Navigating Through the Haze:
The Technician Specialist's Role in Addressing Medication Access and Affordability

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Disclosures

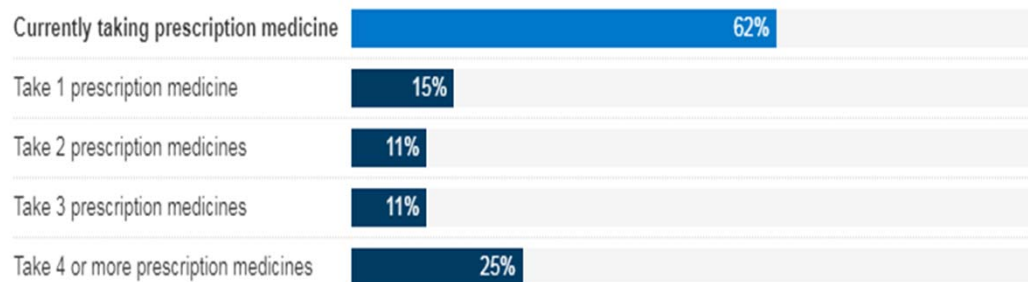- The speaker has no relevant disclosures.

Overall Objectives

1. Define the role of the pharmacy technician in an ambulatory care setting to help patients with medication affordability needs.

2. Identify the types of interventions made by pharmacy technicians and resources needed to help patients with the rising cost of medications.

3. Describe the patient outcomes and show measured values of pharmacy technicians in an ambulatory care setting.

Northwestern Medicine System

13 Hospitals

- ❖ Northwestern Memorial Hospital
- ❖ Prentice Women's Health
- ❖ Ann & Robert H. Lurie Children's Hospital of Chicago
- ❖ Central DuPage Hospital
- ❖ Delnor Community Hospital
- ❖ Huntley Hospital
- ❖ Kishwaukee Hospital
- ❖ Lake Forest Hospital
- ❖ Marianjoy Rehabilitation Hospital
- ❖ McHenry Hospital
- ❖ Palos Community Hospital
- ❖ Valley West Hospital
- ❖ Woodstock Hospital

512 Outpatient Facilities

72 Primary Care Practices

25 Immediate Care Centers

Prescription Medications and Affordability

Figure 1
Six In Ten Adults Report Currently Taking At Least One Prescription Medicine; One Quarter Say They Take Four Or More

Percent who say they take the following number of prescription drugs:

Currently taking prescription medicine	62%
Take 1 prescription medicine	15%
Take 2 prescription medicines	11%
Take 3 prescription medicines	11%
Take 4 or more prescription medicines	25%

NOTE: See topline for full question wording.
SOURCE: KFF Health Tracking Poll (July 11- 19, 2023) • PNG

KFF

Figure 2
About Eight In Ten Adults Say The Cost Of Prescription Drugs Is Unreasonable, But Most Say Affording Prescription Drugs Is Easy

Percent: 82%
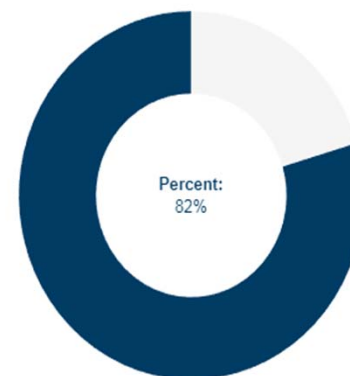
...of the public say the cost of prescription drugs is unreasonable

Percent: 65%
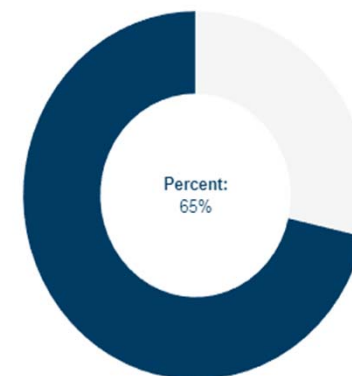
...of the public say affording prescription drugs is very or somewhat easy

NOTE: See topline for full question wording.
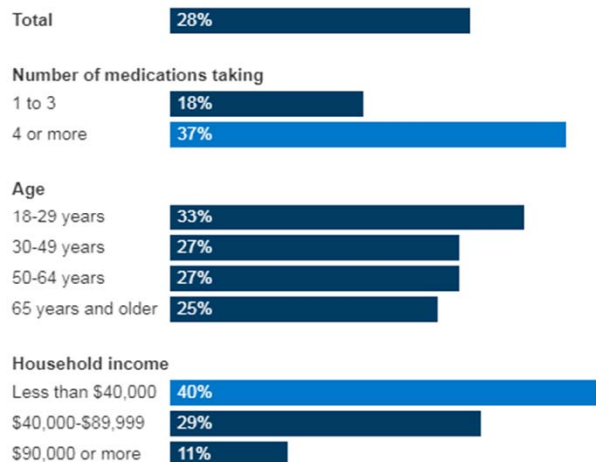SOURCE: KFF Health Tracking Poll (July 11-19, 2023) • PNG

KFF

(n.d.). *Public Opinion on Prescription Drugs and Their Prices*. KFF. Retrieved August 17, 2023, from https://www.kff.org/health-costs/poll-finding/public-opinion-on-prescription-drugs-and-their-prices/

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Difficulties Affording Prescription Drugs

Figure 3
Who Has Difficulty Affording Their Prescription Drugs?
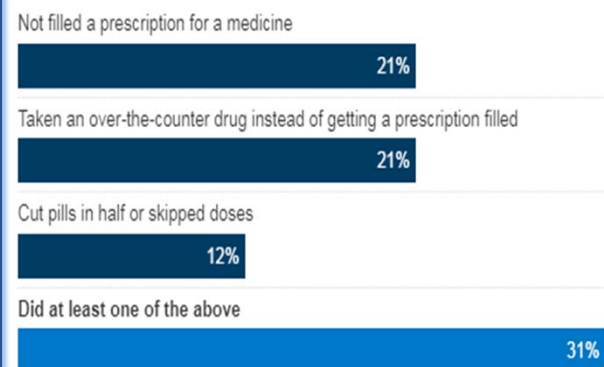Percent who say it is difficult to afford the cost of their prescription medicine:

Total — 28%

Number of medications taking
1 to 3 — 18%
4 or more — 37%

Age
18-29 years — 33%
30-49 years — 27%
50-64 years — 27%
65 years and older — 25%

Household income
Less than $40,000 — 40%
$40,000-$89,999 — 29%
$90,000 or more — 11%

NOTE: See topline for full question wording.
SOURCE: KFF Health Tracking Poll (July 11-19, 2023) • PNG

KFF

Figure 4
About Three In Ten Say They Haven't Taken Their Medicine As Prescribed Due To Costs
Percent who say they have done the following in the past 12 months because of the cost:

Not filled a prescription for a medicine — 21%

Taken an over-the-counter drug instead of getting a prescription filled — 21%

Cut pills in half or skipped doses — 12%

Did at least one of the above — 31%

NOTE: See topline for full question wording.
SOURCE: KFF Health Tracking Poll (July 11-19, 2023) • PNG

KFF

(n.d.). *Public Opinion on Prescription Drugs and Their Prices*. KFF. Retrieved August 17, 2023, from https://www.kff.org/health-costs/poll-finding/public-opinion-on-prescription-drugs-and-their-prices/

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NM & Social Determinants of Health Screening
Tools to support Social Determinants of Health (SDOH) Screening

How and Where We Support Patient SDOH needs?

| Medical Home | Mental Health | Medication Access & Affordability |
| Food Insecurity | Housing Insecurity | Transportation |

Top 3 Needs	Outreach Programs
Mental Health	Partnering with <u>Community Affairs</u> to **leverage community partners for increased support**
Food Insecurity	Partnering with <u>Community Affairs</u> to disseminate **grocery store vouchers**
Medication Affordability	Referring to <u>Ambulatory Pharmacy</u> for **medication affordability and access counseling**

Northwestern Medicine Ambulatory Pharmacy Previous State

- Embedded pharmacists in primary care practice program started in 2019 at Northwestern Medicine
- Embedded pharmacists were responsible for addressing patient medication access and affordability
- Approximately 50% of the pharmacist's time daily was spent focusing on medication affordability referrals
- Due to labor intensive medication affordability referrals- pharmacist time was not dedicated to direct patient care
- Based on this model, it was clear that pharmacy technicians were needed.

Pharmacist's Workflow Time Study – 3 Week Data

Work Time (Hours)

29.75, **39%**

46.92, **61%**
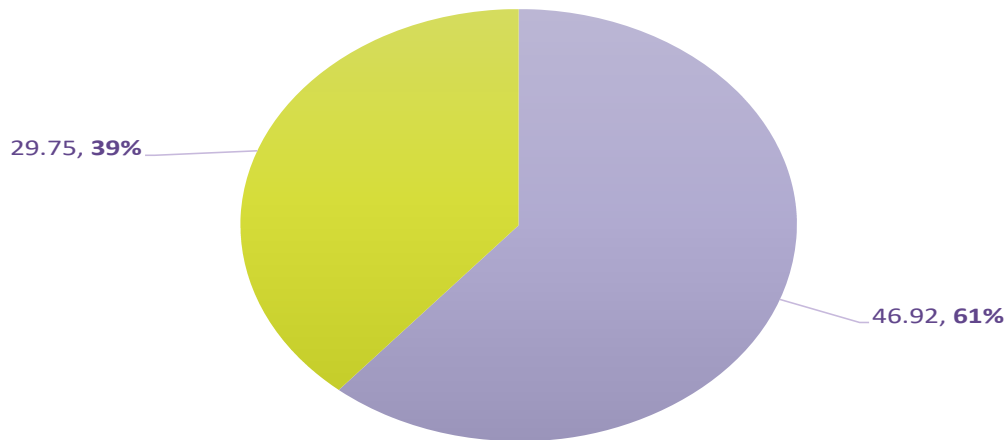
■ Pharmacist ■ Tech

Tech Time (Hours)

7, **24%**

N=34

N=46

16.67, **56%**

N=20

6.08, **20%**
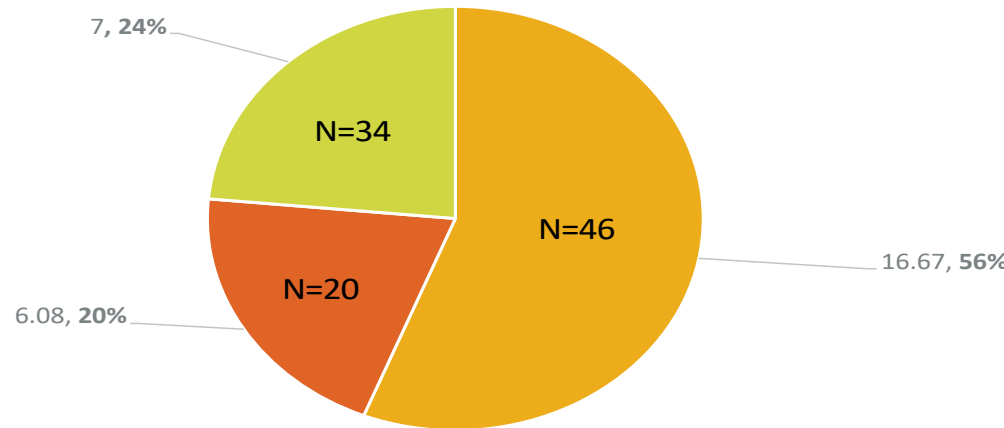
■ Prior Authorization ■ Med Access ■ Logistics

Pharmacist was not working at the top of his license due to ~40% of his time dedicated to addressing medication access and affordability referrals.

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Role of an Ambulatory Pharmacy Technician

Enhancing Prescription Affordability

- Technicians assist patients by identifying programs that provide financial assistance for prescription medications, such as Medicare Prescription Drug Plan, Medicaid, or Patient Assistance Programs (PAPs).
- These programs help reduce the burden of cost-related non-adherence, which affects patients dealing with poverty and other economic stress factors.

Medication Adherence Support

- We implement interventions that boost patient adherence, such as offering medication management and counseling, medication synchronization, and prescription reminders by phone or text messaging.

Health Literacy Support

- Many patients struggle with low health literacy, which limits their comprehension and adherence to treatment plans.
- As a technician, we provide patients with information in simple, easy-to-understand language, and patient education materials relevant to their health conditions and demographics.
- This approach helps promote better treatment outcomes and promote long-term patient engagement.

Addressing Non-Medical Barriers

- Addressing multiple dimensions of SDOH will require coordination and collaboration with other health care professionals.
- As a pharmacy technician, we actively participate in team-based care models that highlight social and behavioral factors impacting health outcomes.
- By working hand-in-hand with social workers, care coordinators, and physicians, we identify and address non-medical barriers that decrease healthcare access and contribute to overall healthcare inequity.

Northwestern Medicine Medication Access Specialist Program Timeline

2019

- Pharmacists reviewing benefits with insurance companies and pharmacies
- Pharmacist determining which programs patients are eligible for and document application outcomes
- Reporting back to MD, following up with patients

2022

- Addition of two pharmacy technicians
- Supporting 4 embedded pharmacists in 5 practices

2020

- Pharmacy technician working with pharmacist to determine eligible programs
- Pharmacy technician assisting with keeping track of approvals applications, medication deliveries, patient signatures
- Yearly reapplication of patient assistance forms

Current State

- Supporting 7 embedded pharmacists in 8 practices
- Areas of support include: Ambulatory Care Coordinators, System diabetes initiatives, Social Determinants of Health

Pharmacy Technician Workflow

Referral Process

- EPIC Staff In-basket Message
- EPIC Order Entry (Ref 667)

Reasons for Pharmacy Technician Referral

- Insurance coverage
- Formulary verification
- Understanding coverage (out-of-pocket, co-insurance, high deductibles)
- How to obtain medications (which pharmacy to use, mail order, prior auth, step therapy)
- Follow-up (patient, MD, care coordinator, social worker)

How a Referral is Sent to the Pharmacy Technician

Patient Identification
- Patient name & DOB or EPIC MRN #
- Patient flagged for pharmacy collaboration

Referral Generation
- Medication or pharmacy question identified
- Adherence, affordability, patient assistance

Medication Issue Identified
- What do you need assistance with?
- General affordability question or patient specific?
- What have you attempted prior to referring?
- Additional important information to share?

Communication
- Time sensitive deadline? Response needed urgently, non-urgent (please include time frame needed for response).
- How should follow-up information be relayed? Report back to: Care Coordinator, physician, community health worker, patient
- Send referral to pharmacy technician via specific pharmacy technician pool

EPIC Staff Message In-Basket

EPIC Order Entry for Pharmacy Technician Referral (REF667)

EPIC REF 667 Referral Work Queue

Assessment Question #1

What are the top 3 patient needs based on our SDOH screening?

A. Food insecurities, mental health, shopping

B. Mental health, shopping, doctor visits

C. Medication affordability, food insecurities, mental health

D. All of the above

Visual settings **Edit**

When poll is active respond at   **PollEv.com/ichp5**   Send **ichp5** to **22333**

1. What are the top 3 patient needs based on our SDOH screening?   ♥♥ 0

Food insecurities, mental health, shopping

Mental health, shopping, doctor visits

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Assessment Question #1

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A. Food insecurities, mental health, shopping

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D. All of the above

The Pharmacy Technician's Process
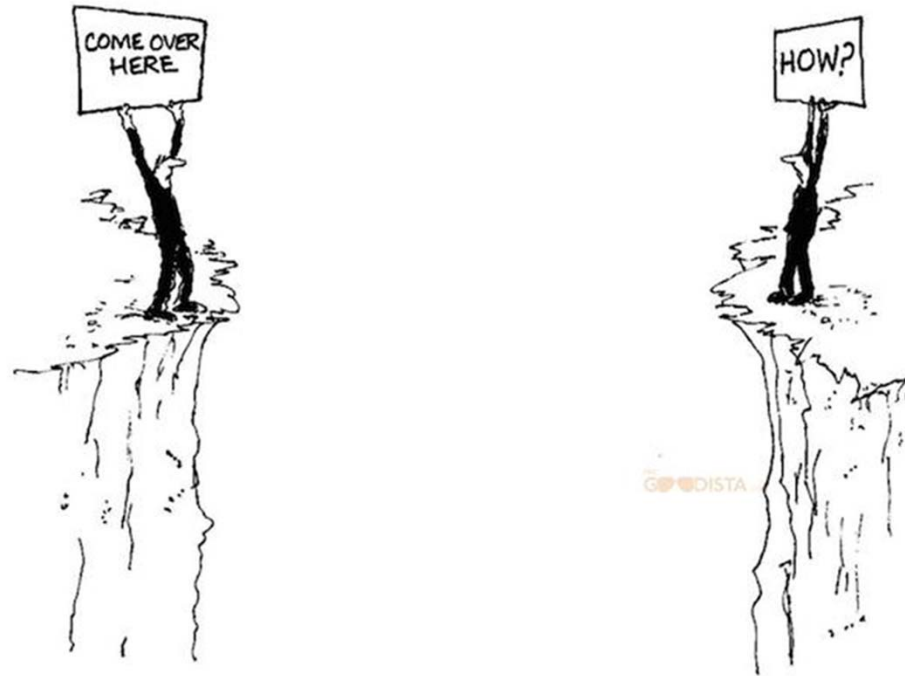
Ambulatory Pharmacy Technician's Approach to Patient Referrals

- Helping understand Drug Benefits and Coverage
  - Gathering basic information about patients coverage- Typically, the initial approach to resolving inquires related to drug benefits involves requesting the patient to provide their identification (ID) card. By doing so, technicians should be able to answer most, if not all of the inquiries specified below:
    a) What is the coverage ? Commercial insurance plan? Part D?
    b) Is coverage up-to-date
    c) What is the drug benefits offered through plan?
    d) Is there a deductible? If so, how much has been met/remaining?
    e) Any additional insurance benefits?

- Commercial Insurance
  - Pharmacy Technicians have the capacity to retrieve information regarding a patient's unique drug coverage benefits through online or telephonic means with commercial plans. Acquiring personalized details may require a phone call, which often takes a significant amount of time due to waiting periods or transfer to numerous departments. As a result, pharmacy technicians ae frequently tasked with calling healthcare plans to obtain necessary information
    - Tiers: Understanding the use of "tiers", or prioritization levels for drugs, is crucial when it comes to drug coverage plans – like commercial plans. The tier that a drug belongs to will determine the amount of coverage given by the plan, and the copayment amount the patient is responsible for.
    - Commercial plans use a four-tier system. Many plans now assign two tiers for generic drugs, which can result in lower copayments for some medications. Certain organizations use formularies with five tiers, categorizing specialty drugs into less or more expensive categories.
    - Each insurance company determines where a particular medication falls within its formulary tier, which affects the out-of-pocket (OOP) expenses.
    - Pharmacy Technicians look for ways to recommend drugs that fall into more favorable tiers, benefitting both the patient and the payer.

Ambulatory Pharmacy Technician's Approach to Patient Referrals

- Government-based programs
  - Medicaid
    - Medicaid is a program operated at the Federal and State levels.
    - Medicaid covers medical expenses for individuals and families with low income and limited assets.
    - Cover most if not all maintenance meds at $0 cost to patient.
    - Patients may have to pay a share of the expense or spend-down if their income or assets exceed certain thresholds.

  - Medicare Part D
    - Medicare is a health insurance program that offers coverage to American citizens aged 65 or older
    - It also offers health insurance coverage to younger individuals with specific needs such as multiple sclerosis (MS)
    - Medicare offers many types of coverage only of which 1 pharmacy technicians assist: Part D.
    - Drug coverage benefits are provided through Medicare Part D.
      - Coverage is available either as a stand- alone prescription drug plan or as an integrated managed care plan
      - Both offer medical and prescription drug coverage.
      - No single component covers all of a persons medical cost.

  - Medicare Part D "DONUT HOLE"
    - Individuals enrolled in Medicare Part D can face coverage limits that cause their drug coverage to temporarily halt or change.
    - This is the coverage "gap"- also known as the donut hole occurs after the combined expenses of the patient and their prescription plan reach a yearly amount set by CMS.
    - During the gap, patients are responsible for covering up to $40% of the cost of their branded medications and up to 35% of generic costs until they reach the required spending limit for the year.

Assessment Question #2

Which Medicare plan covers prescription medications?

    A. Part A

    B. Part B

    C. Part D

    D. Part G

Visual settings   Edit

When poll is active respond at   **PollEv.com/ichp5**   Send **ichp5** to **22333**

2. Which Medicare plan covers prescription medications?   0

Part A

Part B

SEE MORE

25

Assessment Question #2

Which Medicare plan covers prescription medications?

    A. Part A

    B. Part B

    C. Part D

    D. Part G

Medication Assistance Programs

- **Patient Assistance Programs (PAPs)**

  - Depending on their existing coverage, individuals can expect varying benefits from these programs.

  - Generally, those without insurance may be eligible for a free medication supply for a limited time.

  - Provided by drug companies to assist financially challenged patients in covering their medication expenses

  - The manufacture's PAP website contains information about the requirements for specific medications- for patients, their caregivers or representatives.

  - Application forms may be obtained by downloading or completing online for certain programs-if eligible PAP benefits typically last for 6 to 12 months and must be renewed upon expiration.

  - Patients maybe required to submit specific details on their application such as:

    - Income

    - Name of drug they are requesting

    - Whether the patient is uninsured, has private insurance, or government-sponsored insurance

    - Household size

Medication Assistance Programs

- **Low-cost Generic Options**
  - Various major retail pharmacy chains provide discount programs for generic drugs that are commonly used and not expensive.
  - If a patient can obtain a prescription for one-month supply at a cost of $4, it is more cost-effective in comparison to going through the process of submitting a claim for coverage.
  - While some programs require an application and/or a membership fee, most are easy to join.
  - GoodRx.com is a means to find the most affordable cost for particular drugs
  - Some pharmacy chains with discounts generic programs include:
    - CVS
    - Walmart
    - Kroger
    - Walgreens
    - Costco

- **Other Financial Assistance Programs**
  - Various governmental and non-profit charitable entities provide programs to assist patients with expenses like drug co-pays, medical equipment, home health care, transportation, and additional necessities.
    - **Chronic Disease Fund (aka: Good Days foundation):** This organization provides copay assistance for patients with chronic diseases who meet eligibility requirements. Email: info@mygooddays.org Phone: 877-968-7233
    - **Heathwell Foundation**: A nonprofit organization that offers copay, coinsurance and premium assistance. Email: www.healthwellfoundation.org/ Phone: 800-675-8416
    - **Patient Access Network Foundation:** Copayment assistance from $500 to $14,000 per year depending on diagnoses. Patient must be insured with coverage for medication and meet the Financial criteria. www.PANfoundation.org 866-316-7263

NM System Initiatives Support

- **Cigna Diabetes Grant-Addressing Disparities in Diabetes**
  - Working with patients that have missed diagnostic test and/or have uncontrolled diabetes
  - Team implemented to outreach patients to assist with diabetes management.
  - Outreach to patients to understand gaps in care/starting that conversation- offering resources unbeknownst to patient.
  - Providing basic diabetes education- also linking patients with Diabetes Care Educators.
  - Encouraging patients to reach back out if they are interested in the future.

- **Medication Adherence**
  - In the beginning of the calendar year, members have not yet indexed into the medication adherence measure(s) due to unmet eligibility criteria
  - Adherence lists received from payers during this time can be used to evaluate members that failed the measure last year as well as previous years.
  - Beginning in second quarter (April/May) most members have indexed a measure.
  - This starts the period when we begin to actively outreach to patients who are showing as non-adherent.

- **Medication Charts**
  - Cash price listing

NM Ambulatory Pharmacy Medication Chart Example

Asthma/COPD #2 — Cost Comparison Chart

Brand Name	Generic Name	Strength/Dose	# Doses	*GoodRx Price/30 Days
Inhaled Corticosteroids (ICS)				
Alvesco HFA (12 years and older)	ciclesonide aerosol	80mcg	60 doses	$37.78
		160mcg	60 doses	$131.60
ArmonAir RespiClick (12 years and older)	fluticasone propionate powder	55mcg	60 doses	$243.58
		113mcg	60 doses	$243.58
		232mcg	60 doses	$302.62
Arnuity Ellipta (5 years and older)	fluticasone furoate powder	50mcg	30 doses	$188.20
		100mcg	30 doses	$188.20
		200mcg	30 doses	$250.96
Asmanex HFA (12 years and older)	mometasone aerosol	100mcg	120 doses	$198.17
		200mcg	120 doses	$229.70
Asmanex Twisthaler (4 years and older)	mometasone powder	110mcg	30 doses	$184.21
		220mcg	30 doses	$198.36
		220mcg	60 doses	$229.59
		220mcg	120 doses	$325.35
Flovent Diskus (4 years and older)	fluticasone powder	50mcg	60 doses	$189.58
		100mcg	60 doses	$198.64
		250mcg	60 doses	$265.29
Flovent HFA (4 years and older)	fluticasone aerosol	44mcg	120 doses	$198.05
		110mcg	120 doses	$263.69
		220mcg	120 doses	$403.59
Pulmicort Respules (12 months to 8 years)	budesonide inhalation suspension	0.25mg/2mL	60 doses	$62.90
		0.5mg/2mL	60 doses	$63.92
		1mg/2mL	60 doses	$263.30
Pulmicort Flexhaler (6 years and older)	budesonide powder	90mcg	60 doses	$186.40
		180mcg	120 doses	$248.97
QVAR Redihaler (5 years and older)	beclomethasone aerosol	40 mcg	120 doses	$169.01
		80 mcg	120 doses	$225.66

Items in green are available as generics. Medications in red are available as brands only
*Source: *GoodRx* and Amerisource Bergen– accessed 1/2/22
www.goodrx.com is a source of cash prices and includes coupons for generics, links to manufacturer brand assistance programs and other sources of prescription drug assistance. Prices listed are available through App or with coupon – price subject to change and is pharmacy specific.
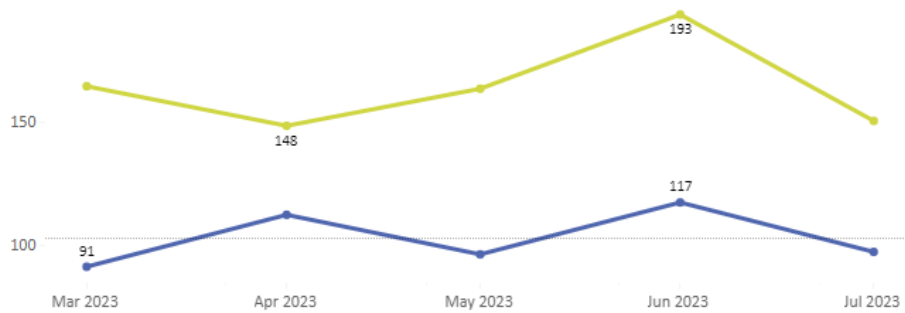
Questions/comments? Contact: Mark Greg, Program Director – Ambulatory Pharmacy at (630) 933-5739 or Mark.Greg@nm.org; Imran khan, Clinical Pharmacist at (630) 938-2083 or imran.Khan@nm.org; Michele Monzón-Kenneke, Clinical Pharmacist at (630)938-6723 or Michele.Monzon-Kenneke@nm.org
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Brand Name	Generic Name	Strength/Dose	# Doses	*GoodRx Price/30 Days
Inhaled Corticosteroid/Long Acting Beta Agonist (ICS/LABA) Combination				
Advair Diskus (4 years and older)	fluticasone/ salmeterol powder	100mcg/50mcg	60 doses	$79.50
		250mcg/50mcg	60 doses	$90.63
		500mcg/50mcg	60 doses	$126.46
Advair HFA (12 years and older)	fluticasone/ salmeterol aerosol	45mcg/21mcg	120 doses	$329.73
		115mcg/21mcg	120 doses	$407.66
		230mcg/21mcg	120 doses	$533.50
AirDuo RespiClick (12 years and older)	fluticasone/ salmeterol aerosol powder	55mcg/14mcg	60 doses	$36.88
		113mcg/14mcg	60 doses	$33.33
		232mcg/14mcg	60 doses	$31.33
Breo Ellipta (18 years and older)	fluticasone/ vilanterol powder	100mcg/25mcg	60 doses	$375.10
		200mcg/25mcg	60 doses	$375.10
Dulera (12 years and older)	mometasone/ formoterol aerosol	50mcg/5mcg	120 doses	$314.77
		100mcg/5mcg	120 doses	$314.77
		200mcg/5mcg	120 doses	$314.77
Symbicort (12 years and older)	budesonide/ formoterol aerosol	80 mcg/4.5mcg	120 doses	$139.43
		160mcg/4.5mcg	120 doses	$205.73
Inhaled Corticosteroid/Long-Acting Antimuscarinic /Long Acting Beta Agonist (ICS/LAA/LABA) Combination				
Trelegy Ellipta (Asthma & COPD adults)	fluticasone furoate/umeclinidium/ vilanterol powder	100mcg/62.5mcg/25mcg	60 doses	$600.63
		200mcg/62.5mcg/25mcg	60 doses	$600.63
Breztri Aerosphere (COPD adults)	budesonide/glycopyrrolate/ formoterol fumarate	160mcg/9mcg/4.8mcg	120 doses	$540.21
Interleuken-5 (IL-5) Antagonist Monoclonal Antibody				
Cinqair (18 years and older) 3 mg/kg once every four weeks IV infusion	reslizumab	100mg/10mL vial	weight-based dosing	$1,186.80 per vial
Nucala (12 years and older) 100 mg SC once every 4 weeks	mepolizumab	100mg/1mL vial	100mg dose	$3,124.72
Fasenra (12 years and older) 30mg every 4 weeks x 3 doses, then 30mg every 8 weeks	benralizumab	30mg/mL syringe	30mg dose	$5,120.31
Anti IgE Monoclonal Antibody				
Xolair (6 years and older) 75mg to 375 mg SC every 2 or 4 weeks	omalizumab	150mg/1.2mL vial	weight and IgE level-based dosing	$697.40 per vial
Phosphodiesterase 4 Inhibitor (PDE4 Inhibitor)				
Daliresp	roflumilast	500mcg	30 tablets	$408.06
Inhaled Epinephrine				
Primatene Mist (asthma OTC)	epinephrine	0.125mg/spray	160 sprays	$32.25

Pharmacy Technician Outcomes
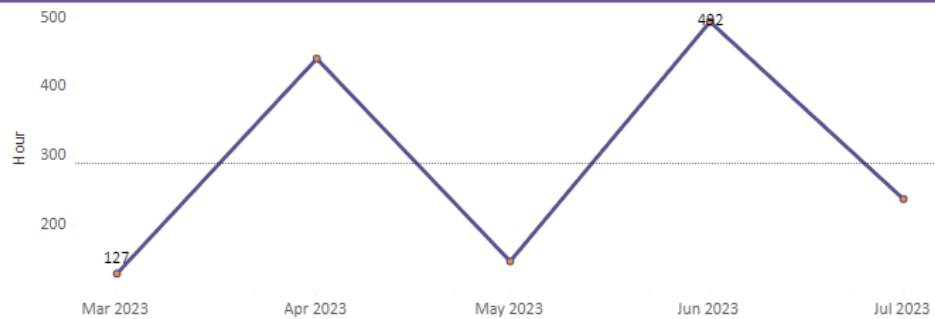
Patient Referral Volume Data (March 2023 – July 2023)

Intervention Summary (January 2022 – December 2022)

SUMMARY STATISTICS

Total Interventions	Total Encounters	Avg Interventions / Encounter
0.13K	0.07K	1.9

● Encounters ● Interventions

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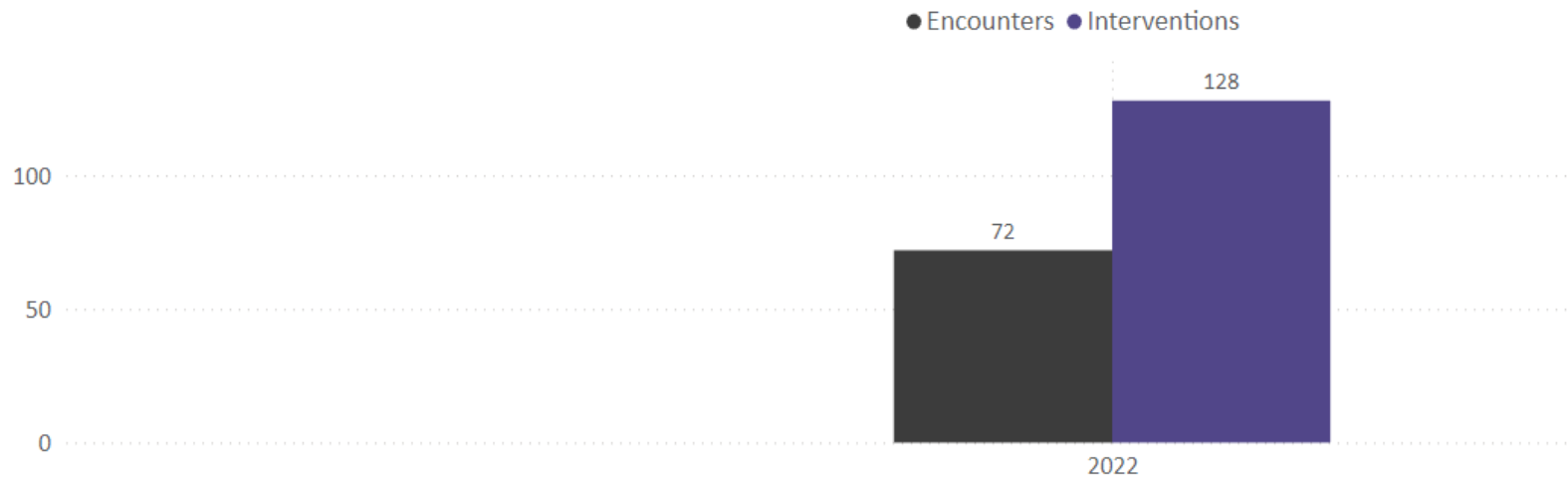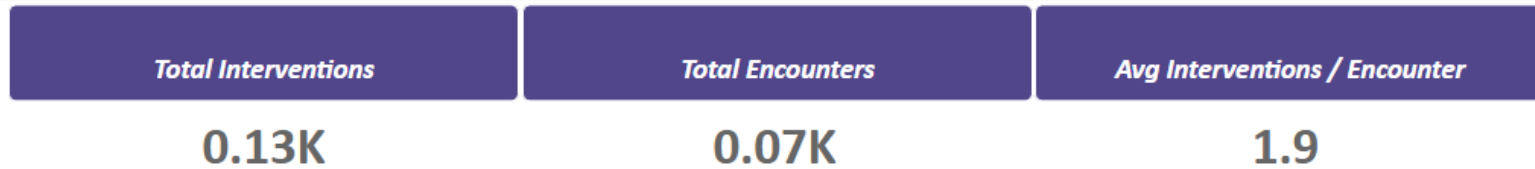
Intervention Breakdown by Race/Ethnicity (January 2022 – December 2022)

Interventions by Patient Race and Patient Ethnicity

Shit+click multiple races/ethnicities to filter report inclusively

Patient Ethnicity ●(Blank) ●Hispanic or Latino ●No, Not Hispanic, Latino/a, ... ●Patient declined to re... ●Yes, another Hispa... ●Yes, Cuban ●Yes, Mexican, Me...
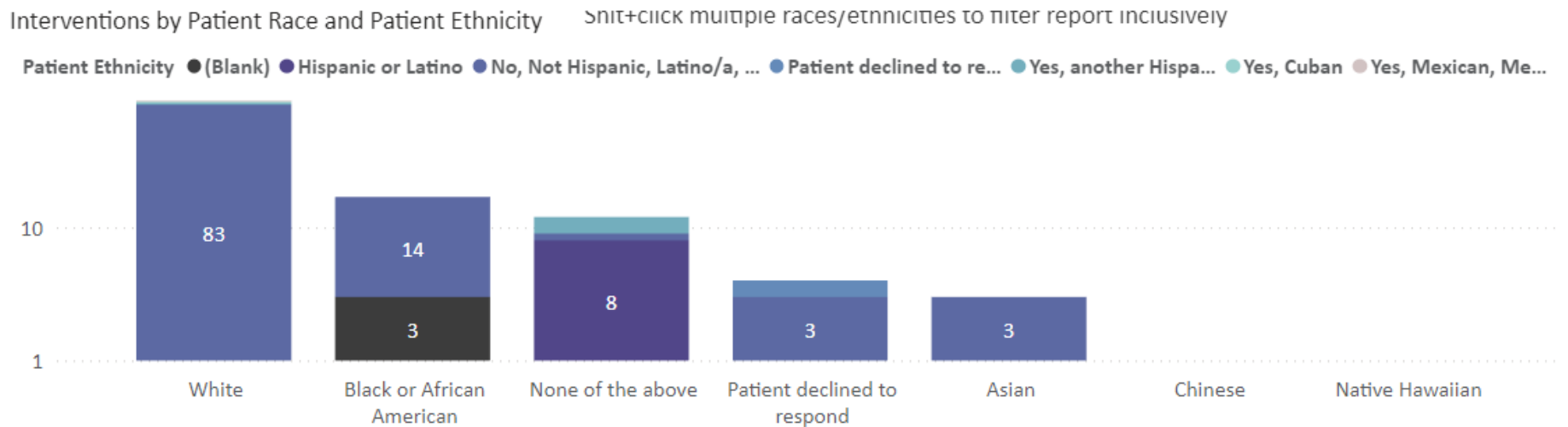
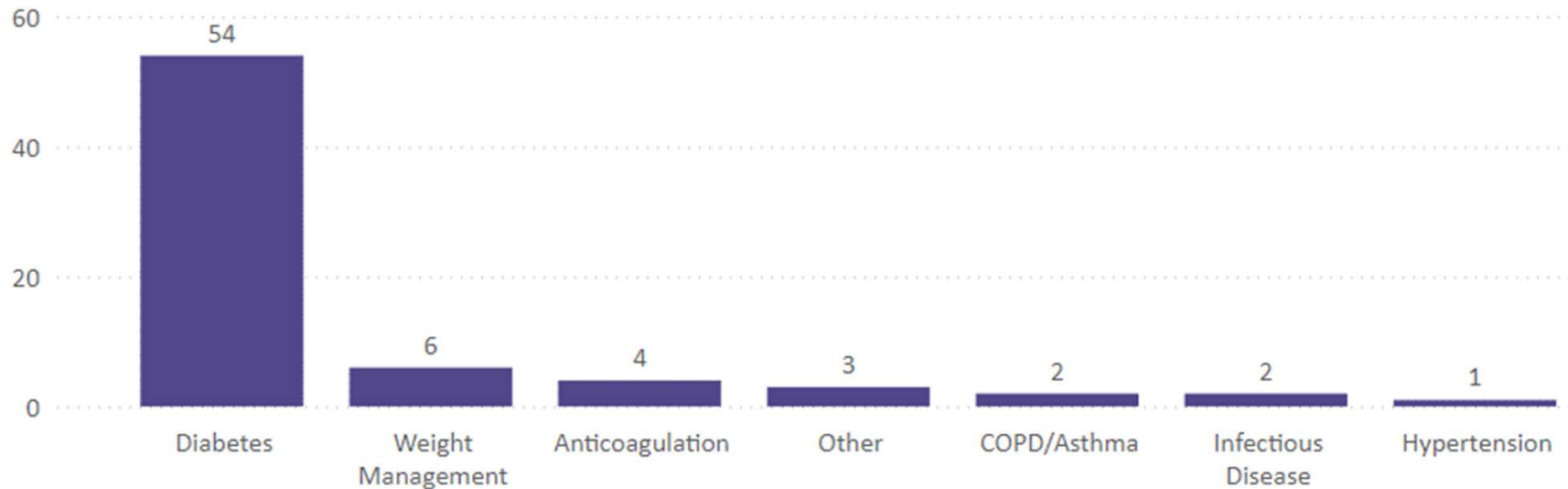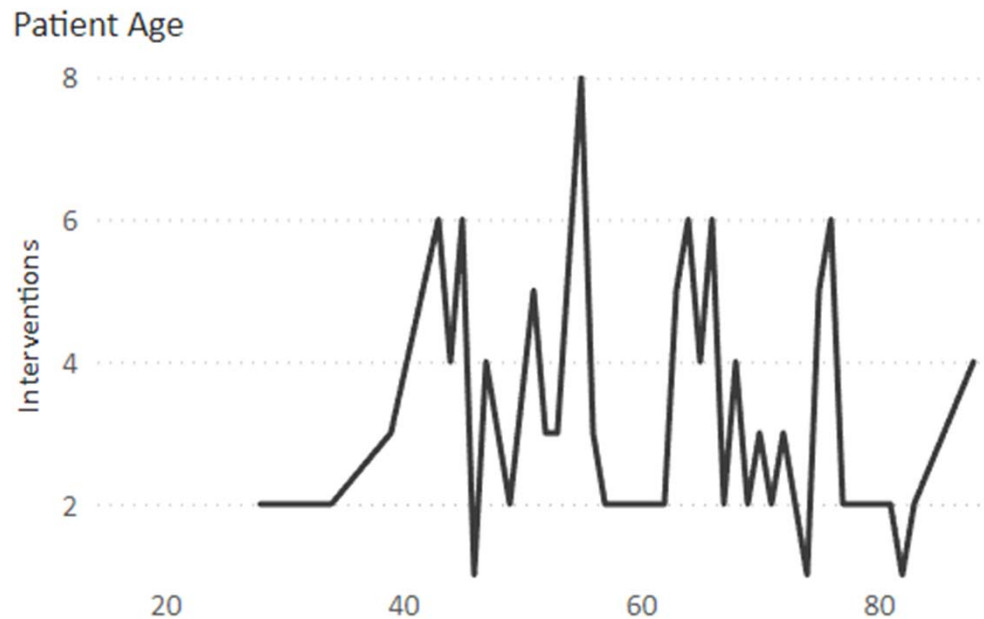# Intervention Breakdown by Disease State (January 2022 – December 2022)

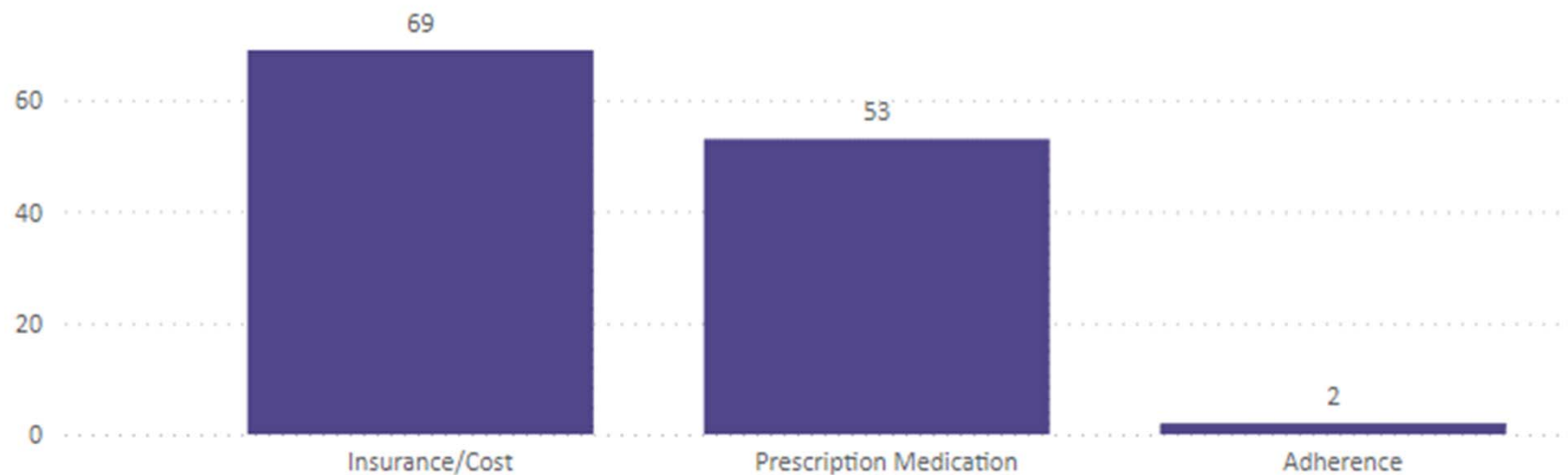# Intervention Breakdown by Patient Age (January 2022 – December 2022)

Intervention Breakdown by Education Provided (January 2022 – December 2022)

Education Provided

Insurance/Cost	Prescription Medication	Adherence
69	53	2

Intervention Breakdown by Devices Explained (January 2022 – December 2022)
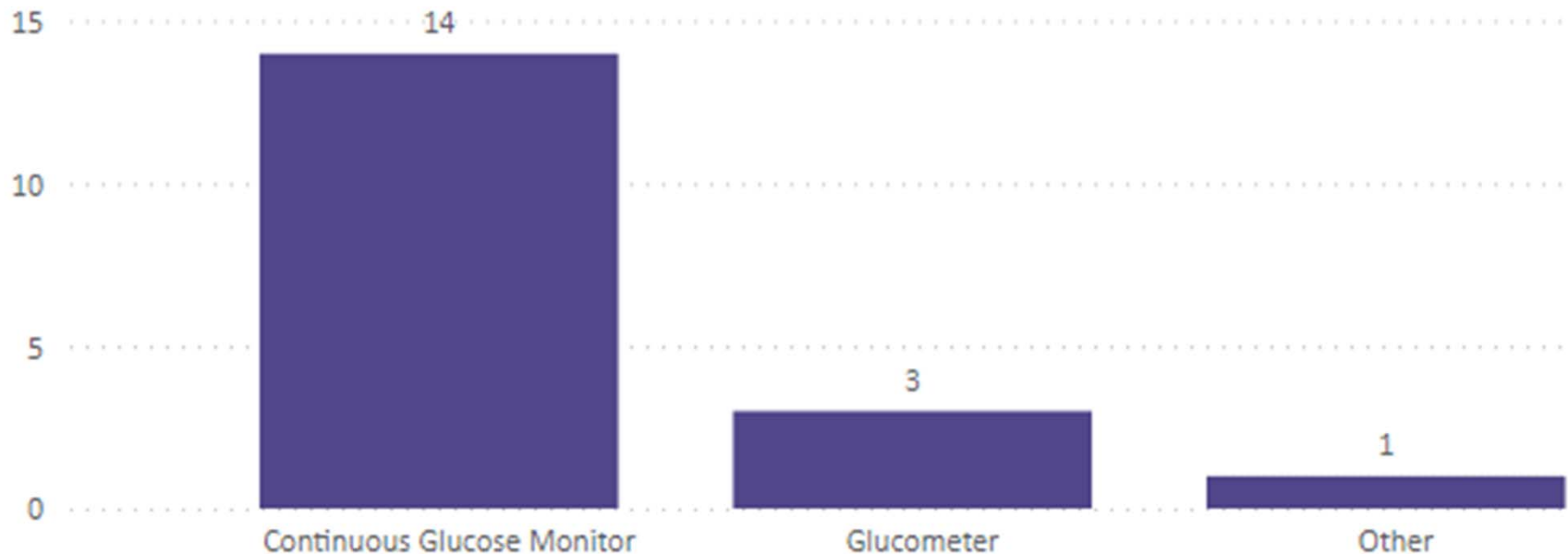
Intervention Breakdown by Services Provided (January 2022 – December 2022)
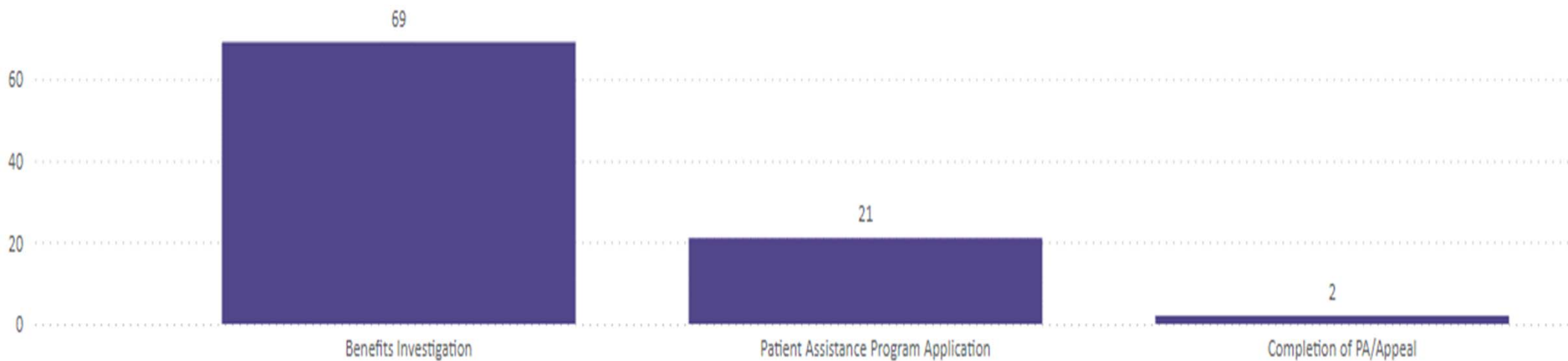
Intervention Breakdown by Quality Metrics (January 2022 – December 2022)

Quality Metrics

	51	4	3	3
	Adherence for DM (oral agents)	Adherence for HTN (ACE/ARB)	Adherence for Statins	Statin use for CVD / DM
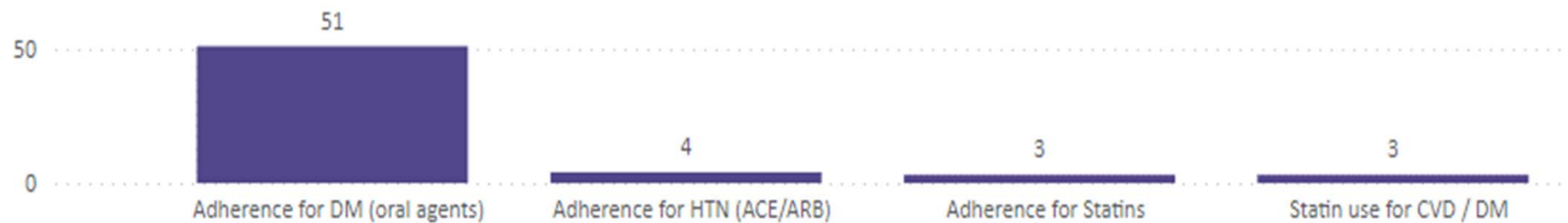
Intervention Breakdown by Time (January 2022 – December 2022)

Total Time by Pharmacist
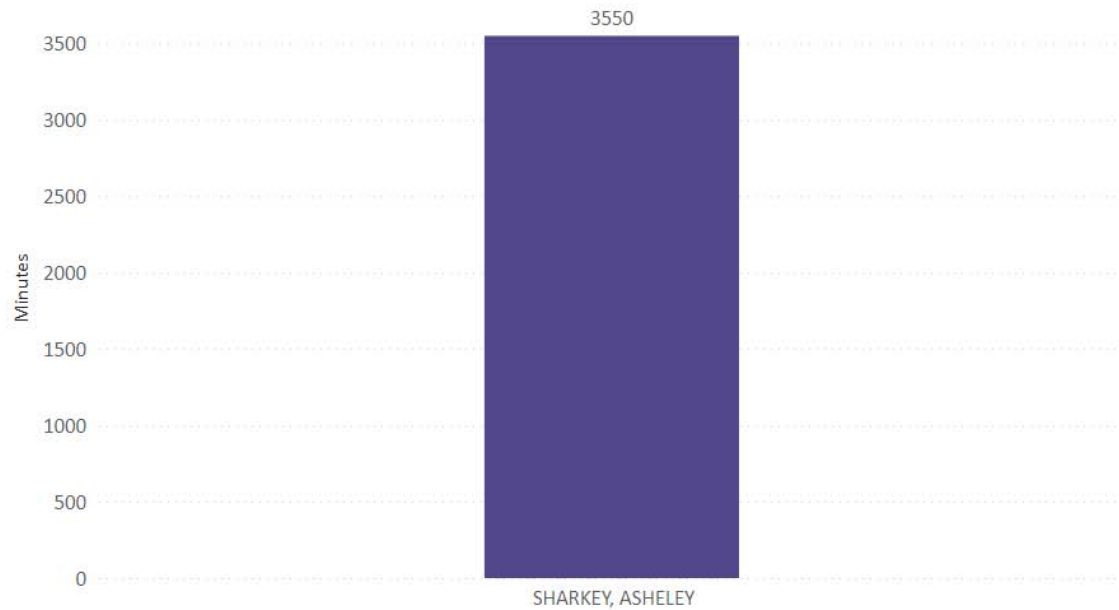
Pharmacist	Total Encounters	Total Time	Average
SHARKEY, ASHELEY	67	3550	52.99
Total	**67**	**3550**	**52.99**

Assessment Question #3

Which of the following patient outcomes data was **NOT** mentioned in this presentation?

A.   Patient Referral Volume

B.   Patient Medication Cost Savings

C.   Intervention Breakdown by Race/Ethnicity

D.   Average Pharmacy Technician Time per Intervention

Visual settings Edit

When poll is active respond at   **PollEv.com/ichp5**   Send **ichp5** to **22333**

3. Which of the following patient outcomes data was NOT mentioned in this presentation? ⦿ 0

Patient Referral Volume

Patient Medication Cost Savings

SEE MORE ⌄

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Assessment Question #3

Which of the following patient outcomes data was **NOT** mentioned in this presentation?

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C.   Intervention Breakdown by Race/Ethnicity

D.   Average Pharmacy Technician Time per Intervention

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ANNUAL MEETING

Case Study #1

Patient with Insulin and Test Strip Affordability Concerns

- Referral to Northwestern Medicine pharmacist from care coordination that patient wanted to discuss affordability of insulin and test strips. Patient has "Part D" Medicare Advantage Plan.

- Pharmacy technician called patient and reviewed patient assistance programs, eligibility and income requirements and coverage for test strips.

- Pharmacy technician outreached to patients plan to review prescription coverage and potential savings for his medications.

- Pharmacy technician contacted patient and reviewed reason for high-cost was their prescription payment was applied to deductible, reviewed medication tiers and plan coverage details (For this plan deductible applies to Tiers 3-5).

- Pharmacy technician reviewed phases of coverage and alerted member of a payer program resource that he could be connected to that would determine if he would qualify for extra help or a low income subsidy.

- Patient was provided with abundant resources to assist with affordability.

Case Study #2

Patient needing assistance with medication costing over $1000

- Northwestern Medicine pharmacist received a patient referral from a care coordinator stating that the patient is having a difficult time paying for her medications copays.

- The patient has Medicare Advantage as her primary insurance.

- Contacted pharmacy benefit manager and requested a benefits investigation for this patient looking for opportunities for cost savings for her medications.

- Findings were that this patient **had entered the Donut Hole** In this phase of coverage (DONUT HOLE)- patient is responsible for 33% coinsurance (Xifaxan (Tier 5) now costing $1087.56/30 days)

- Using Needymeds.com- pharmacy technician was able to find Patient Assistance Program (PAP) with drug manufacturer.

- Reviewed requirements- reviewed with patient, sent over materials for MD signature

- Pt now able to receive medication Xifaxan- a tier 5 drug costing her over $1000- **FREE delivered to her home monthly.** That's a yearly savings of **$13,050.72!!**

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Next Steps

- Growth of pharmacy technician program to provide medication affordability resources to additional providers/pharmacists across NM
- Expansion of pharmacy technician services to disease state practices outside of primary care
  - Cardiology
  - Infectious Diseases
  - Oncology
  - Behavioral Health
- Streamline pharmacy technician workflow to allow for optimization of patient referrals and coverage

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Questions?

Thank you!!!