OBJECTIVE

The primary objective of this study is to compare the benefit of utilizing dispensing services alongside clinical services by measuring overall disease severity of patients with RA or PsA.

METHODS

• Multi-center, retrospective, case control study of adult patients with a diagnosis of RA or PsA receiving care from the HSSP from August 2018 to May 2020.

• We will administer RAPID3 tests to all adult patients with RA and PsA seen by rheumatology providers from the HSSP.

• The data will also be analyzed to determine if any drug class, payor, demographic, or monetary trends correlated with disease severity in the population.

• There are two different paths a patient can take under our care: clinical services only (e.g. dispense opt-out) or clinical and dispensing services (e.g. dispense opt-in). Dispense opt-out patients have their medications filled by an external specialty pharmacy, while dispense opt-in patients have their medications filled by the HSSP.

DATA ANALYSIS/RESULTS

• 1220 patient cases were reviewed, resulting in 198 patients with three or more data points.

• Change in RAPID3 from baseline to most recent RAPID3 collected for patients who were dispense opt-in (n=38) versus 0.8 in patients who were dispense opt-out (n=160).

• When comparing outcomes of patients who opted to dispense through their HSSP versus an outside pharmacy, the HSSP produced 1.75 times better results in change from baseline to first collection of RAPID3 scores, and 1.33 times better results in change overall.

• There is no evidence of superiority when comparing the medications head to head in this subset of data.

• On average, HSSP was 1.2 times better in change in RAPID3 from baseline to most recent RAPID3 collected versus Outside Pharmacy.

• There is no one agent or class that showed a better cost or efficacy profile than any other.

• The data also shows that patients who were dispense opt-in tended to have a higher change in RAPID3 from baseline to first data point collected compared to patients who were dispense opt-out.

• Of patients who were dispense opt-out, 14% filled medications through an external specialty pharmacy while dispense opt-in patients had their medications filled by the HSSP.

CONCLUSIONS

• When comparing outcomes of patients who opted to dispense through their HSSP versus an outside pharmacy, the HSSP produced 1.75 times better results in change from baseline to first collection of RAPID3 scores, and 1.33 times better results in change overall.

• There is no evidence of superiority when comparing the medications head to head in this subset of data.

**MALE/FEMALE COMPARISON**

- **HSSP (n=38)**
  - Female: 68.8%
  - Male: 31.2%

- **Outside Pharmacy (n=160)**
  - Female: 72.2%
  - Male: 27.8%

**PAYOR BREAKDOWN**

- **HSSP (n=38)**
  - Medicare: 77.4%
  - Medicaid: 8.6%
  - Commercial: 14%

- **Outside Pharmacy (n=160)**
  - Medicare: 57.9%
  - Medicaid: 3.7%
  - Commercial: 8.1%
  - Other: 30.3%

**MOST FREQUENTLY DISPENSED THERAPIES**

- **Adalimumab**
  - HSSP: 30.8% (n=93)
  - Outside Pharmacy: 14.9% (n=1227)

- **Abatacept**
  - HSSP: 21.5% (n=93)
  - Outside Pharmacy: 30.2% (n=1227)

- **Etanercept**
  - HSSP: 20.4% (n=93)
  - Outside Pharmacy: 32.4% (n=1227)

- **Adalimumab**
  - HSSP: 30.8% (n=93)
  - Outside Pharmacy: 32.4% (n=1227)

- **Tofacitinib**
  - HSSP: 10.7% (n=93)
  - Outside Pharmacy: 8.6% (n=1227)

**FIGURE 1**

Comparison of Average RAPID3 Score in Patients Dispensed Medications through HSSP vs Outside Pharmacy