ADHERENCE TO SPECIALTY MEDICATIONS: ASSESSING RATES AND CORRELATES OF NONADHERENCE AT AN INTEGRATED SPECIALTY PHARMACY

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INTRODUCTION

- Nonadherence to specialty medications leads to worse patient health outcomes and higher financial burden on the healthcare system.
- Integrated specialty pharmacy models are designed to improve patient access, adherence, and outcomes of specialty treatments.

METHODS

Design and Sample
Retrospective chart review of patients with 3+ medication fills from Vanderbilt Specialty Pharmacy between November 2016 and December 2017

Exclusion
Patients whose medications had disparate administration schedule and days supply claim submission

Outcome
Medication adherence measured by Proportion of Days Covered (PDC)

PDC= Number of days in a period “covered” by medication/ Number of days in a period

RESULTS

7297 Prescriptions
20 Specialty Clinics

Bivariate Associations between PDC and Demographics:
Adherent patients (compared with nonadherent patients) were:
- Older age (52 vs. 46 years, t=9.36, p<0.001)
- More likely male gender (15.1% vs. 12.8%, χ²=7.54, p=0.006)
- No difference between White and non-White patients

CONCLUSIONS

- Data suggest younger patients and female patients are at a higher risk for nonadherence.
- We found a low rate of nonadherence among patients using an integrated specialty pharmacy but highlight potential to improve.
- PDC does not capture reasons for non-adherence, which could explain differences between clinics.

REFERENCES AND ACKNOWLEDGEMENTS


We would like to acknowledge Jacob Bell and Aaron Frank for their assistance with data extraction, and Joshua DeClerq for his assistance with figure development.