Rethinking our approach to refills

Authorizations to insurers, questions about medications, a possible allergic reaction—calls regarding refills are typically mundane. Then there are the patients who don’t call and who miss appointments, sometimes repeatedly. For these individuals, I would routinely write a prescription for a month’s supply, and suggest that they return promptly for follow-up. I imagine many of you do the same. Recent experience suggests it is time to rethink this practice.

Between pharmacy benefit manager snafus, patients rationing pills because they can’t afford to buy more, and a host of logistic challenges, I figure it takes a Herculean effort simply for patients to take their medication as directed. It finally dawned on me that we may be doing more harm than good by adding to the barriers between patients and their prescription drugs.

Sure, there are reasons to regularly follow up—monitoring for adverse effects and assessing response to therapy, particularly with new prescriptions or recently increased doses. But how many individuals with stable hypothyroidism, hypertension, or even type 2 diabetes need more than yearly visits? And what evidence do we have that quarterly checks enhance adherence?

Are we better off refusing to authorize a refill and making patients jump through hoops so they can continue to take their medications, or should we provide a simple refill—particularly when we know that more than half of our patients aren’t taking them as prescribed? I’m convinced that most of our efforts—or haranguing—are in vain, at best.

So why not make it easier on patients and write a year’s prescription for most routine medications? I suspect our staff and our patients will appreciate this approach. When I’m the patient, I know I do.