RubiReview

A Step-by-Step Guide for Rubicon Pharmacists Delivering the RubiReview Program (SMAP)
RubiReview Program Overview

Overview

Saskatchewan pharmacists have the opportunity to provide their patients a government-funded program known as RubiReview (otherwise known as the Saskatchewan Medication Assessment Program, or SMAP).

RubiReview targets those patients 65 years of age or older, living in their own homes, or personal care homes and approved private service & group homes (not long-term care), and who are taking chronic medications. RubiReview is founded on providing three services; an annual medication assessment, two follow-ups per year, and weekly adherence packaging (known as RubiPaks).

The annual medication assessment and follow-up(s) must be completed in person, and cannot be completed over the phone.

If a patient doesn’t have the mental and/or physical capacity to participate in a RubiReview and/or provide their own health information (i.e. a resident living in a personal care home, private service or group-home), then their agent (nurse and/or care-giver) can act as their representative and provide that same information, sign and provide consent.

While technicians will play a very significant supportive role described throughout this overview, a RubiReview must be provided by a licensed pharmacist.

<table>
<thead>
<tr>
<th>RubiReview Service Type</th>
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<tbody>
<tr>
<td>Annual Medication Assessment (RubiReview)</td>
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<tr>
<td>Follow-Up</td>
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<tr>
<td>Adherence Packaging Fee (RubiPak)</td>
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RubiReview will provide patients a measurable benefit. The program has been designed using the following strategies:

- Provide safe, effective, and financially responsible medication therapy
- Improve patient safety and patient outcomes
- Prevent drug-related problems (DRPs), emergency-room visits, and hospitalizations
- Reduce duplication and/or wastage of medication
- Improve medication adherence (via RubiPaks)
- Enhance the role of the pharmacist in providing additional cognitive service
**Adherence Packaging (RubiPaks)**

Patients may be eligible to receive adherence packaging (RubiPaks), if it is determined during the pharmacist’s assessment that benefit would come from using a compliance aid.

Eligible adherence packaging only applies to community-based patients, but not residents of personal care homes, approved private service & group homes (2014 expanded program).

Please note that the current Saskatchewan Medication Assessment and Compliance Packaging program for eligible community based Home Care clients and Mental Health Clients remains unchanged (old-program).

**Eligibility**

Any resident of Saskatchewan with a valid Saskatchewan health card number, and Saskatchewan Provincial Drug Plan (SPDP) coverage, is eligible to participate in the program. Federal Health beneficiaries (Non-Insured Health Benefits, Department of Veterans Affairs, Canadian Armed Forces) and those with Saskatchewan Government Insurance (SGI), or are covered under Workers Compensation, are excluded.

Patients must be 65 years of age or older, living in their own home, personal care home, or approved private service & group home. Residents of long-term care facilities are not eligible for this program.

To determine your facility’s eligibility, it should be listed on the following Saskatchewan provincial personal care home registry: [www.health.gov.sk.ca/personal-care-home-registry](http://www.health.gov.sk.ca/personal-care-home-registry)

Patients must also meet one of the following:

- 5 or more chronic medications (of which at least 3 must appear on PIP, 2 of which may be over-the-counter).

A chronic medication is defined as a prescription or non-prescription medication that a patient has been, or will be, using on a regular basis for a minimum of three (3) months to treat a medical condition that is likely to last six (6) months or longer. Chronic medications may include both prescription and non-prescription, and can be of any dosage form. At least one of the patient’s medications, regardless of criteria above, must be found in the Saskatchewan provincial formulary.
In identifying eligible patients, and providing assessment, be reminded that it may be unsafe to abruptly discontinue certain types of medications that have stabilized over time, including benzodiazepines.

**Financial Model**

RubiReview has the potential to provide significant benefit, both professionally, and economically, and is the biggest gain we’ve made in Saskatchewan to-date in securing alternative reimbursement. As the pharmacy landscape continues to evolve, we need to develop RubiReview using best-practices and a sound business plan.

Based on one annual medication assessment, two follow-ups/year, and weekly adherence packaging, one patient has the potential to generate as much as **$425.00 annually**.

Similar to other professionals such as accountants and lawyers, pharmacy needs to demonstrate value for time provided. While some patients will require a longer assessment than others, it is our expectation that RubiReviews take no longer than 30 minutes. Based on generating $2.00/minute, a 30-minute assessment will return a $60.00 fee.

For any patient that does not qualify as per the eligibility criteria, we still recommend charging the usual fees, including those for adherence packaging (RubiPaks). A standard Rubicon Health Solutions Professional Services Invoice can be found in Appendix C.

**Training**

No additional or specialized training is required by pharmacists to provide a RubiReview.


The PAS website also provides a pre-recorded WebEx seminar detailing the SMAP program.
Billing

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<tr>
<th>RubiReview Service Type</th>
<th>PIN (PseudoDIN)</th>
<th>Reimbursement &amp; Frequency</th>
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<tbody>
<tr>
<td>Annual Medication Assessment (RubiReview)</td>
<td>00951187</td>
<td>Medication Assessment Fee of $60.00 Maximum of one (1) claim every 365 days per patient</td>
</tr>
<tr>
<td>Follow-Up</td>
<td>00951188</td>
<td>Follow-up Patient Assessment Fee of $20.00 Maximum of two (2) claims every 365 days per patient</td>
</tr>
<tr>
<td>Adherence Packaging Fee (RubiPak)</td>
<td>00951189</td>
<td>$6.25 per week (7 days)</td>
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</tbody>
</table>

RubiReview services will not appear on the patient’s PIP profile. It is therefore the pharmacist’s responsibility to determine whether the patient has previously received any of the above services at another pharmacy. This can be accomplished by asking the patient directly, or reviewing their PIP profile to determine whether they have received medications at another pharmacy in the last 365 days. As a last step, you could contact that pharmacy directly and inquire.

RubiReview documentation must be provided to the patient’s regular pharmacy care provider(s) as identified by the patient or patient representative, if performed by a pharmacist outside of their regular circle of care.

Services must be billed to SPDP on the day in which they were provided to the patient.

Kroll Update

Unless already done so, the SMAP update is available on the Kroll server for download, which creates 3 new PINs, associated pricing strategies, and drug price group. The update is titled “Saskatchewan Medication Assessment Program (SMAP) Update July 11, 2013”.

Should you have any questions, please contact Kroll support at (800) 263-5876.
RubiReview Procedure

Identifying Patients

Identify all eligible patients using one of the following:

- RubiReview Kroll Patient Identifier Procedure (instructions provided below)
- While reviewing a patient’s profile when processing a claim
- Targeting all cash-paying patients already receiving adherence packaging, who are over 65 years of age, and meet program criteria

RubiReview Kroll Patient Identifier Procedure

1. Beers Criteria Group Setup

This procedure outlines an effective way in which to build a new drug group (Beers Criteria), which can be used to identify patients for RubiReview - who are 65 years of age or older, and are taking one or more medications listed on the Beers Criteria.

To view the 2012 American Geriatrics Society (AGS) Beers Criteria Pocket Guide, please refer to the following link:


Kroll Instructions:

1. On the Kroll home screen, select “Edit”, then “Lists”, then “Drug/Mixture Groups”.
2. Select “Insert”.
3. Add a new group name “Beers Criteria”, then select “Save” and “Close”.
4. Using the AGS 2012 Beers Criteria, open all necessary drug cards (F5).
5. While in each drug card, go to the box labeled “Groups”, then select “Insert”. On the left side, select “Beers Criteria”. Once highlighted, select “Insert”. Then select “Ok”.
6. “Beers Criteria” should now be listed in the groups box.
At this point, you can generate any drug or prescription activity report as it pertains to the medications listed on the Beers Criteria.

2. **Anticoagulants Group Setup**

This procedure outlines an effective way in which to build a new drug group (Anticoagulants), which can be used to identify patients for RubiReview - who are 65 years of age or older, and are taking one of the medications listed in the anticoagulant group.

Eligible anticoagulants can be found in section 20:12.04 of the Saskatchewan Ministry of Health Drug Plan Formulary, also available online at:


Eligible anticoagulants include:

- Acenocoumarol
- Dalteparin Sodium
- Enoxaparin
- Heparin
- Nadroparin Calcium
- Rivaroxaban
- Tinzaparin Sodium
- Warfarin

**Kroll Instructions:**

1. On the Kroll home screen, select “Edit”, then “Lists”, then “Drug/Mixture Groups”.
2. Select “Insert”.
3. Add a new group name “Anticoagulants”, then select “Save” and “Close”.
4. Using the Drug Plan Formulary (62nd edition) and section 20:12.04, open all necessary drug cards (F5).
5. While in each drug card, go to the box labeled “Groups”, then select “Insert”. On the left side, select “Anticoagulants”. Once highlighted, select “Insert”. Then select “OK”.
6. “Anticoagulants” should now be listed in the groups box.

At this point, you can generate any drug or prescription activity report as it pertains to anticoagulant medications.
3. Generating a Drug Utilization Report (DUR)

This procedure outlines an effective way in which to generate a drug usage report for any patient who is 65 years of age or older, and is taking 5 or more chronic prescription or non-prescription medications, of which 3 must appear on the individual’s Pharmaceutical Information Program (PIP) profile;

1. From the Kroll home screen, select “Reports”, “Drug”, and “Drug Utilization Audit Report”.
2. Selection tab: select the “Home” bullet, “Add”, the blank “Home” field, then “All patients not in a home”. Then, “OK”.
3. Selection tab: check “Active Rxs Filled” and select a date range. I.e. You may wish to select the previous 365 days.
4. Selection 2 tab: leave all options blank.
5. Options tab: Set the patient age to a minimum of 65 and an arbitrary maximum of 125.
6. Options tab; check “Show Only Patients With More Than X Meds, and insert “4”.
7. You can select show patient phone number, physician, and medications.
8. Print or preview to generate the report.

To generate this same DUR for a patient 65 years of age or older on one or more medications listed on the Beers Criteria, follow the exact same steps as above, however;

1. Selection 2 tab (step 4 above); In the Drug Groups box, select F2, then insert "Beers Criteria".
2. Options tab (step 6 above); insert “1” for the number of medications

To generate this same DUR for a patient 65 years of age or older on an anticoagulant, follow the exact same steps as above, however;

1. Selection 2 tab (step 4 above); In the Drug Groups box, select F2, then insert "Anticoagulants".
2. Options tab (step 6 above); insert “1” for the number of medications
**Getting Organized**

Organize a full pharmacy staff meeting and review the significance of the RubiReview program; it is recommended that you appoint a Champion. Use the RubiReview Patient and Physician Letter Samples (Appendix A) to detail this new program in your community.

POP and other marketing materials have been developed, and are available. Please contact your Rubicon pharmacy operations team for more information.

Assess the volume of eligible patients for your location, and determine how best to appropriately schedule assessments; slow dispensary periods with adequate pharmacist overlap are recommended. A RubiReview requires focus, and so it is best if conducted uninterrupted.

Determine how best to leverage your pharmacy staff; use technicians to support the program in some of the following ways:

- Identifying eligible patients
- Scheduling assessments
- Pre-populating the RubiReview Form
- Tracking and scheduling follow-ups

While some limitations may apply, assessments should be provided in a semi or fully private counseling area.

**Providing the Assessment**

At a minimum, you must complete the mandatory RubiReview Form (Appendix B); all other forms are supportive, to ensure consistency and the most complete assessment possible. For audit purposes, all completed forms must be retained for 2 years, and may be stored electronically or in hard-copy.

All forms (both mandatory and supporting) can be found in Appendix C, and are also located on the Rubicon Portal under RubiReview.

**RubiReview Supporting Forms:**

- RubiReview Preparation Form
- RubiReview Reminder Form
- Practitioner Communication Letter
- RubiReview Follow-Up Tracking Form
- RubiReview PIP Consent Form
- Rubicon Health Solutions Professional Services Invoice
1. Schedule an assessment with the patient using the RubiReview Reminder Form; provide the patient a copy. When booking the assessment, remind the patient to bring all of their medications, including prescription, over-the-counter, and alternative therapies. It is recommended that you contact the patient 1-2 days prior to their assessment and provide a reminder. If the patient prefers, a reminder may also be provided by email.

2. If a patient doesn’t have the mental and/or physical capacity to participate in a RubiReview and/or provide their own health information (i.e. a resident living in a personal care home, private service or group-home), then their agent (nurse and/or care-giver) can act as their representative and provide that same information, sign and provide consent.

3. Prior to the assessment, use various resources to gather as much information about the patient and their therapies as possible; Kroll patient profile, PIP, patient’s own medications, hospital discharge summary, or laboratory data found on the eHR Viewer.

4. When the patient presents for their scheduled assessment, have them complete the RubiReview Preparation Form, which will initiate dialogue and identify areas to focus on.

5. If the patient’s PIP profile is masked, you must obtain consent to unmask it and share this information with other health care professionals. Please have the patient sign the RubiReview PIP Consent Form (Appendix C)

6. Before completing the RubiReview Form, ensure that the patient consents to the assessment, and to having their personal health information shared with other health professionals. Patient signature is required.

7. Complete the RubiReview Form. As alluded to previously, it is recommended that you fully leverage the functionality of your technicians. This may include having them pre-populate some of the form with patient demographic and health information.

8. During the assessment, pay particular attention to identifying any possible DRPs:
   - Medication lacking
   - Incorrect medication
   - Too little of correct medication
   - Too much of correct medication
   - Adverse drug reaction (ADR)
   - Interaction (drug-drug, drug-disease, drug-food, drug-lab test)
   - Non-adherence (RubiPaks required)
   - No valid medical indication for a medication

9. During the assessment, you may choose to provide an additional risk assessment, such as the Framingham (cardiovascular), and/or the CanRisk (diabetes).

10. Following the assessment, prioritize any follow-up required, and communicate this clearly to the patient, and their health care professional. You may choose to use the Practitioner Communication Letter (Appendix C).

11. Provide the patient with the last page of the RubiReview Form; Personal Medication Record.

12. If applicable, consider scheduling a follow-up with the patient.

13. If applicable, discuss the benefits of providing RubiPak adherence packaging; stress the benefits of no-cost and convenience. Provide the patient with a sample RubiPak, and visual demonstration.

Follow-Ups

The annual medication assessment and follow-up(s) must be completed in person, and cannot be completed over the phone.

A pharmacist may determine during a RubiReview, or thereafter, that a follow-up is required. The eligible criteria are:

- Patient was discharged from the hospital or a convalescent care facility (within one week of discharge); to minimize any unwanted changes to therapy, a follow-up should be provided.
- Changes and/or additions made to the existing medication therapy.
- Suspected non-adherence, potentially due to complex medication regimens.
- Patient has transferred to your pharmacy from another pharmacy.
- Confirmation of a potential or actual DRP. This DRP may have been identified during the initial RubiReview, or any one of the follow-ups provided.

Follow-ups can be tracked using the RubiReview Follow-Up Tracking Form (Appendix C).

Prescription Transfers

When transferring a prescription to another pharmacy, a copy of any RubiReview services provided in the last 365 days should also be transmitted.

In the same fashion, if you are receiving a transfer, please request any/all supporting information.
Summary

RubiReview has the potential to differentiate Rubicon within our marketplace; medication assessment is one of many areas where we can, and will, lead our industry. Our intention is to further develop products and services under Rubicon Health Solutions as a niche offering within our locations.

Professionally, this will strengthen our position as a critical member of the health care team, bring benefit to a patient’s medication therapy, and separate us from our competitors. Economically, RubiReview will provide a significant revenue stream.

We will continually look to improve the RubiReview program, including further training, promotional materials, and best-practices. We would appreciate all of your feedback.
Appendix A

Patient Letter Sample

Introducing *RubiReview*

We are pleased to provide you a brand new program funded by Saskatchewan Health, known as *RubiReview* (*otherwise known as the Saskatchewan Medication Assessment Program, or SMAP*).

*RubiReview* is designed to ensure that your medications are safe, cost-effective, and providing you their intended health benefits. *RubiReview* will also allow your pharmacist to identify any drug-related problems, reduce duplication and/or wastage, and optimize your medication adherence.

You qualify to receive a *RubiReview* free of charge if:

- You are a Saskatchewan resident with a valid Saskatchewan health card, and are 65 years of age or older, *and*;
- You are taking five or more chronic medications (including over-the-counter medications), or a blood thinner, *or* a drug that appears on the “Beers List” (which your pharmacist can further explain).

If you don’t meet one of the criteria above, your pharmacist can still provide a *RubiReview* for a fee of $X.XX. Please speak with your pharmacist for further details.

If your pharmacist feels it would provide you benefit, he/she may suggest adherence packaging (known as a *RubiPak*) free of charge.

A *RubiReview* will take approximately 20-30 minutes, and will be available on an appointment basis. To book an appointment with your pharmacist, please contact us at XXX-XXXX.

Thank you,
X
Physician Letter Sample

Dear Dr. X,

Re: RubiReview Medication Assessment Program

We are pleased to provide your patients a brand new program funded by Saskatchewan Health, known as RubiReview (otherwise known as the Saskatchewan Medication Assessment Program, or SMAP).

RubiReview will provide your patients a one-on-one consultation with a pharmacist, designed to thoroughly review prescription and non-prescription medications and alternative therapies. The review is designed to provide patient education, foster a greater understanding of medications and health management, discuss the importance of medication adherence, and identify any drug-related problems.

This new service will be available to all Saskatchewan residents with a valid health card, who are over 65 years of age, living in the community (not long-term care), and also taking:

- Five or more chronic medications (of which at least 3 must appear on PIP); or
- An anticoagulant listed in the Saskatchewan formulary; or
- A medication that appears on the Beers List (those which can potentially cause adverse drug events in older adults). Please refer to the 2012 American Geriatrics Society (AGS) Beers Criteria Pocket Guide at:


If we feel it would provide benefit, we may suggest adherence packaging (known as RubiPak) free of charge. Patients and/or their caregivers will also receive a personal medication record following the assessment.

The intention of RubiReview is to maintain a focus on collaborative practice, and so we will communicate any of our recommendations directly to you.

Please contact us with any questions, and we welcome your support.

Sincerely,
X
Appendix B

RubiReview Form

RubiReview: My Medication Check-Up

PATIENT TO COMPLETE

Date (dd/mm/yy) ____________________________ Gender ____________________________

Patient Name ____________________________ Weight ____________________________

Address ____________________________ Height ____________________________

Postal Code Phone ____________________________ Date of Birth (dd/mm/yy) ____________________________

HSN ____________________________ Who helps you with your medication?

Family Doctor/Prescriber ____________________________

Phone Fax ____________________________

Pharmacist ____________________________ Patient Signature ____________________________

INFORMATION ABOUT MY HEALTH

☐ Yes ☐ No Smoking: If yes, # of cigarettes/day ____________________________

☐ Yes ☐ No Other nicotine/drugs ____________________________

☐ Yes ☐ No Alcohol: if yes, # drinks/week ____________________________

☐ Yes ☐ No Caffeine intake: # cups/day ____________________________

☐ Yes ☐ No Herbs/vitamins/natural health products ____________________________

☐ Yes ☐ No Sometimes I forget to take medications ____________________________

☐ Yes ☐ No Allergies (list with reactions): ____________________________

☐ Yes ☐ No Kidney disease? ____________________________

☐ Yes ☐ No Liver disease? ____________________________

☐ Yes ☐ No Tetanus immunization (every 10 years)? ____________________________

☐ Yes ☐ No Influenza immunization yearly? ____________________________

☐ Yes ☐ No Pneumococcal immunization (one/life)? ____________________________

☐ Yes ☐ No Other immunizations/travel vaccines ____________________________

Medical Conditions:

What is your biggest concern about your medication(s) today? How well are your medications working?

The Pharmacists’ Association of Saskatchewan in collaboration with the Canadian Pharmacists Association have adapted the PHA PharmaCheck™ program. The PharmaCheck™ logo is a trademark of the Canadian Pharmacists Association and is used under license.
Appendix C
RubiReview Preparation Form

RubiReview is an opportunity to meet directly with your Pharmacist and review all of the medications you take, and ensure you are getting the most benefit from them. Medications include: tablets, capsules, pills, liquids, puffers (inhalers), creams, patches, drops, etc. Some are prescribed and others you can buy off the shelf (e.g. vitamins or herbal products, cold, pain, stomach remedies).

Please check off the boxes that apply:

**Do I Have Trouble...**

- [ ] Yes  [ ] No
- [ ] Reading the label on my medication?
- [ ] Understanding the instructions on my medication?
- [ ] Opening the medication bottle?
- [ ] Using things like puffers, eyedrops, creams, patches, insulin, etc.?
- [ ] Swallowing medication?
- [ ] Remembering to take my medication?

**Do I...**

- [ ] Share medication with family and friends?
- [ ] Drink beer, wine or liquor on days I take my medication?
- [ ] Sometimes change the amount of medication I am taking?
- [ ] Keep old bottles of medication, just in case I need them?
- [ ] Take non-prescription medication, vitamins, or herbal medicine without talking to my pharmacist or doctor?

**Do I feel that...**

- [ ] Yes  [ ] No
- [ ] I am taking too many medications?
- [ ] My medication is making me sick?
- [ ] My medication is not working?
- [ ] My medications are working against each other?

**Do I Want to Know More About...**

- [ ] Yes  [ ] No
- [ ] The medication I am taking?
- [ ] Where to store my medication?
- [ ] How and when to take different kinds of medication?

**Do I Forget...**

- [ ] Yes  [ ] No
- [ ] The names of the medications I am taking?
- [ ] What I am taking the medication for?
- [ ] What to do if I miss a dose?

**Do I...**

- [ ] Yes  [ ] No
- [ ] Have more than 3 medical conditions?
- [ ] Take medications 3 times a day or more?
- [ ] Take 3 or more different medications (including prescription and non-prescription)?

If you answer yes to more than 3 questions, you may benefit from a RubiReview.

Government coverage may be available through the Saskatchewan Medication Assessment Program. Ask your Pharmacist for details.

**Do I have...**

- [ ] Arthritis
- [ ] Constipation
- [ ] Diarrhea
- [ ] Stroke
- [ ] High Cholesterol
- [ ] Bladder Problems
- [ ] Circulation Problems
- [ ] Heart Problems
- [ ] Low iron in my blood (anemia)
- [ ] Breathing Problems
- [ ] Depression
- [ ] High Blood Pressure
- [ ] Sleeping Problems
- [ ] Cancer
- [ ] Diabetes
- [ ] Pain
- [ ] Stomach Problems

Other:

Your Pharmacist works with your prescriber to help you get the most from the medication you take.

Name ____________________________ Address ____________________________

City ____________________________ Province ____________________________ Postal Code ____________________________ Phone Number ____________________________

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RubiReview Reminder Form

Pharmacy Name

Address

Phone Number

Patient Name

Appointment reminder (day) (date) at (time)

Email

Would you prefer a reminder sent by email?  Yes  No

Please arrive 5 - 10 minutes early to fill out some necessary paperwork. We can assist you during the appointment should you have any difficulty. Remember to bring with you:

✓ All prescription medication(s)

✓ All non-prescription medication(s)

✓ All ointments, creams, lotions, inhalers, eye drops, patches, etc.

✓ All vitamins, herbal products, and natural health products

✓ All devices that assist you with taking your medications

✓ Completed “Preparation Form - Am I Getting the Most from My Medication?”

Pharmacist Name  Date (dd/mm/yyyy)

Notes:

The Pharmacists’ Association of Saskatchewan in collaboration with the Canadian Pharmacists Association have adopted the CPhA PharmaCheck™ program. The PharmaCheck™ logo is a trademark of the Canadian Pharmacists Association and is used under license.
Dear [Name of Practitioner],

Re: (Patient name and address)

I completed a Saskatchewan Medication Assessment Review with our patient on: [dd/mm/yyyy]

HSN __________________________ Date of Birth (dd/mm/yyyy) __________________________

I am enclosing a copy of this patients' Personal Medication Record, which summarizes the prescription, non-prescription, and natural products this patient is currently taking.

The review also indicated that this patient has:

☐ No medication adherence issues

☐ Medication management issues requiring pharmacist or patient action only, as summarized on the attached Personal Medication Record

☐ Risk assessment scores, as noted (eg., Framingham, CANRISK)

☐ Proposed solutions to medication management issues for your attention, as indicated on the attached Personal Medication Record and summarized below:


If you have any questions or concerns, I would be pleased to speak with you further about any of these issues.

Sincerely,

[Pharmacist Name]

[Pharmacy Contact Information]

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### RubiReview Follow-Up Tracking Form

For billing, you may choose to attach a comment in the Sig Code. This will bill and document in one step.

<table>
<thead>
<tr>
<th>Date (dd/mm/yyyy)</th>
<th>Patient Name</th>
<th>Date of Follow-Up (dd/mm/yyyy)</th>
<th>Reason for Follow-Up</th>
<th>Follow-Up Completed (dd/mm/yyyy)</th>
<th>Pharmacist Name</th>
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*The PharmaCheck™ logo is a trademark of the Canadian Pharmacists Association and is used under license.*
RubiReview PIP Consent Form

I, [PATIENT NAME], give [PHARMACY NAME] permission to unmask my Pharmaceutical Information Program (PIP) profile and to share my health information with other health professionals. I understand that it is in my best interest to ensure all of my providers of health services have accurate information regarding my drug therapy.

Patient Signature ___________________________ Date ___________________________

Pharmacist Signature ________________________ Date ___________________________
Professional Services Invoice

<table>
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<tr>
<th>Description of Service</th>
<th>Fee</th>
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Total Owing

I confirm that I received the service(s) described above and I authorize the release of information in this record as may be necessary to facilitate payment for services rendered.

Patient Signature

Invoice Submitted to:

- [ ] Patient
- [ ] Private Drug Plan
- [ ] Government Plan
- [ ] Other