Background

• Telephonic reminders have been shown to increase adherence to vaccines. This study is the first-of-its-kind to leverage the unique pharmacy claims data available to a pharmacy benefit manager (PBM) in order to intervene with those patients who were at risk for non-adherence to the second dose of Shingrix® (recombinant herpes zoster vaccine [RZV]).
• Hypothesis: Pharmacist driven telephonic intervention within a prescription drug plan (PDP) will be an effective method for increasing completion of the RZV two-dose series.

Objective

• To determine if pharmacy intern delivered telephonic outreach reminders to a randomized selection of Magellan Rx Medicare Part-D (PDP) participants who have only received one dose of RZV will improve adherence with its two-dose schedule within the Advisory Committee on Immunization Practices (ACIP) and Centers for Disease Control and Prevention (CDC)-specified timeline compared to those who do not receive a telephonic outreach reminder.

Methods

{figure methods by which participants were identified and entered the study protocol}

Results

Low-Income Subsidy (LIS) status affects adherence to the Shingrix® vaccine series more than telephone call reminders.

Discussion/Conclusion

• The null hypothesis was unable to be rejected.
• For the LIS recipients in our population, a traditional telephonic outreach did not have significant influence on adherence.
• LIS-receiving members were less likely to be adherent to the RZV series.
• LIS-receiving members have been shown to have a lower health literacy, and this has significant influence on adherence.
• There is a need for future research to address LIS recipients’ Social Determinants of Health.

References

3. Pharmacist-Driven Shingrix Follow-Up RCT: Final Data exported July 2019 for final analysis. 2019