Integrating high touch specialty pharmacy services within a neurology clinic to improve medication access and affordability.

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• Being treated with a calcitonin medication afforded affordability.

BACKGROUND

- Specialty branded medications have increased in price by 57% since 2014.
- Average copay from 2004 was $404, and 2007 was $908.

OBJECTIVES

- Measure growth in number of Onabotulinumtoxin A (Ona A) for migraine.
- Assess the amount of dispensings with $0 copay.

METHODS

- Inclusion Criteria:
  • Active 50 mg with on-sale specialty pharmacy
  • Being treated with a calcitonin gene-related peptide receptor antagonist (CGRPra) for migraine

- Exclusion Criteria:
  • Prescribed by non-health insurance
  • Inappropriate dispensing data

- Procedure:
  • Study data was collected from the onsite specialty pharmacy from patients who were prescribed Ona A in 1/2018. PSA therapy under the exclusion criteria were removed from the dataset.
  • Dispensing data for CGRPra was collected when medication was first prescribed to the patient.
  • Data was analyzed comparing six months before (June 1/2017 to December 1/2018) and six months after (March 2018-2019). To remove bias, data was compared to a baseline to evaluate trends and not for trend analysis.
  • CGRP Receptor Antagonist dispenses was primary.

RESULTS

- Onabotulinumtoxin A Dispensing Data: 1/18 vs. 1/19
  • Compared to 1/18, in 1/19:
    - Volume of Ona A vials dispensed increased 90%.
    - Median copay decreased from $95.20 to $0.
    - Patient out-of-pocket costs decreased from >10% to <1%.
  • Volume of CGRPra vials dispensed increased 188%.

- January 2019 Onabotulinumtoxin A $0 Copays
  • SPS coordination of financial assistance was primary driver.
  • Medicaid $0 copays were due to insurance covering 100%.
  • 81% of Private Copay

CONCLUSIONS AND DISCUSSION

- The implementation of high touch SPS in a neurology clinic can benefit patients through prescription coordination and copay mitigation.

STUDY LIMITATIONS

- This study did not account for any remedial expenses incurred by the patient, especially in terms of Ona A administration.
- Data concerning non-prescription costs and on-sale services and sales would have been optimal for this specific study.
- There were no controls for the CGRPra medications since the medication was renewed after the initiation of SPS.

SOURCE CITATIONS/REFERENCES

- Cal扬 0
- 56 vs. 161
- More vials dispensed after SPS integration
- 7% vs. 70%
- Onabotulinumtoxin A $0 Copay Breakdown: 7/2018 - 1/2019
  - 47% of Medicaid Part A vials were primary $0 copays due to insurance covering 100% of the medication. All of Medicaid $0 copay vials were primary $0 copay.
  - 55% of Medicare Part A vials were primary $0 copays due to insurance covering 100% of the medication.

Notes:
- Medicare $0 copays were due to financial assistance. All Medicaid $0 copay vials were due to insurance covering 100%.
- SPS coordination of financial assistance was primary.
- 81% of Private Copay
- Of the total vials dispensed for Onabotulinumtoxin A


data comparing two complete years, one before services and one after, would have been optimal for this study.

Patients

- 22 Medicaid
- 55 Private

January 2019 Onabotulinumtoxin A $0 Copays

- 46% of Medicaid and 54% of private insurance had $0 copays due to insurance covering 100% of cost.