BACKGROUND

- Droxidopa, an α1/β1 agonist indicated for the treatment of neurogenic orthostatic hypotension1, has shown improvement in blood pressure, quality of life, and fall reduction2,3.
- However, previous reports have found persistence to therapy to be challenging, most often due to lack of efficacy and adverse events (AEs).4
- Frequent monitoring and support by an integrated specialty pharmacist may improve persistence to droxidopa.

OBJECTIVE

Evaluate persistence on droxidopa therapy in adult patients with symptomatic orthostatic hypotension receiving care within an integrated specialty pharmacy model.

METHODS

- Design: Single-center, retrospective cohort
- Sample: Adult patients prescribed droxidopa with ≥3 medication fills by the center’s specialty pharmacy
- Study period: May 2017 - September 2019
- Primary outcome: Persistence, measured as time to first non-persistent event, defined as a coverage lapse > 60 days
- Secondary outcomes: Adherence measured by proportion of days covered (PDC)
- Health outcomes including patient-reported AEs and falls, emergency room visits, and hospitalizations

RESULTS

- The probability of a patient in the study still being on medication through 12 months is 0.63 (95% CI 0.53-0.75) with 23 patients censored.
- Median PDC: persistent = 0.99, non-persistent = 0.90, combined = 0.97
- 13% (n=12) of patients considered non-adherent with PDC < 80%
- Mean number of fills: persistent = 14.8 fills, non-persistent = 10.1 fills
- Hypertension was the most commonly reported AE.
- A total of 41 AEs were reported by 28 patients.

CONCLUSIONS

- Despite close monitoring for AEs and treatment efficacy, many patients were not persistent through 12 months of therapy. In those that maintain on therapy, high rates of adherence were seen.
- The neurology specialty pharmacist closely monitored efficacy and AEs.
- Future analysis will focus on reasons for non-persistence and correlation between AEs and healthcare utilization with persistence.