

No.1/March 2011

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**MEDIA
PLANET**

MEDICATION NON-ADHERENCE

4

TIPS

Taking the lead
How the industry is working together

Doctor checklist
Asking the right questions

New developments
Innovations in drug research

Prescription drug abuse
A life-saving paradigm shift



FIXING AMERICA'S OTHER DRUG PROBLEM

Paul and Mira Sorvino discuss why medication adherence is important for treating diabetes and how it has brought their family even closer

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CHALLENGES

The desire to be healthy is a universal human trait, but unfortunately so is the tendency to bend the rules.

TIP

1

TAKE MEDS AS
PART OF YOUR
ROUTINE

Recognizing the full benefits of medication

The process of developing life-saving medications and getting them approved requires that the products demonstrate efficacy, safety and tolerability.

On average, it takes 12 years and costs \$800 million to develop an innovative new drug. Yet, after companies navigate their products through the approval process many patients do not recognize the full benefits from today's pharmaceuticals because they do not adhere to the prescribed medicine regimen. In fact, an estimated 1/3 to 1/2 of all patients in the U.S. do not take their medications as prescribed by their doctors.

In baseball, getting a base hit one out of three times at bat makes you a leading hitter. Yet in life, if you are not always taking your medicine one hundred percent as instructed, you are striking out and putting yourself at unnecessary risk. Patients should take their medicine for as long as prescribed, at the right time and dose, and according to precise instructions. This is medication adherence.

Consequences of poor adherence

On an individual level, medication non-adherence can lead to longer and more serious illnesses, emergency room visits, hospitalizations, and even death. On a national level, medication non-

"...medication non-adherence costs nearly \$300 billion annually."



Ray Bullman
Executive Vice President, National Council on Patient Information and Education (NCPiE)

adherence costs nearly \$300 billion annually—a significant source of waste in our health care system.

Taking prescription medicine? Taking it right can help put you at the top of your game. Be sure to get the information you need to take your medicine right and minimize any associated risks. And if you're not sure, take a swing at it: Ask your healthcare provider any questions you have about your medicine. Then you'll be positioned for good health—the ultimate home run.

EDUCATE before YOU MEDICATE
The NCPiE Coalition—working together to promote safe medicine use
National Council on Patient Information and Education
www.talkaboutrx.org



WE RECOMMEND



Steven C. Anderson, IOM, CAE
President and Chief Executive Officer, National Association of Chain Drug Stores

PAGE 9

"Perhaps the greatest untapped potential lies in the training and education of pharmacists."

A life-saving awareness campaign p. 4

How strategic partnerships are addressing prescription drug abuse.

Working together as a family p. 6

Paul and Mira Sorvino discuss how diabetes has brought them closer together.

MEDIA PLANET

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Working with the US Pharmaceutical Industry and Healthcare Providers to improve patients' medication adherence



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† For eligible patients.



To learn more about MerckEngage and find out how it can help you lead a healthier lifestyle, visit MerckEngage.com/wapo

INSPIRATION

Question: What is being done to address the issue of prescription medicine abuse?

Answer: Pharmacists are partnering with the Cardinal Health Foundation to deliver community-based assistance programs.

Foundation launches a life-saving awareness campaign

With nearly four billion medications prescribed each year in the United States alone, it's clear that modern medicine has dramatically improved the way human beings deal with illnesses, pain and other health issues. However, the benefits associated with innovative pharmaceutical development are being compromised by the widespread problem of medication misuse and abuse.

The "who knew?" reality

In the past month alone, an estimated seven million Americans have abused prescription medications—mostly painkillers, sedatives, tranquilizers, and

stimulants. The problem affects people from every age group and socioeconomic class. Every day, almost 7,000 Americans start abusing some type of medication.

Their goals are usually to get high, gain competitive advantage, or to quell pain. Others misuse medications simply by not paying attention to dosing instructions, or by trying to save money by skipping doses. Unfortunately, they are often doing so at their own peril. In 16 states and the District of Columbia, unintentional drug overdose is now the leading cause of unintentional death, exceeding those caused by motor vehicle accidents.

Pharmacists as myth busters

Health care services company Cardinal Health believes that pharmacists can play a critical role in reversing these trends.

The company is working to develop a 'how-to guide' to help pharmacists work with law enforcement to host medication disposal days and also helps pharmacists get trained and certified to oversee chronic disease-management programs that support long-term patient adherence.

The Cardinal Health Foundation has also partnered with The Ohio State University (OSU) College of Pharmacy to launch Gen-

erationRx, (www.cardinalhealth.com/generationrx), a program that provides free, user-friendly, downloadable toolkits that make it easy for pharmacists, parents and others to deliver community-based presentations about the dangers of misusing and abusing prescription drugs.

The GenerationRx toolkits have already been downloaded 1,000+ times and are being widely used by Kroger pharmacists and hundreds of independent pharmacies nationwide.

Larry Schieber, a community pharmacist in Circleville, Ohio, frequently uses the GenerationRx toolkit. He says, "Most Americans

don't understand that prescription drugs can be harmful, even deadly, if not taken properly. That's the heart of the message we need more Americans to understand."

Patients have easy access to information about drugs and are often nonchalant about self diagnosis and prescribing, however the consequences of using powerful medications off label, without medical supervision, is often much worse than expected.



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ONE DIES EVERY 19 MINUTES

That's right. Every 19 minutes, another American dies by overdosing on prescription drugs. We're not talking street drugs. We're talking about drugs you—and others—can find in your very own medicine cabinet. The good news? You can do something about it.

Cardinal Health has partnered with The Ohio State University College of Pharmacy to develop the GenerationRx™ toolkit.

It empowers pharmacists and others to raise awareness about a simple truth: When used as prescribed, medications can save and improve lives. When used to get high, or without a prescription, they can be deadly.

Visit cardinalhealth.com/generationrx. Find out just how easy it can be to educate your friends, family and community about the deadly consequences of prescription drug abuse. Before it's too late.

This program is made possible with a grant from the Cardinal Health Foundation.

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CardinalHealth
FOUNDATION

INSPIRATION

Working together as a family to manage diabetes

TIP

3

SEEK SUPPORT
FROM YOUR
FAMILY

Q&A

■ **Paul Sorvino**, Actor
■ **Mira Sorvino**, Academy Award-winning Actor

How did diabetes change your life in a positive way?

■ **Paul:** Since my diagnosis with type 2 diabetes, I have started to make healthier decisions. I've always exercised, but now I make healthier food choices, like cooking my favorite Italian dishes with low-carbohydrate pastas. I put more focus on the things I put into my body and how they will affect my blood sugar levels. I also worked with my doctor to determine the right overall treatment plan for me, including insulin and oral diabetes medications, along with my healthy diet and exercise.

■ **Mira:** All my life, my dad has taught me so much and given to us children his whole heart.



After his diagnosis with type 2 diabetes, I finally have a way to give back to him. I can help him

pay attention to staying on track with a diabetes healthy diet, and I find new ways to be active

together as a family, like skipping the dessert course and taking a long walk after dinner instead.

We started doing it because of Dad's diabetes, but now we all look forward to the time we spend together outdoors. We are actually making beautiful family memories together; my kids love walking with Grandpa on the beach!

What do you want people to know about the overall impact of diabetes?

■ **Paul:** Every person is different so it is important to talk to your doctor. I worked closely with my doctor to find a treatment plan that worked the best for me. Now I take once-daily insulin, along with a healthy diet, exercise plan and my other diabetes medications and I have my blood sugar levels under control.

■ **Mira:** Get informed! Visit www.diabetescostars.com to get more information, hear more about our story and find suggestions to help support people living with diabetes.

Diabetes adherence and the web

According to the Centers for Disease Control and Prevention (CDC), 25.8 million people in the U.S. have diabetes.

It not only leads to kidney failure,

amputations, and blindness, but it can lead to an early and painful death.

Treatment options abound, but outcomes are still bleak. Poor outcomes are closely linked with HBA1c, a metric that measures

long-term blood glucose control. According to the CDC, a one percent drop in HBA1c reduces complications by 40 percent. An HBA1c lower than seven percent is desirable, but very few patients achieve and maintain that level. Lawrence Weinstein, president of ALR Technologies attributes this in part to patients not consistently adhering to using the glucose test strips provided by health insurance companies. In fact, many patients offer unused glucose test strips for sale on websites like eBay.

Health-e-Connect (HeC) System is a web-based application that can be used to electronically document diabetic patient use of blood glucose test strips. Refilling test supplies based on electronic documentation can eliminate potential waste.

Electronic documentation also provides a platform to improve

adherence. Using the HeC System, patients will automatically input glucose-testing results that are available for physicians to analyze in between clinical visits. In a clinical trial for patients on insulin, those who used the HeC System experienced a significant 1.2 percent drop in HBA1c (8.8 percent to 7.6 percent), compared with nonusers, whose HBA1c dropped .1 percent. The difference: Physicians were able to adjust insulin dosing as needed and patients were more adherent to their treatment plans. Web-based solutions will benefit 8.3 percent of Americans with diabetes through improved adherence and help contain \$174 billion in annual costs.



TIPS TO KEEP IN MIND

Remember, when medicine is prescribed, tell your health professionals:

- All of your medical conditions and the names of doctors providing treatment.
- The names of all medicines and other products you are taking, including:
 - Prescription and nonprescription medicine
 - Dietary supplements/herbal remedies, vitamins or minerals
 - Laxatives
 - Pain relievers
 - Sleeping aids
- Any problems you are having with your medicine.
- The medicines to which you are allergic.

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TEL: 678.881.0002
EMAIL: contact@alrt.com

www.alrt.com

* HeC is not available for sale in US pending FDA 510(k) clearance

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WHAT'S OLD IS NEW: UPDATING A FIFTY-YEAR- OLD RESEARCH TECHNIQUE

In the world of pharmaceutical research and development, there are always new challenges.

In 2004, the FDA launched the Critical Path Initiative to address the decline in new drugs coming to market and to improve the hit rate of drugs that get stalled mid-development after millions of dollars have already been invested.

One way to reduce costs at the preclinical level is by contemporizing and improving upon the bioanalysis of dried blood applied to absorbent paper. Using this approach in lieu of testing blood plasma or serum means using fewer animals, which reduces costs. Dried blood spot (DBS) analysis has been used since the



PHOTO: BASi

1960's for very specific purposes, including metabolic screening in newborns and clinical trial research in remote areas. Now, however, the goal is to make DBS analysis a standard part of research that is accepted by the scientific and regulatory communities.

DBS analysis has advantages, including easier sample collection, storage and shipping, and post-collection processing and analysis. In addition, researchers can use serial sampling to get a broader composite profile. Challenges include the fact that DBS analysis is more time-consuming and the values obtained from DBS analysis are not comparable to plasma-derived results. Bridging studies are underway. Beyond the cost-savings and the humane implications for animals, human subjects can benefit during the clinical-study phase. In the final analysis, a pin prick is much better than having a vial of blood drawn.

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10 THINGS TO ASK YOUR HEALTH CARE PROVIDER

- What is the name of the medicine and what is it for? Is this the brand name or the generic name?
- Is a generic version of this medicine available?
- How and when do I take it—and for how long?
- What foods, drinks, other medicines, dietary supplements, or activities should I avoid while taking this medicine?
- When should I expect the medicine to begin to work, and how will I know if it is working? Are there any tests required with this medicine (for example, to check liver or kidney function)?
- Are there any side effects, what are they, and what do I do if they occur?
- Will this medicine work safely

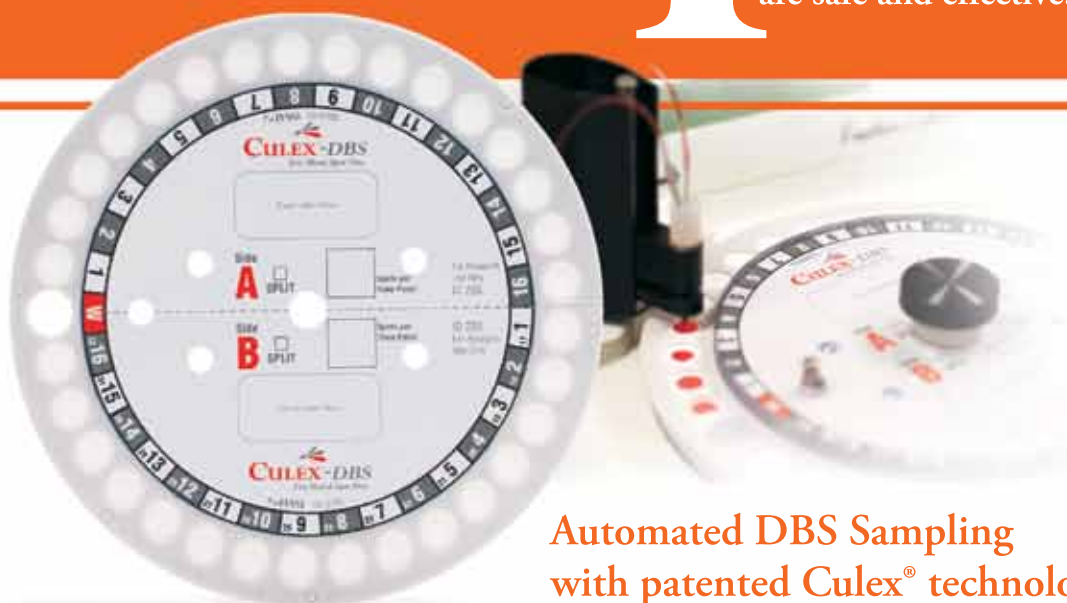


PHOTO: ISTOCKPHOTO.COM

with the other prescription and nonprescription medicines I am taking? Will it work safely with any dietary/herbal supplements I am taking?

- Do I need to get a refill? When?
- How should I store this medicine?
- Is there any written information available about the medicine? (Is it available in large print or a language other than English?)

“ I need BASi to determine if new medicines are safe and effective. ”



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INSIGHT

↓ KNOW THE FACTS

Adherence

→ The extent to which patients take the medications as prescribed by their health care providers. This includes dosing, frequency, specific timing, and conditions—such as with or without food.

Compliance

→ Compliance is basically synonymous with adherence. However, compliance implies that the patient is following their doctor's orders, while adherence assumes more of a doctor-patient partnership. The term adherence is now used more frequently than compliance.

Persistence

→ Staying on a prescribed medication for the intended duration of treatment. Persistence is the opposite of discontinuation and is critical for successfully managing chronic conditions.

THE FORGOTTEN ILLNESS

Even in such life-threatening diseases as breast cancer, patients are non-adherent to medication.

The rate of recurrence for breast cancer can be significantly reduced with simple once-a-day regimens of oral therapy. Partridge, LaFountain et al (2008) found that 22 to 31 percent of patients fail to take the recommended post-surgical treatment in their first year despite the evidence that these treatments have been proven to reduce the risk of a recurrence of cancer.

Addressing adherence

The ramifications to the patient and their loved ones are obvious enough, but the consequences trickle far beyond the intimacies of the caring family. Society as a whole pays handsomely for ill-managed disease. The direct costs alone associated with a recurrence of cancer are astounding.



PHOTO: ISTOCKPHOTO.COM

ing. Lamerato et al (2004) estimated that the costs of managing breast cancer escalate from \$12,344 per patient per annum in early stage disease to \$79,253 per patient per annum post a recurrence (Lamerato et al, 2004). The indirect costs are many times this amount. The financial ramifications of mismanagement of other more prevalent diseases such as diabetes and cardiovascular disease are even more sobering.

And these costs to the 'healthcare insurer' are, of course, passed on to the tax payer through escalating healthcare premiums. So society as a whole is bearing the cost financially from mismanaged disease. Who is responsible for this mismanagement? And what, if anything, can we do to prevent this unwieldy scenario from further bankrupting the nation?

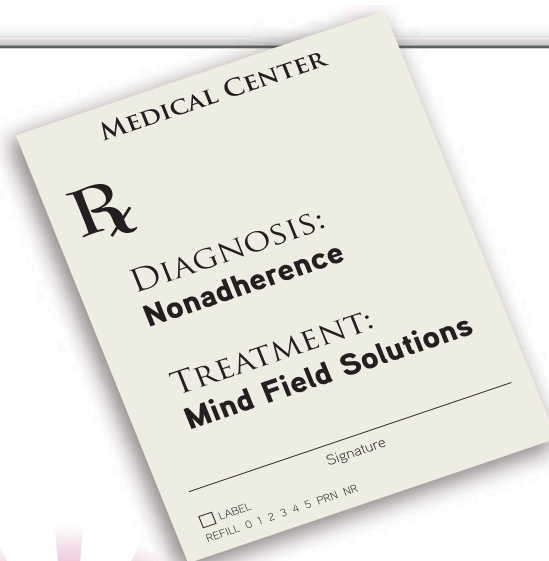
With the ageing population, healthcare costs will continue to

cripple the nation's ability to invest in high return, sustainable industries unless the issue is taken on board and managed with the diligence and sophistication that it warrants. A promising solution is found in Cognitive-Mathematical models that predict non-adherence and the type of interventions that patients will benefit from.

Non-adherence is not a new problem, but it is a gaining new traction within the healthcare sector. This is long overdue. There is a cure for the illness—with proper diagnosis and scientific interventions, the illness of non-adherence can indeed be eradicated. The resolution is not simple, nor is it fast. It requires a redefinition of the industry across all stakeholders, and I would argue, one that is built upon definitive and principled aspects of the neuroscience of non-adherent behavior.

ANDREA LAFOUNTAIN, PHD

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“Nonadherence has been shown to result in **\$100 billion** each year in **excess hospitalizations** alone.”*

www.mindfieldcorp.com

INSIGHT

Pharmacists: Reducing costs, saving lives



On average, there is a neighborhood pharmacy within five miles of most Americans. That means legislators and policymakers do not have to look far to find bipartisan solutions to reduce healthcare costs and improve patients' lives.

The public trusts pharmacists—they have ranked in the top three in each of the past eight years in Gallup's survey of integrity across professions. Consumers appreciate their accessibility, too, for services ranging from flu vaccinations to blood pressure and cholesterol screenings. Pharmacists are not just friendly faces, but also serve in many ways as the face of neighborhood healthcare.

But perhaps the greatest untapped potential lies in the education and training of pharmacists that equips them to help patients take medications correctly, which is referred to as "medication adherence" within healthcare.

The New England Healthcare Institute (NEHI) estimates the costs of "non-adherence" at \$290 billion annually in added healthcare costs—13 percent of all healthcare expenditures. Examples include emergency and catastrophic care that could have been avoided through proper and more strategic use of medications.

Medication therapy management

This is where the bipartisan solu-



Steven C. Anderson, IOM, CAE
President and Chief Executive Officer, National Association of Chain Drug Stores



"Perhaps the greatest untapped potential lies in the training and education of pharmacists."

tion comes in. From the 2003 Medicare Modernization Act through 2010's Patient Protection and Affordable Care Act, legislative initiatives have helped to advance the concept of medication therapy management, or MTM. MTM involves specific strategies through which pharmacists can help patients understand and use their medications better than ever before.

New legislation introduced in the current session of Congress would help to advance MTM further, and realize even more of its cost-saving and health-improving benefits.

Studies show tremendous return-on-investment from MTM programs, in some instances reaching well over \$10 in reduced

healthcare costs for every \$1 spent on MTM. The current budgetary and economic climate makes the timing ideal to pursue such innovative and effective approaches.

Partnerships with pharmacies

Just as patients across the nation view their pharmacies and their pharmacists as true partners in meeting their needs at any given point in time, the pharmacy community stands ready to partner with Congress and the Administration to help improve the health of patients and government budgets alike. It just could be that the store on the corner could go a long way to helping the nation turn the corner on reducing costs and improving lives.

Better health and healthcare savings are staring you...



...right in the face.



www.nacds.org

Pharmacists are educated to help patients understand their medications, and take them correctly. Their services can reduce the \$290 billion in annual costs that result from not taking medications as

prescribed – that is 13% of all healthcare expenditures. Pharmacists can help patients better manage their chronic conditions and live better now, while avoiding more costly treatments later.

Congress can help. Pass the bipartisan Medication Therapy Management Empowerment Act, S. 274 and H.R. 891.



Pharmacies. The face of neighborhood healthcare.

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Question 1:
Why is medication adherence important to the health of our economy and population?

Appropriately prescribed medications have helped to save or improve the lives of millions who suffer from chronic and acute conditions. However, as former Surgeon General C. Everett Koop said, “Drugs don’t work in patients who don’t take them.” Approximately 16 percent of patients fail to fill a new prescription (known as primary non-adherence), and one-half of patients who fill a new prescription stop taking their medications in the first six months (known as medication non-persistence). Medication non-adherence is a major reason why patients fail to reach clinical goals.

Adherence is so vitally important because failure to take medications properly and according to schedule can have serious and sometimes even deadly consequences. Non-adherence accounts for nearly 20 percent of all hospitalizations and an estimated 125,000 deaths in America each year. Also, as much as \$200 billion is spent in health costs associated with non-adherence annually. Tackling the adherence issue has almost no downside because every one percent improvement in adherence results in \$2 billion in savings to the U.S. healthcare system and better health for patients.

A big challenge in treating chronic illness, especially diabetes and hypertension, is medication non-adherence. Non-adherence can range from a patient who stops taking their medicine before the course of therapy is complete to taking a dose at the wrong time of day. This translates into increased hospitalization due to health complications, increased absenteeism for employees, and most importantly, negative and sometimes life-threatening health outcomes for patients.

Research has found the annual economic cost to the health care system that results from patients not taking medications is \$290 billion. Those costs are incurred for additional treatment or hospitalizations that could have been avoided if patients took medications as directed. CVS Caremark is researching the direct cost for non-adherence and this year published a comprehensive study that shows chronically ill patients who take their medications save the health care system up to \$7,800 annually per patient.

Question 2:
What is being done to address the issue of medication non-adherence?

Research conducted by Merck scientists has identified three principal determinants of non-adherence: Patients’ lack of perceived need for medications, their concerns about the prescribed medication, and perceived medication affordability. Prescription reminder interventions and copayment-reduction interventions have modestly improved medication adherence. Future adherence interventions need to uncover patients’ beliefs about newly-prescribed medications and deliver tailored communications to address their beliefs. Also, industry groups and other healthcare stakeholders are expanding efforts to increase public awareness about medication non-adherence.

Effective support of medication adherence requires an integrated effort from all healthcare stakeholders: physicians, pharmacists, employers, payers and pharmaceutical manufacturers. To that end, McKesson is helping to facilitate this integration with innovative adherence solutions that focus on the patient. For example, pharmacists in our clinical network are delivering behavioral-coaching sessions to patients that are supported by pharmaceutical manufacturers. These sessions help patients overcome adherence barriers and have been successfully impacting adherence rates. This coming together of invested stakeholders as advocates for better adherence helps us all embrace better care—and better results.

Research continues to prove that medication adherence can positively affect a patient’s health and reduce overall healthcare costs. This is one reason this issue is being addressed directly by healthcare systems, providers, pharmaceutical companies, patients and caregivers. A positive sign is that new communications technologies, combined with patient education, improved physician/ patient dialogue, and health plan involvement are making a positive difference.

Actively encouraging medication adherence is a top priority. While it seems counter-intuitive that people do not take their medications, the fact remains that up to 50 percent of chronically ill patients stop taking their prescriptions within a year of starting therapy. Some people never fill their first prescription. CVS Caremark and others in the industry are working hard to increase public understanding about the importance of adherence. We are also developing programs to counsel individuals about the need to stay on their medications.

Question 3:
What are some steps individuals can take to address adherence in their own lives?

In clinical practice, a shroud of silence envelopes the topic of medication adherence. Most physicians do not proactively ask about adherence nor do patients proactively tell their providers about their medication adherence. The silence barrier that surrounds medication-taking and medication adherence needs to be broken. Several government websites (www.ahrq.gov/consumer/quicktips/tipprescrip.htm) offer practical and useful questions patients should ask their provider about each newly-prescribed medication. Pharmacists are also an excellent source of information about prescription medications.

Remembering to take your medications as prescribed by your doctor requires an understanding of your medication regimen and how it helps you. If you are not taking your medication as prescribed, try to figure out why. Connect taking your medication with your life goals, such as being there for your family. Take advantage of educational & financial resources on websites provided by your medication’s manufacturer, your pharmacy or your health plan. Use a calendar or your smart phone to set reminders to take your medication. Ask your pharmacist or a relative for advice to stay on track. As with any goal, the path to success is ultimately in your hands.

The number one reason for non-adherence is forgetfulness. Behavioral modification programs, which are offered through a variety of resources, such as physicians, pharmacists, and online resources, give patients the tools they need to follow their prescribed medication regimens. Teaching patients to take their medication as directed is the single most important component of improving their illness.

We continue to research the many barriers to individuals being adherent to their medications—cost, therapeutic complexity, concern about side effects and others—to develop ways to make quality care more accessible and affordable, so individuals can improve their quality of life through better health. As patients examine these issues in their own lives, our pharmacists are providing them with the best, most up to date information so that they can make the most informed decision about how to manage their health care.

It takes more than a pill.
It takes support.
It takes expertise.

ADHERENCE

Last year, McKesson programs helped more than 5 million patients stay on their medications.

Through our unique pharmacist-to-patient coaching services, financial assistance programs, applied behavioral expertise and insights, and other innovative adherence programs, we help pharmaceutical manufacturers effectively reach and engage patients.

With more than 175 years of healthcare experience, McKesson is the only company with a 360-degree view of healthcare, connecting manufacturers, providers and pharmacists to help lower the cost of healthcare and drive better patient outcomes. All for better health.

For more information, visit www.mckesson.com/mprs or call 800.479.9546.

MCKESSON

START ADHERENCE

We know adherence works. We've done the research to show that those who are adherent to prescribed medications have lower health care costs, offsetting their increased pharmacy cost by as much as 13 to 1. Just as important, we know how to help people become adherent. We've invested in the research, resources, technology and staff to reach more of your members more effectively than any other provider. If you're responsible for improving health and reducing costs for your plan, call Jim Fowler, Vice President, at (203) 778-1533 (or Jim.Fowler@caremark.com) to learn how we can get you started on improving adherence in your member population.

CVS Caremark is the largest pharmacy care provider in the United States with integrated offerings across the entire spectrum of pharmacy care. We are uniquely positioned to engage consumers in behaviors that improve their health and lower overall health care costs for health plans, plan sponsors and their members. For more information, go to: cvscaremark.com

