

Transparency at the Point of Prescribing

Reducing medication abandonment through greater transparency

Neely Frye

Director, State Government Affairs

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McKesson in Virginia

- Introduction
 - Two Facilities –
 - Ruther Glen (Fowler / McDougle District)
 - Henrico County (Adams / Dunnavant)
 - Employ over 1500 Virginians
- HB1959 Introduced by Del. Buddy Fowler and Del. Dawn Adams
 - Asked General Assembly to look at the serious issue of medication abandonment
 - Legislation introduced to get the conversation going about the serious issue of medication abandonment
- Issue Important to McKesson:
 - Wholesale distributor of pharmaceutical and medical supplies
 - We look at patient's journey
 - If challenges to medication access – we seek to fix them

The Problem: Medication Abandonment

- Medication abandonment is a significant issue
 - McKesson Study
 - Prescriptions over \$125, abandonment rate at the pharmacy is 52%
 - **Prescriptions over \$250, abandonment rate at the pharmacy is 69%**
 - **140 million prescriptions abandoned in 2018**
 - Contributed to **125,000 potentially avoidable deaths**
- Study Found:
 - Only 50% of providers can access some patient health benefit information on the EHR
 - Only 1/3 of providers can see out-of-pocket costs on the EHR
- How do we fix this?
- We began an effort to require PBMs to provide a patient's complete health benefit information to the provider/patient at the point of prescribing. (Passed 4 states / Pending 5 states)

Medication Abandonment: Solving the Problem

- The Legislative Effort
 - Requires PBMs to make health benefit information available *earlier in the process (to eliminate surprise)*
- Currently:
 - Inconsistent from plan to plan
 - Not always sufficient to fully inform discussion
 - Some instances, PBMs block patient-specific benefit eligibility or clinically equivalent information
- Health Benefit Information – **Give the complete picture in real time**
 - Cost of the medication
 - Where the patient is in the deductible
 - Clinically approved equivalents
 - Available Rebates/Coupons / Prior authorization requirements
 - Benefit and Non-benefit information
- Complete real time information gives patients/providers the ability to choose the best options based on both the clinical needs and financial ability of the patient.
- Not mandated to providers but make it available if prescriber /patient want it
- Cost to provider?

Medication Abandonment: Solving the Problem

- How it works
 - PBMs connect electronically with intermediaries to adjudicate beneficiary claims and this information is shared with pharmacists.
 - RTBTs can be integrated within a prescriber's current EHR systems
- Integrated into the providers EHR system at the point of prescribing – to eliminate surprise/abandonment at pharmacy
- Successful legislative effort in 2021 (passed in 4 states / pending in 5 states)
 - Supported by patient groups
 - AMA Resolution
- 2022 in Virginia

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Personal Experience



