

Pharmacy Benefit News

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If Patients Don't Comply With Their ADHD Meds, Then Does This Mean There Is An Increased Risk for Illicit Drug Use?

New research offers additional evidence that ADHD patients who fail to take their prescribed medication are more likely to engage in illegal drug use than those who do follow their regimens. While earlier studies have largely relied on data from refill records or patient self-reporting, the latest undertaking screened urine in order to gauge adherence. A total of 4,094 patients prescribed methylphenidate, an amphetamine, or both participated, but no trace of the medications showed up in samples collected from almost one-third of the study population. Some 38.7% of patients in that cohort did test positive, however, for nonprescribed opioids and benzodiazepines, marijuana, and cocaine. Approximately 25% of patients who took their ADHD drugs tested positive for illicit drug use. "What our results show are objective data to a subjective problem," according to Patricia Woster, PharmD, of Baltimore-based Ingenuity Health, which funded the research. The findings were presented at the annual meeting of the American Professional Society of ADHD and Related Disorders.

Medscape (02/03/16) Melville, Nancy A.

Commentary:

If these findings are validated, then there is yet another reason for patients to comply with medications. More importantly, why were these patients more likely than any other population to use illicit medications? That is a failing of this type of study; namely, relationships must be placed in the perspective of all applicable patients, in this case those who use illicit drugs. It is also important to note that the findings of illicit drug use were a happenstance. Now we need to know facts.

A controlled study is the gold standard, but further case reports and cohort studies directed to ADHD patients and illicit drug use is certainly of significant interest due to the size of the ADHD population. The difficulty is that ADHD is an imprecise diagnosis in all but the most clear cut cases. Imprecise diagnostic criteria lead to many false positives, i.e., patients who have some symptoms, but not ADHD. Therefore, it would be helpful for studies to focus on the subsets of ADHD patients by age and diagnostic specificity to define the prevalence of adherence and illicit drug use in these patients. For example, if the findings apply to patients who are not clearly ADHD, then we must differentiate problems of the population with the problems of inappropriate diagnoses and prescribing. These considerations are critical in order to attack the actual problem appropriately.

Analytics at Work: A Real World Example

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PhRMA Tries Again to Get Patients to Comply

Drug companies are spending increasing amounts of money to prompt patients to fill and refill their prescriptions. They are also lobbying the federal government for permission to pay third parties, such as pharmacists, to encourage patients to take their medicine. The companies are investing in smart tablets that will send alerts when they have not been swallowed at the prescribed time, and are subsidizing gift cards to thank patients who remember to refill. "We're pushing adherence," says Joel White, president of the Council for Affordable Health Coverage, an advocacy group that works with the industry.

"GlaxoSmithKline has enrolled 3,000 of its employees, retirees, and their family members in North Carolina in a pilot program to better coordinate their health care. Among other things, it uses sophisticated analytics to determine who is not sticking with their medication. Those individuals can get one-on-one health counseling with a pharmacist or case manager," according to Matt Rousculp, a senior director of health outcomes research for GSK.

STAT (02/04/16) Robbins, Rebecca

Commentary

We have been talking, studying and trying various options to get patients to comply with their prescribed medications for more than 20 years. Yet, we still don't know how to solve this problem. These new efforts are certainly welcome. They are reminiscent of paying your kids for doing their chores or studying for good grades. I would posit that the real issue is that improving compliance is a behavior modification problem. As such, solving the compliance problem requires multiple disciplines, potentially technology, and addressing the financial concerns.

Behavior modification requires regular contact and encouragement. Access and multiple contacts are necessary. Pharmacists fill these criteria. Technology to monitor use is helpful, but unproven. Hopefully, multidisciplinary solutions will

Pharmacists Prescribe Birth Control Pills in Missouri?

Rep. Sheila Solon (R-Blue Springs) of the Missouri legislature told a House committee Wednesday that decades of use have shown oral contraception is safe and critical for many people and pharmacists should be able to prescribe the drugs after undergoing some training. The Congresswoman said her proposal is "the ultimate pro-life bill" because easier access to birth control would lead to fewer unwanted pregnancies. Under the measure, pharmacists could prescribe only birth control pills. A woman would be required to visit a doctor within 3 years of the pharmacist's initial prescription to continue receiving the contraceptives. Those under 18 would have to show pharmacists a previous doctor's prescription.

The bill would allow women to receive birth control in 1-year increments after their first 3-month prescription. A pharmacist could still refer someone to a physician if necessary," Solon said. "This bill would not affect state laws allowing pharmacists to decline to fill prescriptions they object to," she added.

Associated Press (02/04/16)

Commentary

This Missouri proposal follows similar actions in other states including California where pharmacists are now able to prescribe oral contraceptives. Yet, why oral contraceptives?

Why not anti-diabetic medications or anti-hypertensives? Perhaps part of the answer lies in the history of medications switched from prescription to over-the-counter (OTC) status. Namely, antihistamines, antibiotic creams, vaginal anti-fungal creams, to list just a few, were safe for personal use.

Prescription drugs are tested for effectiveness. OTC drugs are tested for safety. If prescriptions are effective and generally safe when a professional applies clinical principles to their use, then there is a comfort factor in expanding prescribing to non-physician experts. Further, anti-diabetic and anti-hypertensive medications require monitoring by both patients and

produce more success.

prescribers. Oral contraceptives do not require that level of monitoring. Perhaps that also plays into the decision of oral contraceptive prescribing by pharmacists with clinical expertise. The final result is that patients benefit through access, expertise, and perhaps lower cost.



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- Average of all Generics
- Median of all Generics
- Flexible Price Sources, including, CMS, MediSpan, First Data Bank, Redbook
- Flexible Therapeutic Categories (Customizable)
- Flexible Generic Availability

- Immediate availability
- Predetermined time gap from end of patent
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- Decision allowance for generic all, store brands, re-packagers, multisource, and/or branded generics
- Flexible Code Basis, including GCN, GPI, and NDC

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