AN ONGOING CE PROGRAM
of the University of Connecticut
School of Pharmacy

EDUCATIONAL OBJECTIVES

After completing the continuing education activity, pharmacists will be able to

- Recognize key elements of a drug information request
- Describe a typical process for researching drug information requests
- Prioritize information in the final written response
- Identify the best language to use based on the inquiring party's needs

After completing the continuing education activity, pharmacy technicians will be able to

- Identify questions that are within the pharmacy technician's scope of practice
- Recognize tools and resources to use when attempting to answer a drug information question
- Complete the steps to completing a drug information request that is within the pharmacy technician's scope of practice

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Pharmacists and pharmacy technicians are eligible to participate in this application-based activity and will receive up to 0.2 CEU (2 contact hours) for completing the activity, passing the post-test with a grade of 70% or better, and completing an online evaluation. Statements of credit are available via the CPE Monitor online system and your participation will be recorded with CPE Monitor within 72 hours of submission

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Motivation to be the Best Drug Information Station

TARGET AUDIENCE: Pharmacists and pharmacy technicians in all practice locations.

ABSTRACT: Pharmacists and pharmacy technicians often field questions from patients or other healthcare providers. Pharmacists may be more accustomed to answering questions than pharmacy technicians are, but that doesn't mean that pharmacy technicians can't answer appropriate questions. Pharmacy staff members should know their scope of practice and be willing and able to answer questions that fall within the scope of practice. Using an organized approach can help pharmacy staff members answer questions efficiently and effectively. Documentation is also an important aspect of drug information questions, as is saving the information in case it is needed later.

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INTRODUCTION

A drug information (DI) request is a medication-related question posed by any interested party, but usually a healthcare professional or a patient. As the healthcare team's drug expert, one of a pharmacist's main duties is answering these queries effectively and providing answers that are appropriate for the inquirer's level of expertise. Pharmacy technicians and pharmacy interns also answer some drug information questions (see **TECH TALK SIDEBAR** on the next page). This continuing education activity outlines various drug information questions that pharmacy staff field most often and describes a methodical approach to ensure pharmacy staff answer requests effectively and accurately.[1]

TECH TALK SIDEBAR: Questions within the Pharmacy Technician's Scope of Practice?[2,3]

Pharmacy technicians and interns can answer general questions that are within the bounds of their education and training. That vague statement requires some interpretation. If the answer is common knowledge (not specialized pharmaceutical knowledge), technicians can answer. In addition to working with supervising pharmacists to interpret the statement, pharmacy technicians and interns need to know state law governing their scope of practice.

Pharmacy technicians and interns are often the first point of contact for customers who want over-the-counter (OTC) medications. Technicians can answer general questions about OTC ingredients if the information is on the label. Some examples include

- Does this product contain acetaminophen? What brands of acetaminophen do you stock?
- Where are the medicines for pain?
- Is there a less expensive generic or store brand for this product?
- Do you have any [insert name of prescription medication] in stock?
- Do I need to refrigerate this liquid antibiotic?
- What does "analgesic" mean?
- What does "sustained release" mean?
- Is this prescription for a controlled substance?
- Why can't I refill this prescription today?

Pharmacy technicians and interns can also convey information from the pharmacist but should be careful. A **PRO TIP** is that if technicians or interns don't understand what the pharmacist says, they should ask the pharmacist to make the information clearer. And if the answer is long or complicated, they should write it down and recite it back to the pharmacist before transmitting it to the person with the question.

Helping customers find specific medications or classes of medications is within the technician's scope of practice. When patients have questions about their medications, doses, and how best to administer them, technicians may hesitate to answer. If the information is clearly printed on the prescription label, on the auxiliary labels, or contained in an FDA-approved Medication Guide, the technician or intern can answer.

Technicians and interns need to work with the supervising pharmacist to determine if they can answer other questions. When in doubt, technicians should consult with or refer the question to the pharmacist. Technicians and interns must refer questions about potential adverse effects, administration problems, possible alternative medications, and clinical issues to the pharmacist. Before referring the patient, they can collect some baseline information. They cannot counsel or give advice, even if the medication is OTC.

Depending on the practice setting, the nature and complexity of DI requests can vary. Being able to answer DI requests is every pharmacy employee's responsibility (although the type of information varies and at a certain level, the response is the pharmacist's primary responsibility). Having an organized approach to answering DI questions is highly relevant when working within the community and hospital settings.[4]

All DI requests require referencing reliable materials and sometimes, various internal policy or research documents. While DI requests are diverse, they all require similar analysis of sources and communication to provide a quality answer. Because pharmacy employees at different levels of responsibility can answer DI questions, this continuing education activity will call the person asking the question the requestor and the person finding the answer the respondent.

SCREENING THE REQUEST

One of the most confounding situations in the pharmacy occurs when someone asks a question, the respondent spends time finding an answer, and then the requestor says, "Oh, that's not what I needed to know!" Sometimes, requestors don't really know how to ask questions effectively. This is a problem that all customer service fields encounter, and answering DI requests is both a clinical function and a customer service. It's why when you call many customer service lines, the customer service representative will say, "OK, what I hear you asking is…." and then rephrase the question.[5]

To answer DI requests effectively, the respondent must thoroughly understand the question.[5] Very specific questions tend to be easily answerable, while others are more general or vague. In both instances, respondents need to ensure they understand the question. They can rephrase the question in their own words and say, "Let me make sure I understand. Do you mean….", or they can use open ended questions (questions that cannot be answered with a yes or a no) to ask the requestor to provide more information. This avoids answering a question that wasn't asked or intended or was poorly formulated.

Often, requestors don't know how to ask a question that will provide the information they need. The hallmark of this type of question is that the requestor may use jargon inappropriately or words that don't seem to make sense. Respondents can say, "Excuse me, I'm not sure I understood entirely. Can you rephrase the question?" or "Pardon me, but I didn't quite understand the question. Can you tell me a little more about what you want to know and why?" That final word—WHY—provides the impetus for the requestor to provide necessary information.

Once the question has coalesced and both parties agree on its intent, the respondent can solicit important details from the requester and, if applicable, the patient, before delving into a search. At this point, the respondent needs to spend time actively listening to the requestor's explanations.

This can be difficult if the requestor is long-winded, difficult to understand, or cognitively impaired, so it requires patience. Here's a **PRO TIP** for listening: It's called the traffic-light-rule.[6] During the first 30 seconds (which seems like a short period of time, but is actually relatively long), the requestor's "talking light" is green. Pharmacy staff should let them talk. In the next 30 seconds, the requestor's light is yellow: Pharmacy staff probably has enough information and should make note of comments or questions. After one minute, the requestor's talking light is red: Pharmacy staff should be comfortable stopping the requestor politely or asking questions.[6]

PAUSE AND PONDER: Before continuing, review the following DI requests. How would you proceed? Later in this activity, we'll provide a description of the ideal process. *(Answers on page 10)*

Pharmacist DI request #1: TN, a 35-year-old obese female (BMI = 32.4 kg/m^2) with uncontrolled type 2 diabetes, will start on an atypical antipsychotic today to manage schizophrenia. TN's psychiatric nurse practitioner (NP) calls with questions about drug selection. The NP mentions that TN's drug formulary lists aripiprazole, haloperidol, olanzapine, and quetiapine as tier 1 preferred options. The NP wants your opinion as to which atypical antipsychotic may be most appropriate to prescribe for TN. *What do you suggest?*

Pharmacist DI Request #2: You work at a tertiary care internal medicine center. MS, an 80-year-old female, was recently admitted to the medicine floor. She had fallen when she was trying to use the restroom at her nursing home and presented to the emergency department with a wrist fracture. She suffers from insomnia and other comorbidities. Her medication list includes lisinopril 20 mg daily, metformin 500 mg twice daily, rosuvastatin 20 mg daily, and lorazepam 0.5 mg PRN anxiety and sleep. The nursing home staff states that MS received more doses of lorazepam in recent weeks. The medical resident believes that the increased lorazepam use could have contributed to the fall and wants to know if trazodone would be a safer replacement for MS's insomnia. How do you respond?

Technician DI Request #1: I left this medication in my bathroom for four days, and then I noticed it says, "Keep in the refrigerator." My house is cold, and the bottle didn't feel warm. Is this still good, and if it isn't, what should I do?

Technician DI Request #2: My child is having trouble swallowing her medication and refuses to take it. Are there any easier ways I could give it to her?

Identify Critical Information

Although it may seem counterintuitive, beginning with the end in mind is critical and the person gathering information must determine the requestor's preferred response format. This means asking how the requester wants to receive the response. The respondent will need to adjust the answer according to the requestor's preferences. Some requestors will want to wait for an answer. If the information is to be communicated through email or an electronic medical record, respondents may use their organization's required format (a SOAP note or similar formats; see **Table 1** on the next page), but formats used in medical records may not be the most efficient approach in person or over phone. In person or on the phone, respondents need to use a more conversational tone. Furthermore, the respondent will need to determine the requestor's level of medical competency and tailor the response accordingly. If the requestor is a patient, it is more appropriate to use simple language than if a provider asked the same or similar question. Respondents will have to evaluate these factors critically to provide a sound and comprehensive answer.[7]

Assess the Urgency of the Response

While it is critical to provide an appropriate response for the question, doing so in a timely manner is just as critical. Asking the requestor is the simplest way to determine the expected response time. However, many times the requestor isn't present or cannot be reached, and it is up to the respondent to determine which questions require immediate responses and which may not. Clinically critical topics include

- Medication safety: Does the DI request ask if a certain therapy could cause or have caused harm to the patient?
- Time sensitivity of the treatment: How important is timeliness to the treatment and disease progression?
- How much of a concern is the problem to the requestor: Does it seem that the requestor needs an immediate response?

Sometimes, respondents don't know the answer to the question immediately.[10,11] Pharmacy staff will never be able to answer every question, but they *can* handle every question gracefully and provide a complete, accurate answer within a reasonable time. When they don't know the whole answer, they should answer what they can immediately and tell the respondent that they need to do a little more research to answer the remainder. A **PRO TIP** is to tell the requestor when to expect an answer (and to be sure to follow through).[10-12]

(Text continues on page 5)

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Table 1. Formats for Communicating Critical Information[8,9]		
Communication Format	**Parts of the format**	**Uses**
SOAP	S: Subjective information This section includes descriptive information about a patient's symptoms, feelings and experiences O: Objective information This section includes pertinent lab values, imaging, or diagnostic tests A: Assessment In this section the subjective and objective information are taken into consideration to make an assessment regarding the patient's disease states P: Plan/ Follow Up This section outlines a detailed plan regarding the patient's treatment and the follow-up and monitoring required	This format is a widely-used written format in healthcare. It helps organize pertinent patient information and efficiently present an answer. This format is especially useful when the respondent must consider multiple pieces of information.
ISBAR	I: Introduction Introduction of the pharmacist and the respondent, and the pharmacist's role and location S: Situation What are the current events regarding the patient? B: Background What has happened in the past with the patient? A: Assessment Identify the problem at hand and make assessments regarding the patient's disease state R: Recommendation Outline the next steps and your plan	This format is beneficial for verbal communication. It helps the presenter explain the problem at hand and the solution in a time efficient way.
TITRS	T: Title Introduction of who you are and your purpose in helping the patient I: Introduction Present the patient and the problems that the patient needs help with T: Text State subjective and objective information that is necessary to support any recommendations R: Recommendation Outline the treatment plan clearly, completely, and concisely S: Signature Include name, title, and phone number	This format is beneficial when a brief and concise formal consult is needed to communicate a progress note towards a medical team.

Obtain Sufficient Background Information

In simple words, this step is about getting to know the patient or problem or establishing a strong understanding of the patient's relevant characteristics by obtaining background information. Since some patients have low health literacy, obtaining this information can be a challenge. However, narrowing the search to only include relevant information and filtering unnecessary information can make the process more efficient. This could be achieved by[7]

- Asking targeted questions to patients. For example, instead of asking patients if they take their medication regularly (a closed-ended question that can be answered with yes or no), asking when they last took their medications provides a more precise answer.
- Identifying avenues that can provide accurate information. For example, instead of asking patients what other medications they take, checking the local profile and/or contacting their community or specialty pharmacist to receive a medication list can be more accurate.
- Reviewing any available records like medical charts or dispensing records.

Identify Extraneous Information

Obtaining complete information is important but ensuring that the information is pertinent to the question being asked is just as important.

Many times, DI requests are in-depth and require researching two or more sources before arriving at an answer. While conducting this search, ensure that the sources are relevant to the problem at hand. For example, if a study suggests that a medication is contraindicated in a patient, determine if the patient's characteristics are similar to the study's population. Furthermore, extraneous information could come from data gathering as well. For example, a patient may have multiple diseases, but they may not all impact the problem at hand. Making this distinction is important to provide a thorough and accurate answer.[7]

Ask for Additional Support if Needed

While drug information requests can be challenging, involving other healthcare professionals to hear about their experiences with similar clinical situations can offer a new perspective. Some benefits of consulting with experts include formulating a patient-specific answer to the question whereas a study may be irrelevant. When the request requires analysis beyond the scope of a drug information search, it is appropriate to reach out to a professional. While this may take additional time, arriving at the correct answer is more important than harming the patient unknowingly. And a **PRO TIP** is that if reaching out will mean you cannot answer the question in the time frame promised, contact the requestor and say you need more time and why.

REFORMULATING THE REQUEST

To ensure the core request is clear, the respondent will need to ask many questions, especially if requesters don't know what question they need to ask. Before starting to research the answer, respondents need to gather information needed from the requestor. In addition, it's prudent to identify resources the requestor has already consulted (and their reliability in case information needs to be corrected).

Categorize the Request

Requests can be based on complex patient specific cases, for educational purposes, or geared towards a decision-making process in medication therapy for a specific patient . To fully optimize patient care and provide evidence-based recommendations, it is helpful to ask specific questions and consider all factors pertinent to the specific DI request. Categorizing the request can help stay on track, ensure all concerns are included, and point the respondent to the appropriate resources. **Table 2** (next page) lists common categories and the questions that can clarify the request.

Finding Reliable Sources

Being able to locate sources efficiently and correctly for a DI request is very important. Three main types of sources are available: primary, secondary, and tertiary.

- A primary source is any original research found in journals. Examples of primary sources are trial results found in the *New England Journal of Medicine* (NEJM) or similar journals in which researchers use a trial design to answer a specific question. (Note that NEJM and similar journals also publish secondary source materials, too.) This is the strongest evidence. Limitations of using this evidence include lack of access to journals that require paid subscriptions and lack of good search skills to find relevant papers.
- Secondary sources analyze, interpret, present, or restate information from primary sources. Textbooks, books, review articles, commentaries, guidelines, and Medline are examples of secondary sources.
- Tertiary sources compile information from other sources and organize it. Lexicomp, Micromedex, and DynaMed are common tertiary sources for DI requests as they use information from Food and Drug Administration-approved complete prescribing information (package inserts) and clinical studies. One limitation to be aware of is these sources are not updated rapidly therefore the information could be old and outdated.

Determine the Best Source

When evaluating DI requests, in most cases the best course of action is to start with tertiary sources, such as textbooks or DI databases, when possible.[1] These platforms provide a starting point and often suggest a basic idea for the answer. For many DI requests such as dosage, half-life, or adverse effects, the tertiary resource may provide a sound answer. Requests asking to compare two medications' efficacy or assess the appropriateness of an uncommon or off-label medication use may require further

(Text continues on page 7)

Table 2. Common DI Categories and Related Questions[1]	
DI Category	**Related Questions**
Allergy/cross-reactivity	Does the patient have any documented allergies? What caused or is suspected to have caused the allergic reaction? When did the patient take the medication, and when did the reaction occur? What type of allergic reaction occurred? Is this a class or drug specific effect?
Alternative, or complementary medicine	Where did the patient obtain the medication? Why is the requestor taking or interested the medication? What other medications or treatments are available?
ADR/Safety	What are the possible side effects? What monitoring parameters need to be considered?
Compatibility (Y-site, syringe, IV)	What solution will medication be used in? If applicable, how will the medications be administered?
Dosage/route/administration	What is the route of administration? What is the recommended therapeutic dose for pediatrics, adults, and geriatrics? How should the medication be taken (with/without food, with water, etc)?
Drug identification	What was the source of the medication (e.g., domestic or foreign)? What is the generic and brand name? Where did the medication come from?
Ingredients/stability	What physical conditions exist? (Temperature, light protectant, storage duration, diluents) Are there IV admixture compatibility/non-admixture stability data available?
Interactions	What are the possible interactions between: drug-drug, drug-food, drug-lab, and drug allergy?
Kinetics	What is the onset/half-life/duration? What are the serum levels? Is dialysis a consideration? What is the medication's bioavailability?
Pharmacoeconomics	Are there other competitors on the market? Are there cheaper alternatives with the same therapeutic effects? What is the AWP pricing?
Pharmaceutics	What is the drug route of administration and drug dosage? What patient factors will affect the drug? Age, weight, gender, organ function, current medications
Pharmacology	What factors will affect drug metabolism and bioavailability?
Pregnancy/lactation	What health conditions does the mother have? What medications is the mother currently taking? What is the current trimester? How long has the mother been taking the medication or expected to take this medication? Will the drug be present in breast milk? How will the drug affect the infant? What is the infant's age? What health conditions do the mother and infant have? Was the infant a full term or premature delivery?
Vaccinations	Is the vaccination appropriate for the patient? What are some side effects to monitor? When should the patient get the vaccination?
Therapeutics	What is the desired effect? Is the goal cure or prophylaxis? What previous medications and doses has the patient used? Is this medication being used for an FDA approved or off-label use?
Toxicity	What are possible sequelae? What management strategies are available?
Abbreviations: ADR = adverse drug reaction; AWP = Average Wholesale Price; FDA = Food Drug Administration; IV = Intravenous	

research. Databases that identify off-label use include Micromedex. In such cases, a primary source is the best resource. References sections of databases like DynaMed and Micromedex can be a great start for finding appropriate primary sources. Using search engines such as Medline, PubMed or Google Scholar (scholargoogle.com) can provide access to relevant primary literature as well.[1] Reviewing two to three sources is good practice for most requests. Respondents must determine the relevance of the studies by evaluating if the trial size was large enough to be statistically reliable, if its findings were clinically significant, and if the patient population is similar to the patient.

Use General Search Engines Appropriately

Using general search engines like Google, and Microsoft Edge can be an acceptable starting point for a search. A metasearch engine is usually better. A metasearch engine is a platform that aggregates the results from multiple search engines and organizes them based on their relevance. Examples of metasearch engines include Dogpile, ixquick, and Metacrawler which aggregate information from sources like Google, Yahoo as well as videos posted on various platforms.

Researchers must consider the following factors when determining a source's credibility[17]:

- Is the information's original source listed and reliable?
- Does the funding for the site come from a sound source such as a university (.edu), an established patient advocacy organization or a professional society (.org), or a government-funded organization (.gov)?
- How is the information presented and how is it supported?
- Who wrote the article on the webpage? Is the author a credible healthcare provider or a journalist writing about a medical topic?
- Is the information updated and verifiable with other sources?

Table 3 (next page) matches information types and reliable sources to find it.

Another relevant option that many healthcare professionals are considering for answering drug information requests is artificial intelligence (AI) platforms such as ChatGPT. While these seem to be able to provide responses that are based on data and research, the issue that users run into is that AI is not able to approach/appraise situations critically. While AI can provide information that may be or seem accurate, it cannot assess the data that it uses to ensure that it is relevant to the situation or specific patient. Additionally, AI doesn't cite its sources, meaning that it can be difficult to assess the appropriateness of the source. Last, it is important to realize that AI has sometimes provided wrong answers that could lead to patient harm and therefore need to be checked against reliable sources.

Figure 2 summarizes a typical drug information process.

FORMULATE THE RESPONSE

Verbal responses tend to be easier for most people than written responses, but respondents should document every request. One simple rule should guide the response: *Use principles of clear communication.* Clear communication reduces risks of misinterpretation and increases the requestor's understanding. It optimizes patient care. Clear, concise sentences that are short (fewer than 25 to 32 words) and straightforward create an ideal response.[18] It is best to be comprehensive with adequate information and complete sentences that leave no confusion. Each statement should have a clear purpose with no extraneous information or unnecessary words. Respondents must paraphrase important information from accumulated data taken from reliable sources, while avoiding copying and pasting from other outside sources. The response must focus on the audience (the requestor) and the requestor's background, remembering that different types of professionals have different education and focus.[18]

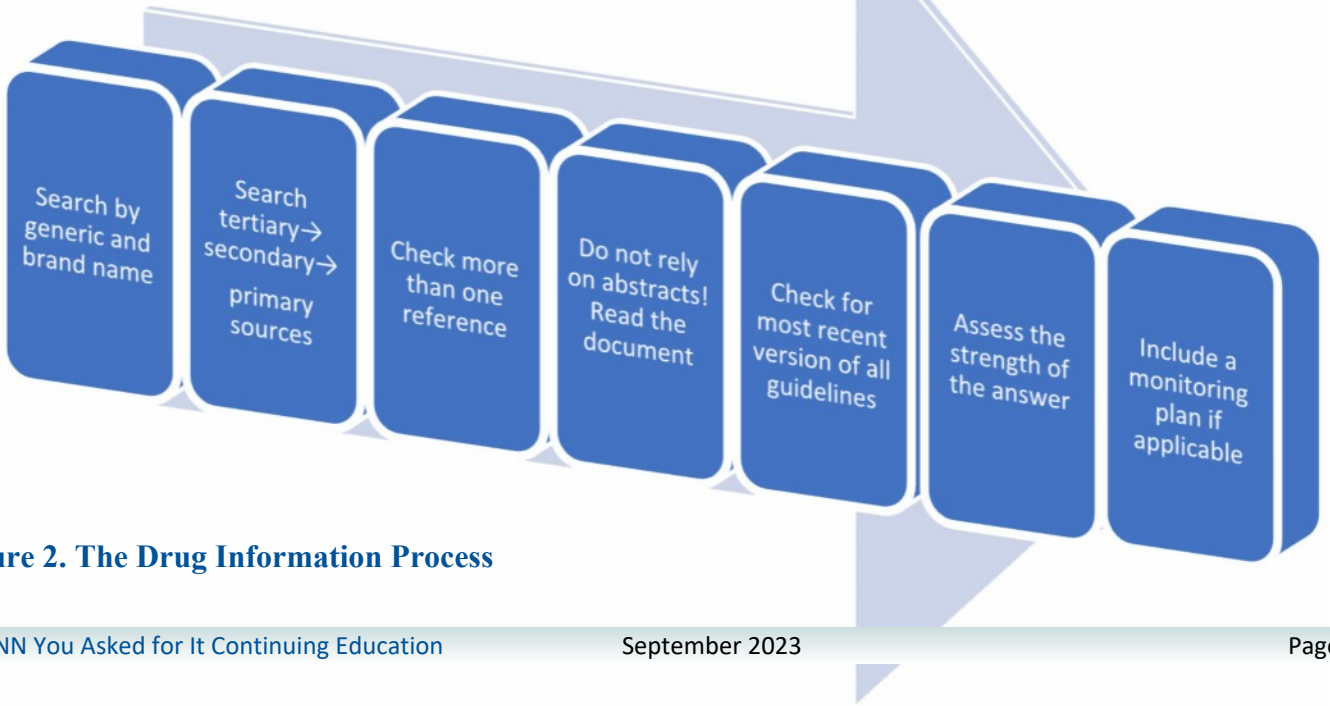


Figure 2. The Drug Information Process

Table 3. Finding Reliable Sources for Drug Information Requests		
Type of Request		**Source**
Alternative or complementary medicine		Natural Medicine Comprehensive Database
ADR/Safety		Lexicomp*, UpToDate*, Micromedex*, Package Inserts
Compatibility		FDA-approved prescribing information, Trissel's Stability of Compounded Formulations*
Dosage/Route/Administration		Complete prescribing information, Lexicomp*, Micromedex*, etc.
Drug identification		Lexicomp* (Drug I.D) Drugs.com, WebMD Pill identifier, RxResouce.org (pill identification tool)
Ingredients/Stability		Complete prescribing information, Lexicomp*
Interactions	CYP	Complete prescribing information, Lexicomp*
	HIV	HIV Drug Interactions, Clinicalinfo Drug Database
Kinetics		Complete prescribing information, Lexicomp*
Pharmacoeconomics		Studies published in pharmacoeconomics journals
Pharmaceutics		PubMed* and primary sources
Pharmacology		Lexicomp*, Micromedex* and could require further research with primary sources
Pregnancy/Lactation		LactMed
Regulatory		The Pharmacy Practice Act, Pharmacists Manual
Therapeutics		Dynamed*, UpToDate*, DiPiro's textbook
Toxicity		MSDS, PubChem, Micromedex*
Vaccinations		CDC vaccine and immunization schedule, Lexicomp
Veterinary information		Plumb's Veterinary Drug Handbook

*=sources requiring a subscription or payment
Abbreviations: ADR = Adverse Drug Reactions; CDC = Center for Disease Control and Prevention; CYP = Cytochrome P450; FDA = Food and Drug Administration; MSDS = Material Safety Data Sheet; HIV = Human immunodeficiency virus

Organize and Evaluate Information

Organizing information makes research and presentation straightforward and simple for the audience to understand quickly. Templates are available to help keep information organized and formulated, but they have advantages and disadvantages.

- Pros: Templates provide consistency that makes it easier for requesters to follow. (Saving your responses to DI requests is a **PRO TIP**, discussed in the **SIDEBAR,** next page) Templates also provide an idea about how the completed presentation will look and reduce the time associated with creating the response. Some organizations provide templates for their employees. Lacking an approved template, respondents can find customizable templates from their workplace or university. Example templates found in the appendices show how useful templates can be. Templates can act as checklists to remember what should be included in a drug information response.
- Cons: Many templates limit customization or text, and respondents must be knowledgeable about editing templates. Templates may also limit the approach to the topic and limit the information to standard or predictable fields; this is a problem when the question is unique or unusual. It is important to understand that templates are guides in answering requests and are not restrictions.

Templates that can be used while answering drug information questions have different strengths and limitations. The choice of template can be dependent on the pharmacist's preference as well as the type of drug information request. We reviewed the templates in the addendum and assessed their utility. Take a minute to look at them. How do your assessments compare to ours?

Template 1 located in Appendix 1:

- Pros: Checklist for what should be included in a drug information response. This format is very detailed which could be useful for less experienced users.
- Cons: Could be too detailed to be used for a wide range of requests. It lacks space, so users will have to use it against a document that they have already created.

(Text continues on page 11)

SIDEBAR: Saving FAQs for the Future: FAQ Files[19,20]

Pharmacy staff often notice that they receive the same or similar questions repeatedly. Each time a requestor asks the question, the respondent must answer again. When employees in the pharmacy discuss questions they receive, they may find that although each of them has only answered a specific question once or twice, collectively they are answering the same question often. A frequently asked question (FAQ) file has numerous advantages. It can

- Save time for everyone including the requestor
- Standardize the answer so that it is consistent each time staff answer the specific question
- Provide the answer in clear language
- Create an answer that technicians and students can give to requestors without asking the pharmacist to intervene
- Refer requestors to web sites or documents for additional information

To develop a reliable FAQ file, pharmacy staff should take several steps:

- Identify the questions that are asked frequently.
- Develop a simple format for all FAQs. Usually, the actual question appears at the top of the documents, with the answer below.
- Start small and ask one employee to draft the FAQ.
- Have two or three people review the FAQ, including a pharmacist and at least one or two support personnel. Encourage reviewers to provide constructive criticism. If the FAQ usually comes from a colleague or patient, involve colleagues and patients in the review.
- A good process for reviewing FAQs is to ask a reviewer to read to a certain point and then stop. The project coordinator should ask, "Can you tell me in your own words what you just read?" If the reviewer explains and the information is incorrect, the project coordinator should not correct the reviewer; rather, the project coordinator should make a note that the section needs work and why.
- The project reviewer should ask additional, open-ended questions including:
    - What's your general reaction to this draft FAQ?
    - What did you like about this draft FAQ?
    - What did you dislike about this draft FAQ?
    - Is anything in this draft FAQ confusing?
    - What would you do if you got this document?
    - What do you think the writer was trying to do with this document?
    - And here's a **PRO TIP**: Often, people will not answer directly because they do not want to appear uneducated or picky. A way to circumvent this issue is to ask, "Thinking of other people you know who might get this document…"
        - ❑ What about the document might work well for them?
        - ❑ What about the document might cause them problems?
- Once the FAQ completes the process and is ready for "prime time," save it in a format that cannot be edited (i.e., a PDF that is locked for editing) and upload it to a shared file or drive where all employees can access the document and print or clip it to an email when needed.

Finally, drugs and drug information change over time. Organizations that use FAQ files must schedule routine review (at least annually and more often if necessary) to ensure that the content in FAQ files remains current and correct.

Table 4. Additional Resources

Systematic Approach to Answering Drug Information Requests *Helps characterize the various types of drug information requests.*	https://www.ashp.org/-/media/assets/pharmacy-practice/resource-centers/preceptor-toolkit/sicp-busy-day-systematic-approach-answering-drug-info-requests.ashx?la=en&hash=7C8B36648FAB999DE761D3AE37BFE48A847B8551
7 Tips on Improving Communication in Your Pharmacy *Provides guidance on how best to speak with patients.*	https://www.pbahealth.com/elements/7-tips-on-improving-communication-in-your-pharmacy/
Formulating an Effective Response: A Structured Approach *Provides strategies to answer drug information requests.*	https://accesspharmacy.mhmedical.com/content.aspx?bookid=2275&sectionid=177197497
ASHP Guidelines on the Pharmacist's Role in Providing Drug Information *Suggests ways to answer formulated drug information request.*	https://www.ashp.org/-/media/assets/policy-guidelines/docs/guidelines/pharmacists-role-providing-drug-information.pdf
How To Evaluate Health Information on the Internet: Questions and Answers *Provides approaches on finding credible sources*	https://ods.od.nih.gov/HealthInformation/How_To_Evaluate_Health_Information_on_the_Internet_Questions_and_Answers.aspx

Answers to Pause and Ponder

Pharmacist DI request #1: Haloperidol is not an atypical antipsychotic; therefore, it would be eliminated immediately and the remaining atypical antipsychotics would be reviewed as outlined below:

Screen request	Pertinent patient information: past medical conditions (uncontrolled diabetes, schizophrenia). Medications on tier 1 of patient's formulary: quetiapine, olanzapine, haloperidol, aripiprazole.
Reformulate request	This is a therapeutics drug information request because the provider is looking for the best medication to treat the patient's schizophrenia without adding any contraindications to the patient's current medication list or concomitant medical conditions.
Formulate response	The provider made the request in writing, so a written response is most appropriate. The SBAR format would succinctly and effectively convey the message. First, we conducted a Google search and a tertiary source search (PubMed) including the pertinent patient information and request. Our search read "effects of antipsychotics on obesity and diabetes." Through this, we determined that some antipsychotics lead to changes in metabolic activity. Because the patient has diabetes that is exacerbated by weight gain, the best choice is an antipsychotic that does not have a significant effect on the metabolism. After conducting a more thorough primary source search on the metabolic effects of antipsychotics, we found that the best drug would be aripiprazole. Additionally, monitoring the BMI and efficacy would be appropriate.
Assess understanding	Provide the response in a professional and timely manner. Document the request to display accountability and in case there is a similar question in the future. Follow up with the requestor to access the outcomes and ensure that there are no lingering questions or concerns.

Pharmacist DI request #2: Off-label use of low-dose (25 to 100 mg) trazodone, a decades-old antidepressant with drowsiness as a side effect, is common.[13] In fact, off-label usage for insomnia has surpassed its use for depression.[14] The American Academy of Sleep Medicine does not recommend trazodone because of limited supporting data. A 2018 Cochrane review found equivocal evidence supporting its short-term use for insomnia, but little data on long-term safety and efficacy exists.[15] The Beers Criteria doesn't highlight trazodone as a potentially inappropriate medication in older adults, not because of evidence demonstrating safety, but because of lack of studies demonstrating harm. However, a retrospective cohort study found low-dose trazodone was no safer with respect to fall-related injury risk than benzodiazepines among 15,582 nursing home residents aged 66 years and older. Future studies need to confirm trazodone's safety with respect to other risks such as dependence, withdrawal, and cognitive impairment.[16]

Technician DI request #1: It would depend on the medication. Some medications like amoxicillin are refrigerated to preserve the taste while most others, such as insulin, are refrigerated to preserve the compound. The technician should ask what medication the patient is referring to and then look up the specific storage requirements for that medication. Some places where this information is available include Drugs.com (https://www.drugs.com/medical-answers/drugs-that-require-cold-storage-166784/) and IHEP (https://www.iehp.org/en/members/helpful-information-and-resources?target=emergency-safety). If the medication is not listed in these resources or the medication's stability has possibly been compromised (such as exposure to extreme heat), the technician should consult the pharmacist.

Technician DI request #2: It would vary depending on the medication. Some medications have specific coating that needs to stay intact to ensure proper drug delivery, and such medications should not be crushed. Other medications do not have such restrictions and can be crushed, split in half, sprinkled in foods like applesauce, or have a liquid formulation that can be considered as an alternative with a doctor's approval. The technicians should ask, "What medication is your child taking so that I can look it up?" Information regarding which medications can be crushed can be found in the following website: https://pharmacist.therapeuticresearch.com/Content/Segments/PRL/2014/Aug/Meds-That-Should-Not-Be-Crushed-7309. If the medication or the specific dosage form is not available on the list, the technician should ask the pharmacist to review the medication.

Template 2 located in Appendix 2:

- Pros: This format displays the drug information request topic quickly, organizes patient information and the response, and prompts the respondent to include references to use for evidence-based literature support. It is broad enough to be used for multiple types of requests. It could be especially helpful for pharmacists who receive a wide variety of requests as it allows them to focus and tailor responses appropriately.
- Cons: Insufficient prompts or guidance for responders, making it more suitable for experienced pharmacy staff. This would be too broad for beginners or pharmacy students because it does not outline various aspects of drug information responses.

Proofing and Editing Drafts

Proofing and editing written drafts entails first fact-checking the narrative and the sources used, and then reviewing the text to ensure it is clear and professional. The respondent must re-assess and re-evaluate each source and the information gathered. Asking other healthcare professionals who have expertise to contribute to or proofread the draft is smart. Collaborating with colleagues can be beneficial, especially in healthcare. The recent emphasis on interdisciplinary approaches reminds us that healthcare professionals from multiple backgrounds need to collaborate and exchange information more often than not. Colleagues can also help confirm or modify any information, while also giving feedback to learn how to better future drug information requests.

Once the data is confirmed as accurate, the last step is to double check for spelling and grammar errors and ensure the response is clear and concise. A skilled pharmacy technician is often an exceptional collaborator in this step.

Document, Document, Document

Documentation is helpful when pharmacy employees have to refer back to that specific topic on a similar drug information question or when colleagues have a similar request in the future. Documenting the response will aid as a reference point and could help clinicians in the future make decisions regarding patient care.[21] Documentation will also display accountability and the respondent's value to the organization and the interdisciplinary team. Many healthcare organizations have policies and procedures for documenting DI requests, and all staff should follow them if they exist.

ASSESS REQUESTOR'S UNDERSTANDING AND SATISFACTION

Following up after responding to a DI request is a professional action. The respondent should follow up with the requestor in a timely manner and assess the outcomes. If the requestor is not completely satisfied, the respondent can adjust the answer and recommendations appropriately.[7] Follow-up will also reveal if the requestor has implemented the recommendation (and if it worked), provide feedback for potential modifications in future DI requests, and show professionalism and dedication to patient care. A **PRO TIP** is to document the follow-up and outcomes.

CONCLUSION

Pharmacy teams have serious responsibilities related to DI requests, which can cover a broad spectrum of topics and specialties. Pharmacists, pharmacy technicians, and pharmacy students should use a methodical approach, followed by documentation. As the ever-changing landscape of healthcare, medicine, and technology continues to advance, providing drug information will remain an integral part of the pharmacist's responsibilities.

Figure 3 (next page) can help your pharmacy become a preferred drug information station!

Figure 3. Making Your Pharmacy the Best Drug Information Station

Best

❶ **Be COMMUNITY CHAMPIONS** and anticipate questions based on national or international events. New outbreak? Educate yourself early. Change in law? Know the basics before requestors ask!

❷ **Create an FAQ file** and set reminders to review and revise FAQs annually or more often if necessary

❸ **Encourage questions!** Each time you research a question, you are better prepared for the next question and better educated

Better

❶ **Be familiar with tertiary, secondary, and primary resources**

❷ **Check multiple references**, especially if the question is complex

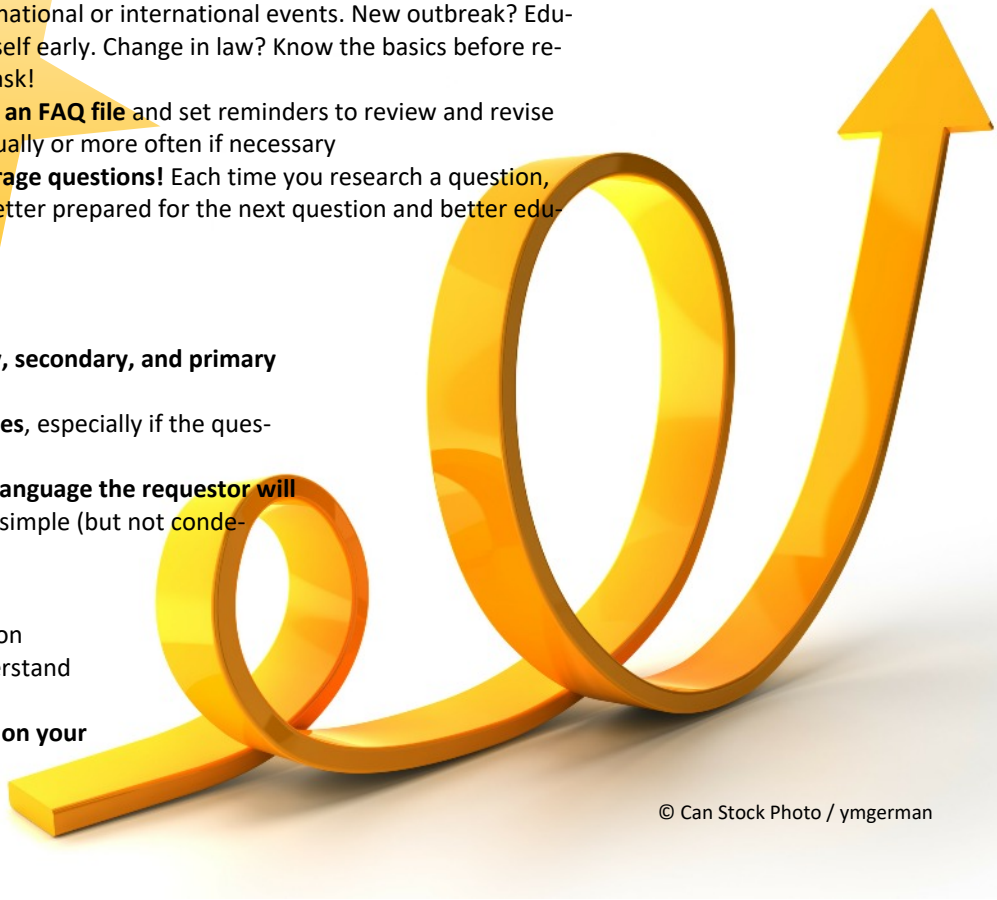
❸ **Present information in language the requestor will understand,** keeping things simple (but not condescending) for patients

Good

❶ **Develop a process** to find information

❷ **Learn to listen carefully** so you understand the specific question being asked

❸ **Know your scope of practice based on your states laws**



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Appendix 1. Drug Information Request Form	Requestor's name/title and contact information:	
Date/time requested:	Date/time response required:	
Requestor's exact question:		
Method of Contact: ☐ E-mail ☐ In person ☐ Phone	Request category: ☐ Allergy/cross sensitivity ☐ Alternative/complementary medicine ☐ Adverse drug reaction/safety ☐ Compatibility ☐ Dose or route ☐ Drug identification ☐ Ingredients or stability ☐ Interactions ☐ Kinetics	☐ Legislative or regulatory changes ☐ Pharmacoeconomics ☐ Pharmaceutics ☐ Pharmacology ☐ Pregnancy/lactation ☐ Shortages ☐ Therapeutics ☐ Vaccinations ☐ Other (please describe):
Background information: Pertinent patient information (e.g, age, sex/gender, weight, body mass index, allergies, lifestyle factors) Current diagnosis and comorbidities: Subjective and objective data (e.g, relevant laboratory values, physical science, symptoms) Family and social history Past and current prescription and nonprescription medications (generic name, indication, doses, frequency, and duration): Patient's beliefs or concerns and goals for health: If the request is medication-specific, include brand, generic name, lot and expiration.		
Response (including sources and page numbers): Critical appraisal and evaluation of the evidence: Note any limitations or unanswered questions: Recommendations (with rationale for each recommendation): Summary of final recommendation: Monitoring going forward:		
Respondent's name and title:		

Appendix 2. Drug Information Request Form	Requestor's name/title and contact information:
Date/time requested:	Date/time response required:
Requestor's exact question:	
Method of Contact: ☐ E-mail ☐ In person ☐ Phone	Request category:
Response:	
Respondent's name and title:	