



SUPPORT SB 841A – Medication Synchronization

Improve Patient Drug Adherence, Prevent Costly & Unnecessary Pharmacy Trips

In 2014 the Oregon Legislature passed SB 1579, which required insurance plans to offer medication synchronization programs to their customers. However the legislation didn't specify standards for those programs, so barriers still exist to its successful implementation. SB 841A would create two specific standards for a synchronization program: allowing for pharmacist dispensing fees and patient pro-rated co-pays.

SB 841A would remove the current barriers to enable beneficiaries to synchronize their medications so that they could order and receive them on the same day each month, instead of having to make multiple visits to the pharmacy. This reduces medication waste, as well as the poor healthcare outcomes that result from decreased medication adherence.

Background:

Poor medication adherence costs the U.S. healthcare system \$290 billion annually and results in avoidable and costly health complications, worsening of disease progression, increased emergency room visits, and hospital stays. The improper use of medicines results in \$215 billion in avoidable US healthcare costs, including \$105 billion due to non-adherence alone.

What is Patient Medication Coordination?

It's an innovative approach to improving medication adherence and patient experience with care. Each patient enrolled in the medication synchronization program has a designated day to pick up all medications included in the synchronization plan. This allows pharmacists and pharmacy staff the ability to perform a monthly review of medications, which provides the opportunity to identify therapeutic and adherence issues that patients may be encountering. This is not a new program. The model has proven successful in improving adherence and patient care, and thus has been implemented at the federal level through the Medicare Part D program.

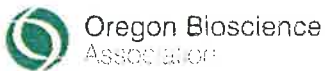
Here is how it works:

Once medication synchronization is deemed to be beneficial and appropriate for the patient, pharmacy staff calls a patient in advance to identify any changes to the medications and confirm that each prescription should be refilled. Pharmacists and pharmacy staff are able to perform a monthly review of medications, which provides the opportunity to identify therapeutic and adherence issues that patients may be encountering. To date, this has proven successful in improving adherence and patient care, yet barriers still exist to its successful expansion.

Studies have shown patient medication adherence increases:

A recent study by Virginia Commonwealth University reviewed a medication synchronization program at a regional pharmacy chain. The report found that, in comparison to control subjects, patients in the medication synchronization program experienced stronger communication with the complete health care team, had 2.8 more

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refills/year resulting in 84 more days of medication and had 3.4 to 6.1 times greater odds of adherence. Those not enrolled in the medication synchronization program had a 52% to 73% greater likelihood of discontinuing their medication therapy.

Barriers to Medication Synchronization:

To work effectively, medication synchronization depends on setting a patient-specific date on which all medication refills become due. To accomplish this goal, pharmacies execute certain actions to ensure that all medication for a particular patient become due on the same day.

Short-fill prescriptions for the purpose of synchronizing medications require a co-pay for the patient, and to date some health plans have not pro-rated co-pays based on days' supply, creating a financial disincentive for patients to embrace this successful adherence intervention.

Pro-rated co-pays would reduce the patient out-of-pocket cost for starting on a medication synchronization program. This policy is already being implemented at the federal level. Through recent changes in policy, CMS now allows partial fills in the Medicare Part D program. In implementing this change, and noting that pharmacies should receive a full dispensing fee for partial fills, CMS stated:

"We believe that we have sufficiently accounted for the tradeoffs and implications of the potential impact of our requirement, both in the proposed rule and in this final rule with comment period. In the preamble and the Regulatory Impact Analysis section of the proposed rule and this final rule with comment period, we specifically accounted for the additional dispensing fees, as well as the administrative and programming costs that we believe Part D sponsors will incur in implementing this requirement. Despite these costs, we continue to estimate savings in the hundreds of millions each year to the Part D program."

Medication Synchronization is NOT a mandate on the patient, plan or PBM:

Opponents may incorrectly refer to SB 841A as a "mandate." Rather, this bill would give the patient the choice to opt-in to medication synchronization should the prescriber and the pharmacist deem it beneficial and appropriate for the patient.

Pharmacy understands that not all medications should be synched:

It should be noted that some medications are not appropriate to be in a synchronized refill program. For example, "as-needed" prescription medications for pain, or medications for acute conditions such as antibiotics are excluded from synchronization. Additionally, products such as eye drops, insulin, glucose strips, and inhalers pose challenges due to their packaging and variable quantities. For this reason, it may not be advisable to include such medications in the medication synchronization plan.

Medication Synchronization is beneficial to patient's health and lessens the burden of multiple pharmacy visits:

Opponents often fail to recognize that this legislation would benefit the patient. Medication synchronization is particularly beneficial when the patient is initially prescribed a new medication that has significant side effects, the medication is frequently poorly tolerated, the medication may pose drug to drug interactions with their current regimen, and when less than a month's supply of the prescriptions is clinically appropriate. Additionally, medication synchronization will improve the ongoing issue of medication waste when medications are changed during a mid-30 day supply.

Medication Synchronization improves adherence and lowers overall healthcare costs:

Opponents may claim that medication synchronization would raise costs, but the program has been shown to improve rates of medication adherence and thus lower overall health care expenditures.