

Retrospective Evaluation of a Targeted Pharmacy-Based Adherence Program in Patients Receiving Cystic Fibrosis Transmembrane Conductance Regulator Modulator Therapy for Cystic Fibrosis

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BACKGROUND

Non-adherence in cystic fibrosis (CF) may lead to worsening health outcomes and increased healthcare costs. The intricacies and time commitment required for daily treatment can be a barrier to adherence. This study assessed the impact of a specialty pharmacy (SP) adherence program for patients on CFTR modulator (CFTRm) therapy. According to the CF Foundation Patient Registry, 80.5% of CF patients are eligible for CFTRm therapy (CFFPR Annu Data Rep. 2019).

OBJECTIVE

To determine the impact on refill scheduling from a pharmacist-led clinical intervention program for patients taking CFTRm therapy and identified as high risk for non-adherence.

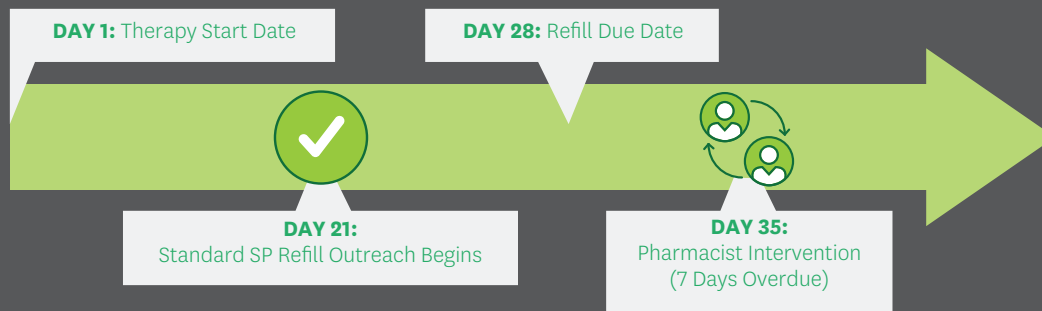
METHODS

The primary objective was to determine the percent of referrals scheduled after telephonic pharmacist intervention for patients on CFTRm therapy. The secondary objectives were to identify predictive factors that may place patients at high risk for non-adherence and total number of patients who required more than one intervention during the study period. Patients included in the data were those receiving CFTRm therapy at the study site between 04/10/20 and 03/19/21 and were 7 days overdue for refill based on anticipated refill date. Patients received a pharmacist-led clinical chart assessment followed by a call to the physician, the patient, or both. Data collection included total number of interventions for adherence counseling, intervention type, number of referrals dispensed after consultation, and number of patients that required more than one intervention.

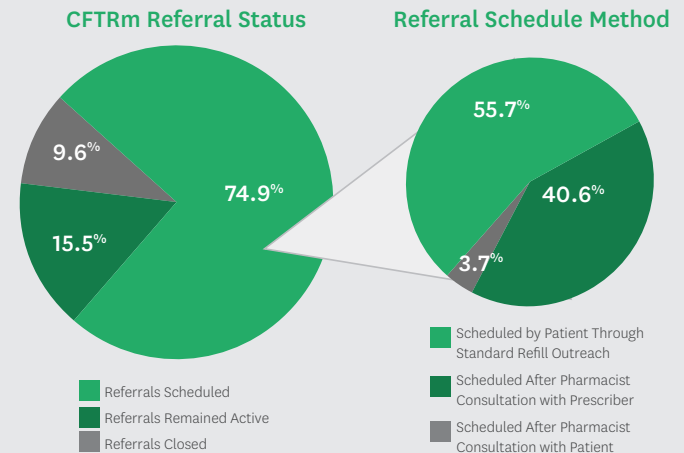
RESULTS

A total of 949 referrals met inclusion criteria across all CFTRm therapies. At the time of data extraction on 3/24/21, 711 (74.9%) referrals were scheduled, 147 (15.5%) remained active, and 91 (9.6%) were closed. Of the 711 scheduled, 289 (40.6%) were scheduled after pharmacist consultation with prescriber, 26 (3.7%) were scheduled after pharmacist consultation with patient, and 396 (55.7%) were scheduled by the patient following the SP's standard refill outreach cadence. A predictive risk factor identified for non-adherence were those transitioning from previous CFTRm. A total of 230 patients (39.6%) required more than one intervention during the study period.

ADHERENCE OUTREACH TIMELINE



REFERRALS MEETING INCLUSION CRITERIA



CONCLUSIONS

Integration of pharmacist-led adherence interventions is an effective way to mitigate gaps in therapy for patients taking CFTRm therapy. The multidisciplinary approach of collaborating directly with prescribers' offices proved to be successful in refill scheduling.

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