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.1,2

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.3,6
• 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:

<table>
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<tr>
<th>DISPENSED</th>
<th>PARTIALLY DISPENSED</th>
<th>NOT DISPENSED</th>
<th>TRANSFERRED</th>
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Methods

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

Patient-Provider encounter results in a new Rx

Provider calls/faxes Rx to pharmacy of patient’s choice

Provider gives written Rx to patient

Provider sends E-Rx to pharmacy of patient’s choice

Pharmacist contacts patient to address barriers to obtaining medication

When Rx is returned to stock, triggers a RXFILL (not filled) message, sent from the pharmacy to the prescriber and EHR platform

Pre-Implementation Process

Post-Implementation Process

Prescriber is unaware of first-fill noncompliance

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

Adaptability

• Data from 2014 show that ~70% of physicians were e-prescribing, facilitating identification of FFF through RXFILL.2
• 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.

References