

» GETTING IN SYNC: IMPROVING ADHERENCE THROUGH MEDICATION SYNCHRONIZATION

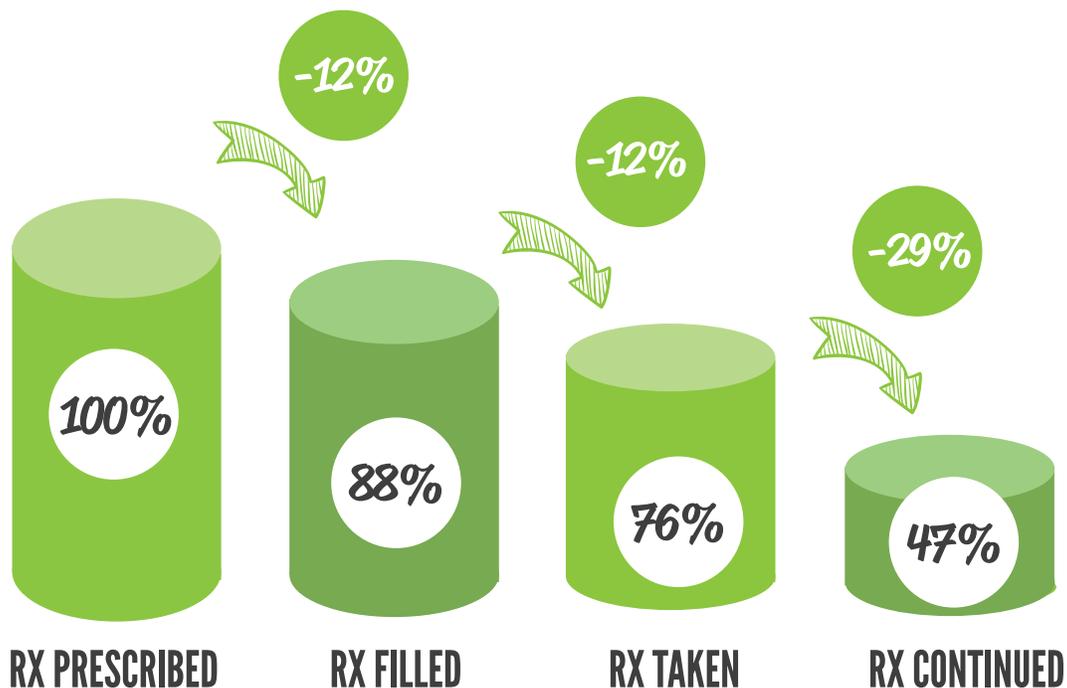
Recently there's been more talk about a new approach to help people with chronic conditions become more adherent to their medications: medication synchronization. Sounds complicated, but it simply means that someone taking a number of different medications for chronic conditions gets all their prescriptions refilled at the same time.

Plan members with chronic conditions don't stick to it

As we at GSC have learned over and over again, plan members with chronic conditions aren't very good at sticking to their drug regimes. Here (again) are the stats from our last Health Study:



Many people are non-adherent from the moment they receive their prescription. For example, 88 per cent will have a prescription filled, but only 76 per cent will actually take the medication, and only 47 per cent will continue to take it.¹



More medications = less adherence

Evidence shows that the more medications a person is taking, the less adherent they are.² This is in part because they have to keep track of their refills and make multiple visits to the pharmacy for those refills. That's why people taking multiple medications for chronic conditions benefit from medication synchronization.

Here's how medication synchronization works (it's not complicated)

Plan members taking multiple chronic medications typically refill each of those medications on a different cycle – making multiple trips to the pharmacy. For example, they may refill one medication on the first of the month, but refill a second medication on the 12th, then refill a third the week after that. That's three trips to the pharmacy during each fill cycle.

By working with their pharmacist, that plan member can arrange to pick up all three refills on the same day each fill cycle. The process, which involves "short fills," to synchronize the medication can be challenging in the early stages as it may take a few refills of smaller quantities to get all the drugs aligned on the same refill date or "sync date."

From the sync date forward, the patient is scheduled to pick up all of their refills on the same day each fill cycle. The addition of new drugs to the regimen or other changes, such as an unexpected hospitalization, could de-sync the patient, which would then require re-synchronization. In many ways, synchronization is a continuous effort that must be monitored and maintained but one that has substantially positive implications for patients.

GSC's adherence improvement strategies

- **Stickt2It™** medication reminder service
- **Change4Life™ Health Portal**
- **Targeted Communications** for high blood pressure, high cholesterol, diabetes
- **Dispensing Frequency Policy**
- **Pharmacist Health Coaching – Cardiovascular**
- **PPN Adherence Support Service** for high-cost specialty drugs

MEDICATION SYNCHRONIZATION: THE DETAILS...

As an example, let's look at how medication synchronization was set up for a U.S. study. The first step was to inform pharmacy patients about the program, and those interested were scheduled for a synchronization appointment with their pharmacist.

At the synchronization meeting:

- The applicable medications were discussed to assess the patient's current therapy and determine whether any changes should be made. For example, whether compliance packaging was indicated.
- A future date – the sync date – was agreed to by the patient and the pharmacist.
- Medications that required short fills were identified so that they would all sync on the chosen date.
- The quantity (e.g., 30 days' or 90 days' supply) that would be dispensed once all the drugs were synchronized was established. The supply depended on the patient's desire and/or third-party requirements.
- A cost estimate was prepared and payment timing and method were arranged.
- Patients were given the opportunity to ask questions about their medications and the synchronization process.
- Patients then signed an agreement form.

After the meeting:

- Based on the sync date chosen and the number of pills the patient had remaining for each drug, the pharmacist calculated and dispensed the short fills.
- The patient or pharmacist notified the physician that the patient was enrolled in a medication synchronization program.
- A centralized refill centre filled the prescriptions about a week before the sync date, and any issues relating to the medication or benefits coverage were resolved before the drugs were delivered to the patient's retail pharmacy location.
- Three days before the sync date patients received a reminder call and pharmacists followed up with anyone who was late in picking up their drugs.
- Changes to prescriptions or patient questions were addressed by a central patient care centre before the patient's next refill date.
- Patients met monthly with their pharmacist which allowed for additional medication management and support depending on the patient's needs.³

It's a win-win-win

The long-term convenience of medication synchronization is popular with patients and leads to increased adherence to drugs for chronic conditions – positively impacting health outcomes. Evidence shows that patients who have synced their chronic medications are about 30 per cent more adherent than patients who are not in a medication synchronization program.⁴

From a pharmacy perspective, medication synchronization allows more predictability in prescription volume, and provides pharmacists with a consistent interaction with the patient. It also allows pharmacists to be proactive by:

- arranging appointments with patients
- having the drugs ready for pickup
- calling patients with reminders about the appointment
- combining the patients' scheduled visit with other services, such as the Pharmacist Health Coaching – Cardiovascular or Smoking Cessation Program

Not only is medication synchronization beneficial for plan members and pharmacists, but it's also good for benefits plans. Adherent plan members stick to their chronic condition drug regimens – and evidence indicates that adherence is directly related to health outcomes. More adherent plan members are less likely to see their conditions deteriorate and suffer downstream health care consequences and associated costs.⁵

Now in Canada

While medication synchronization is a well-established practice in the United States, it has only very recently started to catch on in Canada. Part of the reason for the faster adoption in the U.S. has to do with the quality improvement targets built by payers such as Medicare. Many of those targets are tied to plan member adherence. Therefore, pharmacies have looked to medication synchronization as a tool to help improve adherence and subsequently improve their quality ratings. The evidence for the benefits of medication synchronization coming out of the U.S. is now convincing Canadian pharmacies of its value.

Who's on the bandwagon...

Rexall started providing medication synchronization services early in 2016 in their pharmacies across Canada. The services are available free of charge to any patient taking multiple chronic medications.

While Rexall is first off the mark, we expect to see other pharmacies jump on board in the coming months and years making medication synchronization a standard service.

Sources:

¹"Medication Adherence: Its Importance in Cardiovascular Outcomes," P. Michael Ho, Chris L. Bryson, and John S. Rumsfeld, *Circulation*: American Heart Association, 2009. Retrieved: March 2016. <http://circ.ahajournals.org/content/119/23/3028.full>

^{2,4}"Adherence and persistence associated with an appointment-based medication synchronization program," David Holdford and Timothy Inocencio, *Journal of the American Pharmacists Association*, Nov/Dec 2013. Retrieved: March 2016. [http://www.japha.org/article/S1544-3191\(15\)30403-9/fulltext](http://www.japha.org/article/S1544-3191(15)30403-9/fulltext)

⁵"Pharmacists increase patient adherence to drug therapy, improving health outcomes and lowering health care costs," *The Translator*: Canadian Pharmacists Association, Winter 2012. Retrieved March 2016. <http://www.pharmacists.ca/cpha-ca/assets/File/education-practice-resources/Translator2012V6-1EN.pdf>



DRUG REVIEW AT GSC...

It's become increasingly clear that the drug pipeline isn't slowing down its production of new high-cost drugs. And now we're beginning to see the resulting strain on the Canadian health care system, including on drug benefits plans.

To give you an idea of what drugs might impact your plan next, every quarter in *Follow the Script* we'll take a closer look at some of the drugs recently reviewed by GSC's Pharmacy and Therapeutic (P&T) Committee. Catchy name, eh? Well, the P&T Committee is pretty serious. It conducts rigorous evidence-based evaluations of the submissions we receive from drug manufacturers to determine whether their products' therapeutic benefits are scientifically supported and provide value to our clients and their plan members. We also review Health Canada documentation, and other scientific literature from across the world.

GSC CLASSIFICATION ¹	NEW DRUG ²	GENERAL INFORMATION	COST ³	COVERAGE DETAILS ⁴
CARDIOVASCULAR (CV) DISEASE				
High cost; Biologic	Repatha™ (evolocumab)	<p>CV disease is one of the leading causes of premature death and morbidity in Canada. Reducing bad cholesterol is one of the most reliable ways to decrease the risk of CV disease. However, despite wide availability of current treatments, the number of Canadians with elevated cholesterol levels remains high.</p> <p>Repatha is a first-in-class new treatment option to lower cholesterol for patients at high risk of having a CV event (i.e., heart attack, stroke) such as those with a genetic predisposition to high cholesterol levels despite ideal lifestyle habits, and those with established CV disease (i.e., those who have had a CV event and are at risk of having another).</p> <p>Repatha lowers cholesterol by as much as 60-70% and is used in combination with diet and statin treatment in patients who are unable to achieve their cholesterol target on statin treatment alone.</p> <p>Repatha is available as a self-administered injection and is dosed every two weeks on a chronic basis.</p>	\$\$\$	<ul style="list-style-type: none"> → Specialty drug PPN → Requires prior approval

GSC CLASSIFICATION ¹	NEW DRUG ²	GENERAL INFORMATION	COST ³	COVERAGE DETAILS ⁴
HEPATITIS C				
High cost	Daklinza™ (daclatasvir)	<p>Hepatitis C is a chronic progressive infectious disease caused by the hepatitis C virus. The infection damages the liver eventually leading to scarring (cirrhosis), liver failure, liver cancer, and premature death.⁵</p> <p>There are six known variants of the hepatitis C virus identified by their genotype 1, 2, 3, 4, 5, 6. In Canada the two most common genotypes are genotype 1 and 3 accounting for approximately 55% and 34% of all hepatitis C infections respectively.⁶</p> <p>While new treatment options with significantly higher cure rates and better tolerability profiles (i.e., Harvoni®) have become available over the past couple of years for genotype 1 infections, genotype 3 (G3) infections remain very challenging to treat.</p> <p>Daklinza is a new hepatitis C drug that offers a significant improvement over existing therapies for patients with G3 infections. While cure rates are marginally higher (89% vs. 85%), Daklinza does provide significantly better tolerability, shorter treatment regimens (12 weeks vs. 24 weeks), and lower treatment costs (\$91K vs. \$117K) compared to current treatment options.</p> <p>Daklinza is taken as a once daily single-tablet dose in combination with Sovaldi® (also a once daily single tablet dose) for 12 weeks.</p>	\$\$\$\$\$	<p>→ Specialty drug PPN</p> <p>→ Requires prior approval</p>

Sources:

¹Biologic refers to drugs produced through biotechnology and listed in Schedule D of the Food and Drugs Act; High cost refers to drugs with an expected annual cost of \$10,000 or more (certain drugs approaching the threshold may also be considered high cost if clinical evidence warrants)

²Brand (generic)

³Based on manufacturer list price, does not reflect pharmacy markup and dispensing fee. \$ <1,000; \$\$ 1,000–4,999; \$\$\$ 5,000–9,999; \$\$\$\$ 10,000–49,999; \$\$\$\$\$ ≥50,000

⁴Applicable to all formularies unless otherwise noted. PPN refers to GSC's preferred pharmacy network program

⁵ <http://www.phac-aspc.gc.ca/hepc/pubs/getfacts-informezvous/index-eng.php>

⁶ <http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/14vol40/dr-rm40-19/surveillance-c-eng.php>

BEHIND THE COUNTER

THE CHALLENGE OF CHRONIC CONDITIONS



In each issue of *Follow the Script*, we interview a member of our pharmacy team about a current topic. In this issue, we talk to the newest member of the team, **Andrea Staruch**, about dispensing drugs for chronic conditions, such as high cholesterol, and the emergence of new drugs in this space.

Follow the Script: Hello, Andrea. Welcome to your first *Follow the Script* interview! First we'd like to know a bit about your background. You came to GSC after working in a community pharmacy, is that right?

Andrea: Yes, I've been out of school for four years now, and before I came to GSC, I worked full time at a community pharmacy. I still do some shifts there.

FtS: I imagine you see a lot of different prescriptions at the pharmacy – what would be the most common conditions you'd encounter in a day?

Andrea: You won't be surprised at the top diagnoses: high cholesterol, high blood pressure, diabetes, depression, and pain. And most of the time a patient has more than one of these conditions – high cholesterol and high blood pressure tend to go together and often diabetes too. These people would be on a regime of multiple drugs.

FtS: What would you tell a patient the first time they come to you with say, a prescription for a statin to treat their high cholesterol?

Andrea: At the first touch point, I like to mention the impact of diet and exercise on their condition. I always hope that the physician has already coached them on making lifestyle changes – and usually they have. But it never hurts to reinforce that information. It may be the only opportunity I get to speak to some of these patients about making changes, since often when they come for refills, I don't interact with them – they just pick up the medication.

FtS: Do you find patients are open to hearing about making lifestyle changes?

Andrea: Some are and some aren't; they have to be ready before they'll actually make a change. For the ones who have had a serious health scare, it's a wake-up call – they're usually receptive to changing their lifestyle. I've had lengthy conversations with patients who really want to make changes. Some come to see me repeatedly for help – they want to change but don't have the tools to do it.

On the other side, there are patients who don't actually believe they have a condition since they feel fine. There's a McDonald's near the pharmacy, and I've had patients tell me they'll go have lunch at the McDonald's while they wait for the cholesterol or diabetes prescription to be ready. That hurts me inside.

But one of my pharmacy professors always said, "Celebrate small victories." Just trying to pick away at the little things is a good way to handle lifestyle changes. That's where I try to encourage my patients. The ones who try to change everything all at once are often the ones most likely to fail then get discouraged.

FtS: In a past issue of Follow the Script [Fall 2015], we featured the new high-cost biologic drugs that are now available to treat cholesterol. Have you dispensed any of those yet?

Andrea: No, so far I haven't seen a prescription for these new drugs, and to be honest, I doubt I'll be seeing many. These aren't drugs that will be widely prescribed, and they shouldn't be the type of drug that we'll see used inappropriately. While these new drugs are very beneficial for patients who have the genetic condition, familial hypercholesterolemia, and for people whose cholesterol isn't responding to statins, most people do very well with statins – plus diet and exercise.

FtS: That's consistent with what GSC has been telling plan sponsors. Thanks for confirming, Andrea. And good luck with those chronic disease patients.