



How does an extended prescription duration help your patients and your practice?

DEBUNKING REGULATORY MYTHS

AMA's regulatory myths series provides administrative leaders and physicians with resources to reduce guesswork and administrative burdens so their focus can be on improving patient outcomes, streamlining clinical workflow processes, and increasing physician satisfaction.

WHAT IS THE ISSUE?

More than 84% of all office visits to primary care physicians involve medication therapy,¹ refilling prescriptions for approximately 12 patients each day who were not otherwise counted as an office visit or condition-specific telephone call.² When these activities are combined with additional administrative and regulatory burdens, primary care teams experience considerable strain and an increased workload.³ It is imperative to identify practical solutions to these challenges.

WHY IS THIS IMPORTANT?

Today, laws and regulations governing prescription duration vary from state to state; for non-controlled substances, the prescription duration is generally a maximum of 12 months. However, some states have begun extending the prescription duration beyond 12 months.

As of January 2020, at least six states have laws or regulations that allow for a prescription duration longer than 12 months.

Prescription duration by state:

- Idaho - 15 months
- Illinois - 15 months
- Iowa - 18 months
- Maine - 15 months
- South Carolina - 24 months
- Wyoming - 24 months

An extended prescription renewal period that is based on patient need—rather than a one-year interval—can provide multiple benefits:

- **Enhances medication adherence.** Patients don't run out of authorizations for their medication between annual visits or check-ups.
- **Reduces prescription processing burden for physician practices.** Patients who are stable on their current medication regimen can have renewals processed once per year, rather than a minimum of twice within the 12-month duration. This change results in all of a patient's medications for stable chronic conditions being processed at the same time—providing essential time savings for the physician and staff.
- **Improves patient-physician trust.** Using an impending prescription expiration to encourage visit adherence adds unnecessary work to a physician practice, contributes to patient and provider stress, and often leads to medication non-adherence. It is not necessary to use the prescription as a hook to bring patients back for follow-up appointments.
- **Removes the stress of a prescription expiration.** The burden of the expired prescription is felt in many different ways, including the pharmacist and patient calling the physician after hours. An extended prescription duration allows for the patient's prescriptions to be filled during an annual visit, making refills more predictable and less burdensome for everyone.

An extended prescription duration contributes to a more efficient practice workflow, reduces administrative burden, and increases the time that primary care physicians can spend with their patients.

QUESTIONS ABOUT EXTENDED PRESCRIPTION DURATION

Shouldn't the physician see patients at least once a year to make sure the medication/treatment regimen continues to be the best one for the patient?

Physicians should see their patients with the frequency that their conditions require.

What if the insurance company, pharmacy or pharmacy benefit management company won't recognize a prescription older than one year?

If the insurance company is not following the law, contact the state insurance commissioner or your state medical society.

What do practicing physicians say about extended prescription duration?

"I found that this one simple change saved me and my staff at least one hour per day. With that extra hour, we had time to identify patients who missed appointments and reach out to provide health coaching."

"To my delight, six months after I switched from '90+1' refills to '90+4' refills, the number of calls from pharmacies and patients decreased by half. Every call for a refill, though it could be handled quickly, interrupted my focus on the current patient I was attending to at that time in my office. Decreasing the number of phone calls, inbox messages, and faxes, decreased the number of frustrated patients, team members and pharmacists. My nurse no longer needed to 'catch me' in between patients."

"The key to communicating this change is to stress to providers that the patient continues to see the MD or APP as often as needed (every one, three, or six months). The beauty of this is that now there is time to care for patients needs rather than perform unnecessary work."

"When my colleagues take call, they are very happy to share with me that 'your patients never call on weekends and nights for refills! They ask me why that is, and I am happy to share my '90+4' with them and hopefully they will do the same with their patients."

"To expect a patient on six medicines to refill them six different times over the course of 90 days just because they are not synchronized is disheartening when so many patients face so many additional challenges. That's 24 trips to the pharmacy for a medicine every year! If the patient doesn't have their medicine, they can't take it and non-adherence leads to poor outcomes."

"Patients and their families greatly appreciate going to the pharmacy once every three months and knowing their medicines come due on the same day each year. The 'save a trip' program has been a lifesaver for many families. I saw a patient yesterday whose daughter switched pharmacies because the pharmacy wouldn't work to synchronize the medications. They were very appreciative of the pharmacist's efforts knowing that it took them more time."

Disclaimer

The AMA's Debunking Regulatory Myths (DRM) series is intended to convey general information only, based on guidance issued by applicable regulatory agencies, and not to provide legal advice or opinions. The contents within DRM should not be construed as, and should not be relied upon for, legal advice in any particular circumstance or fact situation. An attorney should be contacted for advice on specific legal issues.

¹ Centers for Disease Control and Prevention (CDC). 2016. National Ambulatory Medical Care Survey: 2016 National Summary Tables. Retrieved from https://www.cdc.gov/nchs/data/ahcd/namcs_summary/2016_namcs_web_tables.pdf

² Baron, R.J., (2010). What's Keeping Us So Busy in Primary Care? A Snapshot from One Practice. *New England Journal of Medicine*, 362:1632-1636.

³ Arndt, B.G., Beasley, J.W., Watkinson, M.D., Tente, J.L., Tuan, W-J, Sinsky, C.A., Gilchrist, V.J. (2017). Tethered to the HER: Primary Care Physician Workload Assessment Using HER Event Log Data and Time-Motion Observations. *Annals of Family Medicine*, 15(5): 419-426.

Illinois Compiled Statutes. (2019). Professions, Occupations and Business Operations (225). Pharmacy Practice Act (85). Section 3(e).