregated Pharmacy Claims to Identify Primary Nonadherence. *Am J Manag Care*. 2015;21(12):e655-660.
4. Cooke et al. You wrote the prescription, but will it get filled? *J Fam Pract*. 2011;60(6):321-327.
5. Iuga et al. Adherence and health care costs. *Risk Manag Healthc Policy*. 2014;7:35-44.

## Adaptability

- Data from 2014 show that ~70% of physicians were e-prescribing, facilitating identification of FFF through RXFILL.<sup>2</sup>
- Hypertension is a common chronic condition nationwide and allows for implementation of the FFF service in other primary care settings.
- Defined workflow processes for FFF allow for other qualified providers to improve patient outreach.
- Expansion beyond antihypertensives can address the specific needs of the healthcare population being served.

## Significance

Prescribers are generally uninformed about prescription fill status post e-prescription transmittal, which often leads to delayed evaluation of FFF. We are unaware of any clinical pharmacy services using RXFILL to identify, and subsequently address FFF. This service has the potential to improve medication adherence (and possibly outcomes) by efficiently identifying and addressing FFF without increasing the workload for prescribers and ancillary staff.

## Disclosures

The investigators of this study report no financial relationships or conflicts of interest with this study.