

# The Value of Our Pharmacy Programs



*Enhancing Medication Adherence and Health Outcomes Across Washington State*



## Our Commitment to Value

We are dedicated to advancing health outcomes through innovative clinical pharmacy programs. We focus on overcoming the unique challenges our members face, ensuring the safe and effective use of prescription medications. Our proactive strategies are designed to optimize treatment and significantly enhance overall health.

## Proven Impact

**Our robust pharmacy programs have delivered a remarkable 16% reduction in total care costs across Washington State\*.** By integrating cutting-edge solutions and providing personalized support, we are driving improved health outcomes and greater financial efficiency for our members.

*\*For 2023 and partial Q1 2024, total cost of care includes medical costs, both in-patient and out-patient, as well as pharmacy costs.*

### COMPREHENSIVE CLINICAL PROGRAMS

#### ✓ Adherence Letter Program

Identifies members who are non-adherent to diabetes, hypertension, and cholesterol medications and sends them a letter with helpful tips to encourage them to take their medications. If the member's adherence does not improve, they will receive a second letter in 90 days.

**Members Managed:** 2023: 7,609 / YTD 2024: 6,408

#### ✓ High-Utilizers 10+ Program

Pharmacists identify drug therapy problems (DTPs) for members on 10 or more unique maintenance medications for 90 days or more. Provider outreach is conducted with actionable recommendations (i.e. gap in therapy and therapeutic duplication) to decrease overall medication use.

**Members Managed:** 2023: 65 / YTD 2024: 29



*A member was identified as taking 2 different blood thinners from the same class of medications. Duplication of these medications increases the risk of serious and potentially life-threatening bleeding. After contacting both prescribers, one of the medications was discontinued.*

*Continued*

✓ **Medication Therapy Management Program**

Ensures member medication regimens are optimized including appropriate duration of therapy, adherence and managing high-risk medications. Clinical Pharmacists complete telephonic Comprehensive Medication Reviews (CMRs) or Targeted Medication Reviews (TMRs) with the member or their representative to review all medications and associated conditions based on identified needs. A diverse staff of over 80 Clinical Pharmacists speak 18 languages. Members are automatically paired with a pharmacist based on their preferred language improving their overall experience without being transferred or using a translation service.

Upon completion of a CMR or TMR, members receive a mailed takeaway which may include a personal medication list (PML), recommended to-do list, and cover letter with the information of the Clinical Pharmacist who completed the review. Providers are faxed recommendations along with the medication list for drug therapy problems (DTPs) identified by the reviewing Clinical Pharmacist. Members are followed on a quarterly cadence at minimum for DTP resolution.

**Members Managed: 2023:** 1,841 / **YTD 2024:** 1,621



*During a CMR, a Clinical Pharmacist discovered that a medication for nerve pain was no longer working for a member. The member reported increased insomnia, nerve pain, and discomfort. After discussing with the member and following up with the prescriber, the dose was increased.*

✓ **Retrospective Drug Utilization Review (RDUR) Program**

Targeted system-generated review program which aims to identify clinically relevant drug therapy problems (DTPs) using pharmacy claims and medical diagnoses based on established logic. The system is capable of: (1) reviewing medication profiles to identify drug related problems such as drug-drug interaction, duplicate therapy, excessive use or duration of therapy, inappropriate or suboptimal use, and lack of therapy (2) sending faxes to providers with recommendations on resolving DTPs (3) generating letters to members with information on DTPs (4) tracking problems to resolution. Pharmacists attempt to close unresolved DTPs every 90 days until the end of the year.

**Members Managed: 2023:** 20,198 / **YTD 2024:** 15,514



*A member was identified as having suboptimal asthma therapy. The member was frequently using a rescue inhaler and had no controller inhalers. Overuse of rescue inhalers has been shown to be unsafe as it is associated with increased risk of asthma exacerbations, asthma mortality, increased use of health services, and negative physical/mental health outcomes. After contacting the prescriber, an evidence-based controller therapy was added.*

Continued

✓ **Polypharmacy Program**

Identifies members that are on 8 or more maintenance medications per quarter and have at least one qualifying drug therapy problem (DTP) (drug- drug interaction, drug age interaction, opportunity to reduce cost, therapeutic duplication, fraud waste and abuse, and excessive use: deprescribing opportunity). The member’s provider is sent a letter with recommendations on how to resolve the DTPs. A Clinical Pharmacist may also call the provider to ensure safe and effective use of medications through deprescribing.

**Members Managed: 2023:** 1,395 / **YTD 2024:** 1,116

*A member was identified as having overlapping fills of two medications from the same class of medications for nerve pain. Duplication of these medications can cause excessive sedation, drowsiness, and respiratory depression. After contacting the prescriber, one of the medications was discontinued.*

✓ **Sickle Cell Adherence Program**

Members with sickle-cell who are non-adherent to hydroxyurea receive a phone call from a pharmacist who uses motivational interviewing to encourage behavioral change, discuss barriers, provide medication counseling, and assist in 90-day supply fills, medication synchronization or mail order, if appropriate. Members are mailed a letter with adherence tips.

**Members Managed: 2023:** 9 / **YTD 2024:** 8

✓ **Sickle Cell Gap Program**

Providers of members who are not taking hydroxyurea are sent a letter, followed by a phone call encouraging the use of hydroxyurea. If the provider agrees to prescribe hydroxyurea, members are contacted to coordinate care. Care Managers are notified to assist with identifying a PCP if the member does not have one.

**Members Managed: 2023:** 6 / **YTD 2024:** 10

*Continued*

✓ **Statin Use in Persons with Cardiovascular Disease (SPC) Program**

Members are identified if they have cardiovascular disease and are not on a statin. Their provider is notified via fax and encouraged to prescribe a statin to support SPC gap closure.

**Members Managed: 2023:** 285 / **YTD 2024:** 616

✓ **Statin Use in Persons with Diabetes (SPD) Program**

Members are identified if they have diabetes and are not on a statin. Their provider is notified via fax and encouraged to prescribe a statin to support SPD gap closure.

**Members Managed: 2023:** 776 / **YTD 2024:** 1,028

✓ **Pill Splitter Fax Program**

Based on an analysis of fill dates, members are identified as potentially non-adherent to their current medication regimen. The member’s provider is faxed a letter to notify them that it is possible the member may be splitting their medication and therefore not receiving the most benefit from their medications.

**Members Managed: 2023:** 2 / **YTD 2024:** 16

*Partner with us to experience the benefits of our advanced pharmacy programs and drive better health outcomes for your members.*