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RESEARCH

The adherence impact of a program offering specialty pharmacy services to patients using retail pharmacies

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ABSTRACT

Background: A new service model integrates the specialty pharmacy's comprehensive service with the retail pharmacy's patient contact, giving patients options for medication delivery to home, pharmacy, or doctor's office.

Objective: Evaluate the impact of the new service model on medication adherence.

Design: Retrospective cohort study

Settings: One hundred fifteen CVS retail stores in Philadelphia participated in a pilot from May 2012 to October 2013, and 115 matched CVS retail stores from around the nation served as controls.

Patients: All eligible patients from the intervention and control stores received specialty medications through CVS retail pharmacies prior to implementation of the new service model.

Intervention: The intervention patients were transitioned from retail pharmacy service to the specialty pharmacy with delivery options. The control patients received standard retail pharmacy services.

Main outcome measures: Proportion of days covered and first fill persistence were tracked for 12 months before and after program implementation.

Results: Under the new service model, 228 patients new to therapy in the post period had a 17.5% increase in the rate of obtaining a second fill as compared to matched controls. Patients on therapy in both the pre- and the post-periods had a pre-post increase of 6.6% in average adherence rates and a pre-post increase of 10.8% in optimal adherence rates as compared to 326 matched controls.

Conclusion: The study demonstrated significant improvement in both adherence to therapy and first-fill persistence among patients in the new service model integrating specialty pharmacy's comprehensive services with the retail pharmacy's patient contact and medication delivery choices.

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Although there is no industry standard definition, specialty medications are generally considered to be pharmaceuticals that are expensive and difficult to administer, require special handling, distribution or monitoring, and require assessment of patient side

effects and response.^{1,2} Retail pharmacies do not have access to the broad range of specialty drugs. An increasing number of drugs enter the market with limited distribution, available only from selected specialty pharmacies to ensure required safety and compliance with Risk Evaluation and Mitigation Strategies protocols for drugs or biologics with known or potential risks.³ Approximately 29% of all specialty drugs available from CVS Health in 2013 were identified as limited distribution drugs.⁴

Specialty pharmacies provide a comprehensive service to clinics and physicians managing specialty conditions, to payers administering benefits, and to manufacturers requiring data and reporting on drug distribution and patient adherence. Specialty pharmacies use specialized clinical pharmacists, patient service technicians, benefit and billing staff members, and information technology departments to handle claims

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Previous Presentation: CVS Caremark was awarded the 2014 Rx Benefit Innovation Award by the Pharmacy Benefit Management Institute (PBMI) for the Specialty Connect Program. As part of that application process, a summary of the program and its impact was presented in December 2013.

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processing and data reporting.⁵ These support services are aimed at keeping patients adherent to their therapy so that they derive greater benefit from these expensive treatments.

Spending on specialty medications is growing by greater than 15% annually.¹ Although the high cost of the medications is a major driver of this growth, the growing number of therapeutic indications for the medications is also a significant factor. As the role of specialty medications grows, greater attention has focused on ensuring that patients who need these medications have appropriate access and are supported in the correct, safe, and consistent use of these therapies. These costly medications do not have the opportunity to work in patients who fail to adhere to them. Many payers require patients to receive specialty medications from specialty pharmacies, where a higher level of care coordination and patient support has demonstrated substantial improvement in adherence to therapy^{6,7} and reduction in total cost of therapy.^{8,9}

Patient intake at a specialty pharmacy is different from at a retail pharmacy. Often a physician faxes a prescription directly to a specialty pharmacy, which then has a patient service technician call the patient for information. A benefit specialist will call the insurance company directly to verify benefit coverage, to identify any requirements for prior authorization, and to advise the patient of copayment assistance programs if needed.⁵ A clinical pharmacist trained in the patient's condition will consult directly with the patient to provide education regarding the use of the specialty drug, potential side effects or adverse events, and the importance of adhering to the medication's specific regimen. Follow-up calls to the patient to assess side effects and compliance are routine.⁸

Many newly diagnosed patients attempt to fill their specialty prescriptions at their local retail pharmacy because of convenience and familiarity, but they can be confused and overwhelmed by the process. Concerned that the retail intake process frustrated patients at a vulnerable point in their therapy, CVS Health commissioned a private survey of 150 CVS and competitor retail pharmacies in New England in January 2012. This survey revealed that 25% of the surveyed stores turned patients with specialty prescriptions away with little or no assistance. Only 38% of the retail pharmacies were confident in their ability to fill the specialty medication within 48 hours. Because of such inventory access barriers at retail pharmacies, patients may delay or abandon their treatment at their first attempt. Therefore, this study evaluated the impact of a change in service model from traditional retail pharmacy to specialty pharmacy with patient choice on flexible delivery options.

Objectives

The objective of this study was to assess the impact of the Specialty Connect program on the persistence of patients new to therapy (initiators) and the adherence to therapy over 12 months of those patients on therapy in the pre- and post-intervention periods (continuers).

Methods

Study design and study period

We conducted a retrospective cohort study, comparing changes in medication adherence (measured as first-fill

persistence for initiators and proportion of days covered [PDC] for continuers) following implementation of Specialty Connect. Intervention and control patients were drawn from prospectively chosen retail stores. One hundred fifteen CVS retail stores in the Philadelphia metropolitan area were selected to implement Specialty Connect. Implementation of the 115 stores was staggered in three phases: 1) 20 stores were implemented in May 2012; 2) 56 stores were implemented in August 2012; and 3) 39 stores were implemented in September 2012. While the stores were selected prospectively for administrative purposes, evaluation was conducted retrospectively. Prescription use was tracked for all stores for 12 months prior to program implementation (pre-period). Post-period was defined as the 12 months following a program transition period, during which patients received information about the new Specialty Connect program. The program transition period was one month for the first 20 stores and two months for the remaining stores. Prescription use during the program transition period was excluded.

Intervention

The pilot program intervention began with the patient intake at one of the intervention pilot retail stores, when a new patient presented a prescription for a target drug or a continuing patient returned for a refill. The seven target conditions (with an example drug) included cystic fibrosis (dornase alfa), hepatitis B (entecavir), multiple sclerosis (glatiramer acetate injection), oncology (imatinib mesylate), osteoporosis (teriparatide), pulmonary arterial hypertension (tadalafil), and autoimmune conditions (etanercept).

Drugs for HIV, transplants, growth hormone, and infertility were excluded from the pilot for operational reasons. When the pharmacist entered the prescription information, the retail pharmacy system identified that the specialty medication was in the pilot program and prompted the pharmacist to engage in a conversation with the patient. The pharmacist introduced Specialty Connect as an enhanced service offering and described the added benefits that the patient would receive which included additional support with cost and insurance processing, clinical consultations specific to medication and disease state, and the added convenient options to receive the specialty medication either direct to the patient's home, doctor's office, or in-store to pick-up with other non-specialty medications. With patient agreement, the prescription and patient information were then faxed to CVS Specialty Pharmacy.

When the Specialty Pharmacy received the Specialty Connect prescription, a Benefit Verification Specialist determined whether prior authorization (PA) was required and, if necessary, contacted the prescriber to initiate the PA process. A Patient Services Representative discussed payment and the opportunity for financial counseling with the patient, as well as delivery options (i.e., paying at retail at time of pick-up or paying the specialty pharmacy at time of shipping to home or doctor's office). The Patient Services Representative also told the patient about the availability of free ancillary supplies necessary for injection and infusion medications, as well as access to a pharmacist specializing in the patient's condition to discuss medication administration, adverse events, and ways to manage adverse effects. The patient was advised that pharmacists were available for counseling 24 hours a day,

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