



## PUBLIC POLL FINDINGS AND METHODOLOGY

### **More than four in five physicians/pharmacists believe that longer prescriptions could increase patient adherence and improve chronic condition management**

New RO Pharmacy/Ipsos poll finds that most physicians would write longer prescriptions if they could

#### **Topline Findings**

**Washington, DC, June 11, 2021** — A new RO Pharmacy/Ipsos poll among pharmacists, primary care physicians, cardiologists, and endocrinologists finds that 84% agree that prescribing 6 to 12 month prescriptions to patients on stable regimens of long-term maintenance medications could increase patient adherence and improve chronic condition management. In fact, 93% of physicians say that they would write 6-month prescriptions to some patients if they could, and nearly eight in ten (78%) say the same thing of writing 12-month prescriptions. An overwhelming majority of physicians surveyed see fewer trips to the pharmacy, less frequent prescription refills, and improved medication adherence as some of the benefits of providing their patients with extended supply prescriptions.

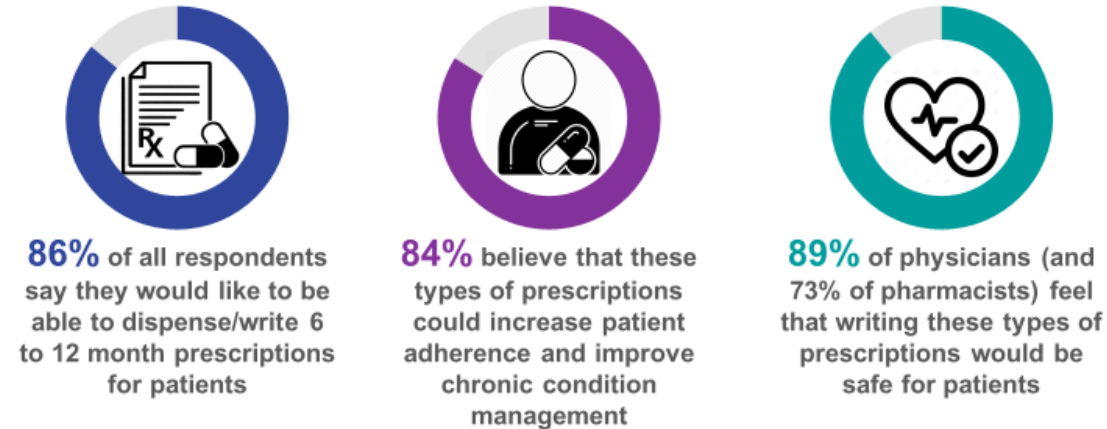
#### **Detailed Findings**

1. Most physicians and pharmacists have a favorable view of providing patients on stable regimens of long-term maintenance medications with longer prescriptions (6 to 12 month). Many also believe adopting this practice can lead to a range of benefits for patients.
  - Improved medication adherence is seen as being a benefit of prescribing longer prescriptions by 83% of all respondents. Nearly all physicians are also likely to view fewer trips to the pharmacy (98%), less frequent refills (97%), and a reduced administrative load for their practice (91%) as benefits to writing longer prescriptions. Most pharmacists, in turn, view improved convenience (96%) and cost savings (80%) as being beneficial when it comes to longer prescriptions.
  - Most (86%) say that they would like to be able to dispense/write 6 to 12 month prescriptions for patients, though this is especially true for physicians compared to pharmacists (89% vs. 74%).
  - Another 84% agree that longer prescriptions could increase patient adherence and improve chronic conditions.
  - Nine in ten physicians (89%) and 73% of pharmacists believe that writing these types of prescriptions would be safe for patients. The vast majority of pharmacists also agree that 6 to 12 month prescriptions could save a patient time (92%) and money (81%).



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**Most physicians and pharmacists have a favorable view of providing patients on stable regimens of long-term maintenance medications with longer prescriptions**



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2. There are, however, some undesirable aspects of writing/dispensing longer prescriptions, with most respondents agreeing that that if the medication is not effective, the patient would have too much left over (92%) and 87% recognizing the lack of cost reimbursement for unused medication.
  - Nearly two thirds also agree that having extended supply prescriptions (6-12 month) may result in not properly storing the medication (65%) or the costs of larger quantity of medication being too high. Six in ten (61%) also think that patients will not want to deal with insurance/coupons.
  - The majority also believe that larger amounts of medication are unwieldy for patients to manage (56%) and that patients would forget to refill (51%).

*These are the findings from an Ipsos poll conducted May 24 – June 4, 2021 on behalf of RO Pharmacy. For the survey, a sample of 400 cardiologists, endocrinologists, primary care practitioners, and pharmacists from the continental U.S., Alaska and Hawaii was interviewed online in English. To qualify, cardiologists, endocrinologists, and primary care practitioners had to report initiating prescription medication regimens for their patients and have patients currently prescribed a stable maintenance medication regimen. The poll has a credibility interval of plus or minus 5.6 percentage points for all respondents.*

**For full results, please refer to the following annotated questionnaire:**

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### Full Annotated Questionnaire

1. To what extent do you agree or disagree with the following statements about [IF PHARMACIST: Cardiologists, Endocrinologists, and/or Primary Care Practitioners] prescribing 6 to 12 month prescriptions to patients on stable regimens of long-term maintenance medications?

% Completely/somewhat agree

	<b>Total (N=400)</b>
I would like to be able to [if pharmacist: dispense] [all others: write] 6 to 12 month prescriptions for these patients.	86%
I feel that [writing] these types of prescriptions could increase patient adherence and improve chronic condition management	84%

	<b>PCPs, Cardiologists, Endocrinologists (N=300)</b>
I would write 12-month prescriptions to some patients if I could	78%
I would write 6-month prescriptions to some patients if I could	93%
I feel that writing these types of prescriptions would be safe for patients	89%
If a pharmacy offered 6 to 12 month prescriptions for the same price of a 90 day prescription and insurance wasn't a barrier, I would write prescriptions for 6 to 12 months to help patients save more	94%

	<b>Pharmacists (N=100)</b>
I feel that if a physician wrote these types of prescriptions, it would be safe for patients	73%
I feel that these types of prescriptions could save patient's time	92%
I feel that these types of prescriptions could save patient's money	81%

2. Using the following scale, how often does insurance:

% Often/sometimes

	<b>Total (N=400)</b>
Make medication more expensive than anticipated when a patient gets the price at the pharmacy	92%
Cause a patient to call a physician about the cost of medication	89%
Cause a patient to express concern about the cost of a medication	93%
Cause a pharmacy to call [if pharmacist: a physician] regarding a coverage or cost issue	90%
Cause [if pharmacist: the physician] [if endocrinologist, cardiologist, primary care practitioner: you] to alter the choice of medication	91%
Restrict pharmacy selection to certain in-network pharmacies	84%
Limit refills to 30 days of medication supply	77%

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3. To what extent do you agree or disagree with the following statements about patients having extended supply prescriptions (6-12 month)?

% Completely/somewhat agree

	<b>Total (N=400)</b>
Larger amounts of medication are unwieldy for patients to manage	56%
The cost of a larger quantity of medication is too high	64%
The patient would forget to refill	51%
The patient would not want to deal with insurance/coupons	61%
The patient may not properly store medication	65%
There is no cost reimbursement for unused medication	87%
If the medication is not effective, the patient has too much left over	92%

4. Please describe any other barriers or concerns about patients having extended supply prescriptions (6-12 months).
5. To what extent do you agree or disagree that the following are benefits of having extended supply prescriptions (6-12 months)?

% Completely/somewhat agree

	<b>Pharmacists (N=100)</b>
Cost savings	80%
Improved convenience	96%

	<b>PCPs, Cardiologists, Endocrinologists (N=300)</b>
Reduction in administrative load for your practice	91%
Less frequent prescription refills for your patients	97%
Fewer trips to the pharmacy for your patients	98%

	<b>Total (N=400)</b>
Improved medication adherence	83%

6. Please describe any other benefits to patients having extended supply prescriptions (6-12 months).



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### About the Study

These are the findings from an Ipsos poll conducted *May 24 – June 4, 2021* on behalf of RO Pharmacy. For the survey, a sample of 400 cardiologists, endocrinologists, primary care practitioners, and pharmacists from the continental U.S., Alaska and Hawaii was interviewed online in English.

To qualify, cardiologists, endocrinologists, and primary care practitioners had initiate prescription medication regimens for their patients and have patients currently prescribed a stable maintenance medication regimen.

Statistical margins of error are not applicable to online non-probability polls. All sample surveys and polls may be subject to other sources of error, including, but not limited to coverage error and measurement error. Where figures do not sum to 100, this is due to the effects of rounding. The precision of Ipsos online polls is measured using a credibility interval. In this case, the poll has a credibility interval of plus or minus 5.6 percentage points for all respondents. Ipsos calculates a design effect (DEFF) for each study based on the variation of the weights, following the formula of Kish (1965). This study had a credibility interval adjusted for design effect of the following (n=400, DEFF=1.5, adjusted Confidence Interval = +/- 7.1 percentage points for all respondents).

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