RETAIL PHARMACY
BEST PRACTICES

K-TRACS

Integrate K-TRACS with your pharmacy management system to **save time** and gain quick and easy access to patient prescription history.

WHEN TO CONSULT K-TRACS

> Before dispensing controlled substances to **new patients** and as a **new therapy** for existing patients.

> Prior to dispensing controlled substances for patients requesting **early refills**.

> Before dispensing controlled substances when prescription quantities, prescriber tendencies, payment method or **patient behavior raises a red flag**.

> For patients regularly receiving controlled substances from **multiple prescribers**, emergency rooms or urgent care centers.

> **At least annually** for all patients continuing therapy with controlled substances to avoid overlooking concerns among familiar patients.

HOW TO USE K-TRACS DATA

> **Coordinate** care with the patient's prescribers when overlapping or duplicative medications are present.

> **Identify** and refer patients to treatment who might otherwise go untreated for a substance use disorder.
> *Find options at findtreatment.samhsa.gov*

> **Examine** medication use and engage in meaningful patient education around the safe use of prescription drugs and the risks of substance use disorders.

> **Engage** prescribers about potential inappropriate prescribing, including dosing, frequency and MME levels.

> **Discuss** naloxone with patients who meet clinical indicators for dispensing according to statewide protocol.

> **Decide** whether to dispense controlled substances for the patient after reviewing all available data.

DO Discuss K-TRACS reports with patients to educate them about how you use K-TRACS in your clinical decision-making.

> **DON'T** place a copy of the report in the patient's medical record. *(Patients can request a copy directly from K-TRACS.)*

> **DON'T** share the report with other healthcare providers or law enforcement to avoid the information being released or used inappropriately.

DO Only use K-TRACS for pharmaceutical care of a patient.

> **DON'T** search anyone who is not a patient under your care, including prospective employees, family members or yourself.

DO Use all available clinical tools within K-TRACS as sources of data to assist in your clinical decision-making.

> **DON'T** exclude or terminate a patient from your practice solely on the basis of the patient's K-TRACS record. Use multiple sources of data to create the best outcomes for the patient.

> **DON'T** use K-TRACS risk indicator scores solely to make a decision about a patient.

SAMPLE POLICY
for Pharmacy PDMP Usage

This pharmacy recognizes the need to protect patient safety, promote community health, and prevent prescription drug misuse, abuse and diversion, and as such, uses the state's prescription drug monitoring program, K-TRACS.

All staff pharmacists will register for a K-TRACS account in order to use the state of Kansas' prescription drug monitoring program online and/or via integrated system. Pharmacists may appoint registered pharmacy technicians to act on their behalf as delegates to obtain patient prescription history from K-TRACS. Pharmacists who appoint delegates are responsible for the delegate's appropriate use of the information obtained.

This pharmacy has adopted K-TRACS best practices for pharmacies, and pharmacists and/or their delegates are responsible for consulting the PDMP in the following scenarios:
- Before dispensing controlled substances to new patients and as a new therapy for existing patients.
- Prior to dispensing controlled substances for patients requesting early refills.
- Before dispensing controlled substances when prescription quantities, prescriber tendencies, payment method or patient behavior raises a red flag.
- For patients regularly receiving controlled substances from multiple prescribers, emergency rooms or urgent care centers.
- At least annually for all patients continuing therapy with controlled substances to avoid overlooking concerns among familiar patients.

Pharmacists should take the lead in coordinating patient care if the patient's K-TRACS record includes overlapping or duplicative prescriptions, high levels of daily MME for opioid use (≥90 MME), overlapping opioid and benzodiazepine prescriptions, and/or other dangerous drug combinations.

Pharmacists should also raise concerns with prescribers if they suspect inappropriate dosing, frequency or MME levels are present with the prescription.

In order to coordinate care, pharmacists should review patient medication usage with prescribers to determine patient risk and prioritize patient safety. Pharmacists will also facilitate risk assessments of patients and provide necessary referral to treatment, as well as facilitate patient education on safe medication storage and disposal, naloxone usage and other relevant prescription drug matters.

K-TRACS PHARMACY WORKFLOW

This is a sample workflow that can be used to implement K-TRACS into an existing clinical workflow. Checking K-TRACS prior to dispensing the medication can save time and ensure best practices are also implemented.

PRESCRIPTION ENTRY

Use Data Entry Best Practices

- New or refill prescription submitted to pharmacy by patient or prescriber
- Technician enters prescription information into records system

PHARMACIST REVIEW

Use Retail Pharmacy Best Practices

- Pharmacist determines if prescription can be filled
- Pharmacist checks K-TRACS
- Pharmacist reviews patient profile to verify data accuracy and identify any problems with prescription

DECISION MAKING

- If yes, fill prescription according to internal workflow and protocols
- If no, consult prescriber with concerns
- If prescriber approves, fill prescription according to internal workflow and protocols
- If prescriber declines, notify patient, discuss K-TRACS report, if relevant, and document encounter
- Pharmacist provides patient education and discusses K-TRACS report with patient, as appropriate

PHARMACY DATA ENTRY BEST PRACTICES

Accurate pharmacy data entry is a critical component of the data quality in K-TRACS. The best practices listed below are the result of an internal review of data quality and comparing a random sample of original prescriptions to submitted data.

> Ensure prescription **data entry matches** information on original written prescription.

> Verify prescription **written date** and differentiate between written date and fill date. Ensure written date is being submitted accurately to K-TRACS.

> Verify and input **patient date of birth** in the correct format (including 4 digits for the year).

> Enter the **patient's physical address** including city, state and zip from driver's license or insurance information. PO boxes are NOT acceptable addresses.

> Always differentiate between **human and animal prescriptions** during original data entry. Include animal names when provided on the prescription.

> Always verify and include accurate **prescriber DEA and NPI**. If a prescriber (veterinarian) does not have a DEA or NPI number, use the pharmacy's DEA number to submit the prescription.

> Always verify and include accurate **days supply**.