AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 706
(A-24)

Introduced by: Association for Clinical Oncology

Subject: Automatic Pharmacy-Generated Prescription Requests

Referred to: Reference Committee G

1   Whereas, while some studies have found that pharmacy-based automatic refill increases
2   medication adherence without additional waste, these studies examine drugs for chronic
3   diseases, and they do not examine settings where a treatment plan may be continually refined;
4   and
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6   Whereas, individual states have recognized the potential harms of automatic refill programs,
7   including wasted drugs, incorrect dosing, and patient receipt of discontinued prescriptions,
8   among other harms; and
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10   Whereas, 27 state Medicaid programs have policy prohibiting the auto-refill process that occurs
11   at the point of sale (i.e. the program must obtain the beneficiary's consent prior to enrolling in
12   the auto-refill program); and
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14   Whereas, automatic pharmacy-generated refills are not necessarily linked to requests from
15   either the patient or the physician and can lead to confusion for both; therefore be it
16
17   RESOLVED, that our American Medical Association advocates that pharmacy-generated
18   requests for changes to a prescription (quantity dispensed, refills, or substitutions) clarify
19   whether these requests are generated by the patient or patient's surrogates, or automatically by
20   the pharmacy. (Directive to Take Action)
21

Fiscal Note: Minimal - less than $1,000

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REFERENCES

1.   Matlin O, Kymes S, Averbukh A, et al. (2015). Community pharmacy automatic refill program improves adherence to
     maintenance therapy and reduces wasted medication. The American Journal of Managed Care, 21(11).
     https://www.ajmc.com/view/community-pharmacy-automatic-refill-program-improves-adherence-to-maintenance-therapy-and-
     reduces-wasted-medication
2.   MO HealthNet. FAQs for Bulletin 46-03, "Automatic Refill Program." Missouri Department of Social Services.
     https://mydss.mo.gov/mhd/hot-tips/automatic-refill-
     faqs#:~:text=Automatic%20refill%20programs%20create%20a,unused%20stockpiles%20and%20therapeutic%20duplication
3.   California Board of Pharmacy. (Rev. June 9, 2020). Initial statement of reasons: Automatic refill programs, 16 CCR § 1717.5.
     https://www.pharmacy.ca.gov/laws_regs/1717_5_isr.pdf
4.   Centers for Medicare and Medicaid Services. National Medicaid fee-for-service (FFS) federal fiscal year (FFY) 2021 drug
     utilization review (DUR) annual report. US Department of Health and Human Services.
     https://www.medicaid.gov/sites/default/files/2022-12/2021-dur-ffs-summary-report.pdf

RELEVANT AMA POLICY

American Pharmacists Association H-120.987
The AMA advocates (1) continued surveillance of mail-order prescriptions; (2) notification by the American Pharmacists Association (APhA) of its members that prescriptions should be refilled only on the physician's order; and (3) that the APhA advise its members to discontinue the practice of assuming a prescription may be refilled unless a form is returned stating that the prescription may not be refilled.

Streamlining the Process for Prescription Refills D-120.984
Our AMA will work with the American Pharmacists Association, the National Community Pharmacists Association, and the National Association of Chain Drug Stores to streamline the process for prescription refills in order to reduce administrative burdens on physicians and pharmacists and to improve patient safety.

Safe and Efficient E-Prescribing H-120.921
Our AMA encourages health care stakeholders to improve electronic prescribing practices in meaningful ways that will result in increased patient safety, reduced medication error, improved care quality, and reduced administrative burden associated with e-prescribing processes and requirements. Specifically, the AMA encourages:
A. E-prescribing system implementation teams to conduct an annual audit to evaluate the number, frequency and user acknowledgment/dismissal patterns of e-prescribing system alerts and provide an audit report to the software vendors for their consideration in future releases.
B. Health care organizations and implementation teams to improve prescriber end-user training and on-going education.
C. Implementation teams to prioritize the adoption of features like structured and codified Sig formats that can help address quality issues, allowing for free text when necessary.
D. Implementation teams to enable functionality of pharmacy directories and preferred pharmacy options.
E. Organizational leadership to encourage the practice of inputting a patient's preferred pharmacy at registration, and re-confirming it upon check-in at all subsequent visits.
F. Implementation teams to establish interoperability between the e-prescribing system and the EHR to allow prescribers to easily confirm continued need for e-prescription refills and to allow for ready access to pharmacy choice and selection during the refill process.
G. Implementation teams to enhance EHR and e-prescribing system functions to require residents assign an authorizing attending physician when required by state law.
H. Organizational leadership to implement e-prescribing systems that feature more robust clinical decision support, and ensure prescriber preferences are tested and seriously considered in implementation decisions.
I. Organizational leadership to designate e-prescribing as the default prescription method.
J. The DEA to allow for lower-cost, high-performing biometric devices (e.g., fingerprint readers on laptop computers and mobile phones) to be leveraged in two-factor authentication.
K. States to allow integration of PDMP data into EHR systems.
L. Health insurers, pharmacies and e-prescribing software vendors to enable real-time benefit check applications that enable more up to date prescription coverage information and allow notification when a patient changes health plans or a health insurer has changed a pharmacy's network status.
M. Functionality supporting the electronic transfer and cancellation of prescriptions.

Patient Privacy and Confidentiality H-315.983
20. Our AMA supports privacy standards that would prohibit pharmacies from using prescription refill reminders or disease management programs as an opportunity for marketing purposes.