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THE EMERGING ROLE OF THE PHARMACIST IN MEDICATION COMPLIANCE

The traditional role played by the pharmacist in ophthalmologic prescriptions was to simply provide the medication to the patient and answer any questions. The “brick-and-mortar” pharmacy model effectively limited the role played by the pharmacist in patient care.

Today, led by HomeMed, a new pharmacy model is emerging. The “patient compliance” pharmacy model serves select areas within medicine and partners with physician practices to provide additional services of value to both patients and physicians. HomeMed services include reminders, licensed pharmacist consultations, and compliance tracking and reporting, specifically serving the ophthalmology field.

Instead of relying on the patient to travel to the pharmacy, and possibly taking a second trip if the medication was not in stock, HomeMed delivers the medication directly to the patient’s home. A call is made to the patient to ensure the prescription(s) were received, the regimen is understood and started at the appropriate time. Questions on medication dosage, side effects and other considerations are referred immediately to the pharmacist on staff.

Follow-up calls are made based on the type of medication prescribed, a situation involving pre- or post-surgical medications, or at the request of the patient. This helps to improve compliance, reduce the need to postpone or reschedule surgeries and improve the overall patient experience.

Adherence to physician drug preferences is another benefit of HomeMed. Ophthalmologists often have specific brand name or generic preferences, and HomeMed is able to ensure these preferences are applied for their patients.

HomeMed was founded on the belief that a pharmacy can do—and should do—more to help physician practices and improve patient care. HomeMed’s 9,000-square-foot, temperature-controlled facility in Indianapolis, IN, is designed to ensure that its products are safely and securely stored prior to shipment. HomeMed accepts most forms of insurance, and its pharmacists and staff are committed to complete customer satisfaction.

1. INSIGHTS 2012: Advancing Adherence and the Science of Pharmacy Care Volume 2.
2. Rodrigues ML, Silva LR, Rocha EM. Patients’ reasons for self-reported nonadherence to glaucoma treatment. Program and abstracts of the American Academy of Ophthalmology Joint Meeting 2009; October 24-27, 2009; San Francisco, California. Paper 163.

FDA APPROVED DRUGS FOR OPHTHALMOLOGY-2014

Hetlioz (tasimelteon); Vanda Pharmaceuticals; For the treatment of non-24-hour sleep-wake disorder in the totally blind, January 2014

Hetlioz (tasimelteon) is an agonist at melatonin MT1 and MT2 receptors. These receptors are thought to be involved in the control of circadian rhythms. The precise mechanism by which tasimelteon exerts its therapeutic effect in patients with Non-24 is not known.

Hetlioz is specifically indicated for the treatment of non-24-hour sleep-wake disorder in the totally blind.

Hetlioz is supplied as a capsule for oral administration. The recommended dosage of Hetlioz is 20 mg per day taken before bedtime, at the same time every night. Because of individual differences in circadian rhythms, drug effect may not occur for weeks or months.

HOMEMED HAS RECEIVED A VERIFIED INTERNET PHARMACY PRACTICE SITE (VIPPS) CERTIFICATION FROM THE NATIONAL ASSOCIATION OF BOARDS OF PHARMACY.



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THE OFFICIAL NEWSLETTER OF HOMEMED PHARMACY

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THE REAL COST OF MEDICATION NON-COMPLIANCE

It is estimated that medication non-compliance costs the U.S. healthcare system \$289 billion per year.¹ In the field of ophthalmology, non-compliance not only leads to poor outcomes, it can also impact a practice financially due to the chronic canceling or rescheduling of procedures.

The article, *Improving Medication Adherence in Patients with Glaucoma*, stated: "Ophthalmologists have been shown to do a poor job of detecting non-adherence in their patients, and glaucoma patients have been shown to overestimate their adherence to medical therapy." A survey of 50 patients with glaucoma² presented at the American Academy of Ophthalmology annual meeting identified the reasons for non-adherence:

- Side effects of drugs (24% of respondents)
- Lack of information about glaucoma (22%)
- Difficulties in understanding information and in patient-doctor communication (14%)
- Difficulties in administering the treatment (14%)
- Lack of financial resources to acquire eye drops (10%)
- Patients' beliefs and attitudes (10%)

The article concludes that "good communication is crucial for the physician and patient to help ensure adherence." However, for a time-challenged ophthalmology practice, devoting additional resources to educating and monitoring patient medication compliance is either impractical or impossible.

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