

Evaluating Reasons For Medication Discontinuations Across Specialty Pharmacy Therapeutic Areas

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BACKGROUND

Clinically-integrated health system specialty pharmacies are uniquely positioned to track the reason for a patient's discontinuation of therapy.

It is understood that common reasons patients discontinue therapy include ineffectiveness, adverse events, and managed care formulary restrictions. This real world data can be used to better predict which therapies are likely to result in better adherence for individual patients.

OBJECTIVE

Because discontinuation rates vary by disease state, the primary objective of this study is to analyze the reasons for these discontinuations and develop targeted interventions that are specific to their respective drug and disease state to avoid unwarranted discontinuation.

METHODS

This is a multi-center, retrospective, observational study across Trellis Rx partner health systems reviewing adult patients who received a specialty medication. Therapy discontinuations were assessed by stratifying reason for discontinuation, medication, and patient diagnosis. Embedded pharmacists document therapy discontinuations in Trellis Rx's Arbor* specialty pharmacy technology platform.

RESULTS

Of 14,904 patients reviewed, 2,903 patients had a documented therapy discontinuation. Of the 19 discontinuation reasons identified, the most common reason was "therapy completion," and was primarily seen in Hep C patients. "Therapy change; ineffective" was the most common reason for discontinuation for patients on an oncology therapy, with a significant amount also due to "intolerable side effects. Patients with neurological disease were most likely to change therapy due to "ineffectiveness" or to change from current regimen to a "newly approved drug."

CONCLUSIONS

We identified that therapy ineffectiveness and drug intolerance are disproportionately higher in patients receiving an oral oncology specialty medication. We believe that embedded health system specialty pharmacists can play a pivotal role in reducing discontinuation rates in this patient population through targeted patient outreach. Further interventional studies will be needed to assess how targeted pharmacist interventions can be incorporated into the clinically-integrated health system specialty pharmacy model to lead to a reduction of discontinuation rates in patients on oral oncolytics.

REASONS FOR DISCONTINUATION IN TOP 5 SPECIALTY THERAPEUTIC AREAS

