



SB93 Would Interfere with Appropriate Clinical and Cost Management of Drugs

Our health plans provide access to many chronic-use drugs for supplies of up to 90 days through retail pharmacies.

However, we also engage in what is known as “cycle management,” which includes much shorter time intervals, for drugs that are often poorly tolerated due to side effects, or may require frequent dose adjustments and/or laboratory monitoring. Our health plans also have strict limits on the amount of narcotics that may be dispensed at any one time, because these drugs are easily subject to diversion and abuse.

Some very high cost, specialty medications are made available only from certain pharmacies, because those pharmacies offer dramatically lower costs and enhanced clinical services as compared to ordinary retail points of service.

Drugs selected for these programs are carefully chosen by our medical and pharmacy teams.

“Cycle management” and point-of-service policies are particularly important tools in treating cancer and other complex conditions, for which medications may cost many thousands of dollars per month and changes of both dosages and therapies are quite common.

These programs reduce safety risks to our members, and eliminate costly waste of medications that would have to be disposed of when an entire 30-day or longer supply is not used.

Some of the strategies we use:

- *'Split-fill' dispensing:* A partial-month supply of the medication is filled when therapy is initiated to make sure the medication is tolerated by the patient and that no dose adjustments are necessary.
- *Dose-monitoring:* Assistance is provided in scheduling testing to determine the results or necessary duration of therapy (e.g. viral load, or blood counts) as well as monitoring for side effects.
- *Clinical support:* Includes refill reminders to encourage adherence to therapy and screening for drug-drug interactions. In addition, dedicated clinical pharmacists are available 24 hours a day/7 days per week to answer questions regarding the therapy.

SB93 also inappropriately turns the State Board of Pharmacy into a statewide pharmacy and therapeutics (P&T) committee, making what would amount to formulary decisions. This would be a large expansion of mission for which the Board of Pharmacy is not designed. P&T Committees generally include physicians, as well as pharmacists; the Board of Pharmacy has only pharmacist and public members.

SB93 is a risky, costly bill that should not move forward.

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