

Employee Wellness Specialty Program: Pharmacotherapy Review Referral



PURPOSE: Kaweah Health has established a pharmacotherapy clinic as part of our overall wellness initiative to collaboratively improve the health of our employees and their dependents, ensure safe and effective utilization of medications, and help minimize cost to the member and the organization. The pharmacy team works directly with members, providers (PCP), and/or specialist to ensure members have access to cost effective medication(s) and are also available to address specific medication questions members or providers may have.

If a member or a dependent is taking a specialty medication(s) listed below, it will require a pharmacotherapy review by one of our pharmacy team members prior to being filled. It is no longer available to be filled at the on-campus Employee Pharmacy or any non-Kaweah Health pharmacy based on designation, distribution, and cost. The specialty medication is still available to the member, but will be filled at the on-campus Kaweah Health Retail Pharmacy, located at 202 W. Willow Ave., Suite 102.

List Specialty or High-Cost Medication(s) here: _____

Note: If covered under the High Deductible Health Plan (HDHP), copays for medications and provider visits will still apply (required by Internal Revenue Service).

Program includes:

- \$0 copays on eligible medications filled at Kaweah Health Retail Pharmacy
- \$0 copays for visits with the Pharmacist
- Evaluation of medication safety and effectiveness, provider recommendations for therapy optimization, lab monitoring, and/or other necessary medication recommendations to improve health outcomes
- Education to members regarding their medications and condition
- Collaboration with member's PCP/specialist to ensure optimal outcomes.

Pharmacotherapy appointments will be coordinated with member's PCP and/or specialist by our pharmacy team to avoid delays in medication continuation and/or necessary approval (if required)

Patient Insurance ID#: _____ Patient DOB: _____

Patient Name: _____

In referring this patient, I authorize the pharmacist to conduct a Pharmacotherapy review of the above mentioned medication.

Physician Name: _____

Physician Signature: _____ Date: _____

Address: _____

Optional medication titration by pharmacist

☐ _____ Check box and initial if to authorize a titration of the medication by the pharmacist via current practice guidelines (all notes will be faxed to referring provider).

Please list medication to be titrated: _____

Please **return this signed form** along with the most **recent progress note** and **labs** to:

202 W. Willow Ave., Suite 202 • Visalia, CA 93291 • Phone: (559) 624-2893 • Fax: (559) 625-7454