

GP 9W/10W

KCC 5S/5N/4S



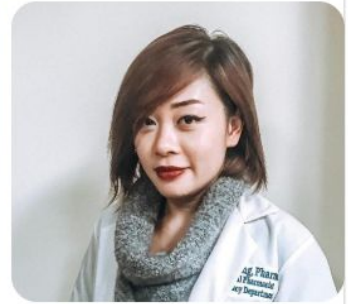
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## Your Transitions of Care Pharmacists

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We're also on CureATR

**Monday – Friday**  
**9 AM - 5PM**

### **Consult the TOC Pharmacists early if you feel your patient will benefit**

Examples of services available for select patients\*:

- Medication reconciliation on admission
- Discharge medication reconciliation review
- Heart Failure, Diabetes, Asthma, COPD, Pneumonia and Myocardial Infarction disease state teaching\*
- Screening for medication adherence barriers and recommendations for adherence aides
- Medication counseling
- Inhaler use and self-injection teaching
- Meds to Beds service coordination

# Transitions of Care Tips

## Which medications require insurance checks?

It is somewhat of a guessing game which medication will be denied by a patient's insurance. In general, however, it is prudent to check medications that are newer to market, injectables, specialty medications, medications in an uncommon dose form (e.g. Zofran ODT vs. tablets), and any medications critical to your patient's well-being. A few common examples are listed below:

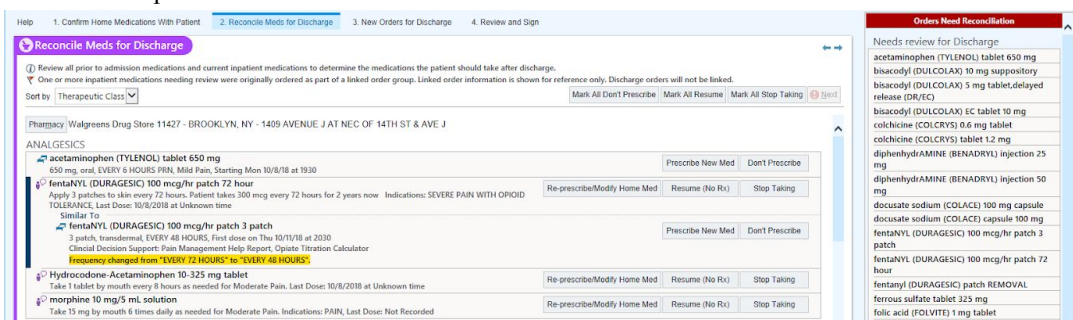
- Anticoagulants: enoxaparin, rivaroxaban, dabigatran, apixaban
- Antibiotics, antivirals, antifungals: linezolid, PO vancomycin for *C. diff*, rifaximin, voriconazole, posaconazole
- Pain medications: long-acting narcotics (e.g. fentanyl patch, MSContin, OxyContin), immediate-release narcotics in large quantities
- Others: injectables (e.g. octreotide, insulins)

## Medication Adherence Aide Options

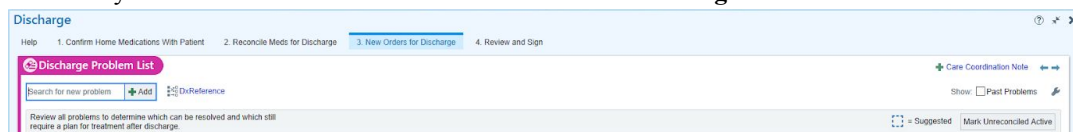
- Pill boxes
- Blister packing/bubble packing
- Home delivery
- Medication bedside delivery (Meds to Beds)
- Medication schedules (written or electronic)
- Social programs for charity coverage on medications and monitoring devices

## How to Do a Preliminary Discharge Medication Reconciliation

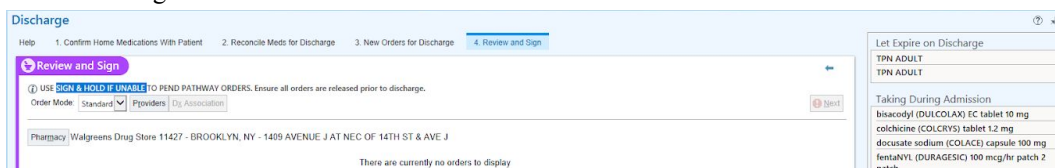
1. Go to the “Discharge” tab
2. Confirm home medications with the patient if a medication reconciliation was not performed on admission. Also, update the preferred discharge pharmacy. Then press next.
3. Reconcile inpatient medication orders.



4. Order any new medications under “Reconcile Meds for Discharge” or “New Orders for Discharge”



5. Review and sign the orders



6. Alert the TOC pharmacist that the preliminary discharge medication reconciliation is ready for review. The pharmacist will follow up with the patient's pharmacy on any new medications to ensure coverage and availability.