

PHARMACY INCENTIVE PROGRAM

Year End Fills

As we turn the corner into the last several weeks of 2018, and as we wind down the last several weeks of the 2018 UHC P4P program, there will be a lot of distractions. These distractions will come not only at you and your team, but also at the patients that you serve and are actively working with on their adherence.

Today, I want to share with you a best practice to prevent you from accidentally undermining your efforts on adherence this year.

With the end of the calendar and plan year, it is not uncommon for patients to try to refill medications ahead of time. You may even consider it “stocking up.” This can make sense, especially if the plan has changes to copays and deductibles.



When it comes to adherence, you must be aware that when you refill a medication, you will impact that medication’s adherence score. This can be both good and bad.

It is good when you are working with a non-adherent patient and you are stringing together on time refills to increase a score.

It can be bad when a patient calls up and asks you to “fill anything you can.” In a circumstance like this, you may accidentally create a situation where an adherence score is negatively impacted.

Let me give an example to clarify.

Let’s say that you have a patient that had a 30-day fill for lisinopril in July. The prescription still has active refills, however the patient never refilled the medication and was instead put on diltiazem for whatever reason. If that patient gets the lisinopril filled again in November or December, that patient would then qualify to be scored for adherence to that medication. Remember: you must have 2 fills in the measurement

period to be scored.

If the patient only has one fill, the second fill would qualify them to be scored, and in the vast majority of cases, it will position the patient as non-adherent. Not only would they likely be non-adherent, they would also be very unlikely to become adherent considering the limited time left in the measurement period.

So what do you do?

This is the best practice: be sure to deactivate medications that have been discontinued. This will prevent you or your staff from accidentally filling the medication again. Be purposeful and intentional with this. It may require conversations with patients and prescribers. Those efforts may translate to not accidentally sabotaging your efforts and your performance scores at the end of the year.

Until next time –

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