Impact of a Specialty Pharmacy Benefit on Rheumatoid Arthritis Medication Adherence and Functional Status: A Continuation Study

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Background

Patients with rheumatoid arthritis (RA) have benefited from the introduction of tumor necrosis factor (TNF) inhibitors, however, multiple studies have reported that rates of medication adherence are sub-optimal. Lower RA disease activity is associated with lower adherence rates. The mean age was 48.8 and approximately 77% of members were female. Specialty pharmacies offer various management strategies to improve adherence in patients with RA to help improve disease status. Adherence to biologics for RA has been poorly studied, and limited studies exist that measure the impact of a specialty pharmacy benefit on adherence correlated to a functionality score from the Health Assessment Questionnaire (HAQ-II).

Methods

RA is one of the few chronic diseases where patient-reported outcome measures are often the best predictors of treatment response. RA disease activity is associated with lower adherence rates. A threshold of 0.80 is shown to be reflective of clinical benefit. Pharmacy claims were analyzed to calculate PDC in each time period and were compared for differences. Members with claims for TNF-inhibitors (adalimumab, etanercept, certolizumab pegol, golimumab) used for RA treatment were included, provided they received at least two fills within each time period.

Design:

A retrospective analysis was conducted using an internal pharmacosurveillance database adhering to criteria established by the specialty pharmacy. Treatment was defined as “specialty” if the pharmacy designation was specialty prior to transition. “Non-specialty” was defined as the pharmacy designation prior to transition.

Study Population & Intervention:

- Members with claims for TNF-inhibitors (adalimumab, etanercept, certolizumab pegol, golimumab) used for RA treatment were included, provided they received at least two fills within each time period.
- Members with a baseline HAQ-II score after the transition were compared to subsequent HAQ-II scores for correlation with adherence.
- RA is one of the few chronic diseases where patient-reported outcome measures are often the best predictors of treatment response.
- RA disease activity is associated with lower adherence rates. A threshold of 0.80 is shown to be reflective of clinical benefit.

Results

- 101 members with RA met the inclusion criteria for having at least two fills in each time period and 26 members had completed HAQ-II assessments in each time period.
- The mean age was 48.8 and approximately 77% of members were female.
- Prior to transition, 34% of members were filling at non-specialty pharmacies and 66% of members were filling at specialty pharmacies.
- Members were overall adherent (PDC>0.80) in both groups in each time period (Figure 1).
- Adherence increased from pre- to post-transition for members filling at non-specialty pharmacies prior to transition, but decreased during the extension time period.
- For members filling at specialty pharmacies prior to transition, adherence declined in each time period.

Limitations

- A major limitation involves incomplete or refused patient completed HAQ-II assessments leading to an inadequate sample size to achieve significant results.
- Having insufficient data regarding additional therapy for RA treatment was also a limitation of this study.

Figure 3: Accepted Adherence Level Achieved

The percent of adherent members increased post-transition for those members previously filling at non-specialty pharmacies (65.2% vs. 84.8%, Figure 2).

Disclosures

- The authors have no financial or personal relationships with other people or organizations that could prejudice the work reported in this paper.

References

4. Miranda Kozlicki, PharmD Candidate 2020; Marc Zande, PharmD; Marleen Wickizer, PharmD, AE-C, CDE; Sharon Faust, PharmD; Chelsea Hustad, PharmD; Robert Topp, PhD, RN. Impact of a Specialty Pharmacy Benefit on Rheumatoid Arthritis Medication Adherence and Functional Status: A Continuation Study. NAVISYS Health Services. © 2019 Navitus Health Solutions, LLC. All Rights Reserved.