Because patient diagnosis was unavailable in pharmacy claims, diagnosis is assumed based on the drug dispensed and approved indications for that drug.

Clinicians were trained via the Motivational Interviewing Network of Trainers (MINT), a standardized method of learning conversational approach.

These improvements in medication adherence were consistent across all disease states.

A discontinuation was considered to be > 90 days without a fill, and that end date would be used if it was less than the end date of the last fill. If a medication fill date overlapped with a previous fill, the start date of the new fill was pushed forward to start when the previous fill's day supply expired.

Inclusion Criteria

• Age ≥ 18 years old at the time of measurement period.
• Attributable one pharmacy claim for self-administered specialty medication filled at ≥ 1 pharmacies orscope.
• The specialty medications had an FDA-approved indication for any of the following disease states: allergy (allergy/ rhinitis/ chronic respiratory disorders/COPD) multiple sclerosis, rheumatoid arthritis, psoriasis, psoriatic arthritis, Crohn’s disease, rheumatic arthritis, and Sjogren’s syndrome.
• Because patient diagnosis is not available in pharmacy claims, diagnosis is assumed based on the drug dispensed and approved indications for that drug.

To compare adherence outcomes between specialty pharmacies and non-MIHC pharmacies, patients were categorized based on achievement of target adherence, defined as PDC ≥ 85%.

Statistical analysis

Adherence was measured using proportion of days covered (PDC), which is a validated method of measuring adherence. PDC measures how much of a drug therapy was taken during a specific period. It is calculated as the total days of drug supply divided by the total days of therapy, as a proportion.

Patients were categorized based on their adherence data. Patients with a PDC < 85% were considered non-adherent, while those with a PDC ≥ 85% were considered adherent.

A two-tailed chi-square test was used to determine if there was a significant difference between the proportion of patients with PDC > 85% and those with PDC < 85% by pharmacy group.

Conclusion

• Among all patients treated with specialty medications, the mean adherence (PDC) in therapy was 82.17%, which means that on average, patients filled their prescriptions 82.17% of the days the therapy was due.
• Patients who filled their specialty prescriptions at MIHC Specialty Pharmacy were 31.8% more likely to achieve adherence rates ≥ 85%, compared to non-MIHC Specialty Pharmacies.

Discussion

• Longer follow-up periods may provide further insights on the true impact of improved adherence on both gaps between adherent and non-adherent patients will continue to increase over time.

Disclosures

This research was conducted by Magellan Health Management, Scottsdale, AZ, without external funding.