Patient Pharmacy Choice

Patient Choice and community pharmacy network access:
For most households, the pharmacy is the first place people go when they are sick, and the pharmacist is the health care provider they visit most frequently. Pharmacists provide patients with a broad range of information and services ranging from answering simple questions to drug management services that assure that the medications a patient is taking are appropriate for them, that the patient understands their medication purpose and effects and the patient is taking their medications regularly and appropriately. Medication adherence and outcome dramatically increases when a pharmacist is involved in the care of a patient.

There is broad concern among patients and pharmacists about a patient’s right to have one pharmacist manage ALL of their medications. SF1530 and HF1587 would provide patient choice of pharmacy services. More and more health plans are moving to a benefit design that requires certain prescriptions be supplied by an exclusive mail-order pharmacy. Even if their local pharmacist is willing and able to meet all of the terms and conditions of the network contract, many network contracts for extended days supplies and “specialty” drugs arbitrarily exclude most brick-and-mortar pharmacies. Under these plans, patients are prohibited by their Pharmacy Benefit Manager (PBM) from choosing their local pharmacist to provide ALL of their prescription medication care.

Key Talking Points:
SF 1530, Hoffman, Metzen, Lourey, Sheran, Rosen
HF 1587, Hamilton, Atkins, Davids, Lien

At its core, this legislation is about continuity of patient care: The patient-pharmacist relationship is more than just a friendship that has developed over the years or a business transaction between a drug dispenser and the PBM. The relationship between a community pharmacists and the patient can have significant positive impact on prescription medication adherence, the long-term health of the patient and better overall health outcomes.

This is not a “novel” idea in the United States: At least 28 states – including all states bordering Minnesota, have legislative protections that allow patients to choose where they have their prescriptions filled, as long as their pharmacy is willing and able to meet all terms and conditions of the network contract.
Mail-order should not be mandated: At minimum, no pharmacy benefit design should mandate the use of mail-order pharmacy. Many prescription benefit designs include a co-pay incentive to get maintenance medications in a 90-day supply. Community pharmacies should have the right to participate in 90-day contracts, with patients paying the same co-pays as they would with mail-order, as long as the pharmacy is willing to accept the same contract terms and conditions to dispense that patient’s prescription.

Not all “Specialty drugs” are really Specialty drugs and there is a conflict of interest in how Specialty drugs are identified: As medication treatments have become more complex and have increased in cost, a class of drugs called “specialty drugs” has emerged. In the past, these drugs have required special monitoring, patient education or other complex services that many community pharmacies were not prepared to provide. As a result, specialty pharmacies emerged to meet the need. This class of drugs has grown exponentially over the past decade, however, now more than 50% of “specialty drugs” are labeled Specialty simply because they are an expensive drug. Today, the majority of Specialty drugs can be taken safely without the intervention or management of a “Specialty Pharmacy.”

In today’s market place, virtually all PBMs own their own specialty pharmacies and establish, via their contracts and closed networks, what drugs must be dispensed through their own specialty pharmacy. This conflict of interest has resulted in many new expensive drugs being labeled as “specialty drugs” even though they require no specialty services. Any licensed pharmacy in the State of Minnesota should be able to provide most of these high-cost drugs, as long as they are willing and able to accept the terms and conditions of the contract.

Evidence is inconclusive regarding the potential cost of this legislation: Many states, including all of the states bordering Minnesota, have passed similar pharmacy/patient choice legislation and there is no evidence of costs increasing because of the policy. In fact, for the last two contract cycles, the prescription drug benefit plan for the University of Minnesota employees has found that an open Specialty network has actually provided the best combination of cost and quality for their employees, when compared with exclusive network proposals.

Patient Choice: Makes it your right to see the pharmacist of your choice and at a local location near you. Patient choice keeps drug medication decisions between the patient, doctor and pharmacist of a patient’s choosing. Patient choice is a right that all Minnesota bordering state citizens enjoy. Minnesotans should be guaranteed Patient Choice of pharmacy too.