

RESOLUTION NUMBER: D- 04

REFERRED TO: Reference Committee on Legislative Activities and Public Relations

SUBJECT: To improve medication adherence and to reduce physician burnout in Medicaid patients by increasing the medication dispense limit from a 30-day to a 90-day prescription

SUBMITTED BY: Young Physicians Section

1 **WHEREAS;** medication nonadherence to cardio-protective medications is common in
2 clinical practice and is associated with a broad range of adverse outcomes including increased rates
3 of emergency department utilization and hospitalization;^{1,2} and

4 **WHEREAS;** medication non-adherence is one of the major problems in treating patients
5 with depression and it results in an increased risk of relapse and reduced quality of life;³ and

6 **WHEREAS;** non-adherence is common in Medicaid, so that half of Medicaid
7 beneficiaries are non-adherent to medications for chronic conditions;¹ and

8 **WHEREAS;** the objective of the South Carolina Medicaid Pharmacy Services program is
9 to provide needed pharmaceuticals for the purpose of saving lives in emergency situations or
10 during short term illness, to sustain life in chronic or long-term illness, or to limit the need for
11 hospitalization;⁴ and

12 **WHEREAS;** non-controlled substance prescriptions through the South Carolina Medicaid
13 Pharmacy Services program are limited to a maximum thirty-four (34) days' supply;⁴ and

14 **WHEREAS;** patients with Medicaid are likely to have greater medication adherence,
15 nominal wastage, and greater savings per person per year with 90-day refills as compared to 30-
16 day refills, especially for statins, antihypertensives, selective serotonin reuptake inhibitors, and
17 oral hypoglycemic agents;⁵ and

18 **WHEREAS;** prescription renewals and medication management that features 90-day
19 prescriptions has been shown to save physicians up to 5 hours a week and for the patient, it results
20 in fewer trips to the pharmacy, reduced risk of duplicate medications, and a lower likelihood of
21 running out of medications;^{6, 7, 8} now, therefore, be it

22 **RESOLVED**, that the South Carolina Medical Association support a change in the South
23 Carolina Medicaid Pharmacy Services program for non-controlled substance prescriptions to allow
24 physician discretion in prescribing 90-day prescriptions for chronic diseases, including
25 hypertension, diabetes, depression, and dyslipidemia; and

26 **RESOLVED**, that the South Carolina Medical Association develop an advocacy plan to
27 implement this change that supports positive reimbursement for pharmacies serving patients with
28 Medicaid.

References:

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<https://insightpolicyresearch.com/our-insights/the-burden-of-medication-nonadherence-for-medicaid/>
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3. Marasine NR, Sankhi S. Factors Associated with Antidepressant Medication Non-adherence. *Turk J Pharm Sci.* 2021 Apr 20;18(2):242-249. doi: 10.4274/tjps.galenos.2020.49799. PMID: 33902271; PMCID: PMC8100773.
4. <https://www.scdhhs.gov/historic/insideDHHS/Bureaus/BureauofHealthServicesandDeliverySystems/PharmacyServices.html>
5. Taitel, M., Fensterheim, L., Kirkham, H., Sekula, R., & Duncan, I. (2012). Medication days' supply, adherence, wastage, and cost among chronic patients in Medicaid. *Medicare & medicaid research review*, 2(3), mmrr.002.03.a04.
<https://doi.org/10.5600/mmrr.002.03.a04>
6. Saving Time Playbook <https://www.ama-assn.org/practice-management/sustainability/saving-time-playbook>
7. Annual Prescription Renewal: Save Time and Improve Medication Adherence
<https://edhub.ama-assn.org/steps-forward/module/2702751>
8. Rymer JA, Fonseca E, Bhandary DD, Kumar D, Khan ND, Wang TY. Difference in Medication Adherence Between Patients Prescribed a 30-Day Versus 90-Day Supply After Acute Myocardial Infarction. *J Am Heart Assoc.* 2021 Jan 5;10(1):e016215. doi: 10.1161/JAHA.119.016215. Epub 2020 Dec 21. PMID: 33342227; PMCID: PMC7955468.