

Specialty pharmacy use and adherence to oral anticancer medications for breast cancer and prostate cancer: Implications for Medicare Part D policy

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BACKGROUND

- Specialty pharmacies employ multiple strategies to improve adherence to expensive self-injectable or oral medications
- They may help apply for financial assistance, educate patients about toxicities, send refill reminders).
- Commercial enrollees are often required to receive specialty drugs through a specialty pharmacy,
- No such requirement is placed on Medicare beneficiaries, due to Medicare Part D's Any Willing Pharmacy (AWP) provision

OBJECTIVE

- We evaluated the extent of specialty pharmacy use
- We evaluated the association of specialty pharmacy use with medication adherence in Medicare beneficiaries using oral anticancer medications (OAMs) for breast cancer and prostate cancer.

METHODS

- **Data:** SEER-Medicare (2007-2019)
- **Cohort:** Medicare fee-for-service beneficiaries with Part D coverage who newly initiated OAMs for breast (palbociclib, lapatinib) or prostate cancer (abiraterone, enzalutamide).
- **Primary outcome #1:** Adherence (proportion of days covered [PDC]≥0.80 over 6 months post-initiation of OAM)
- **Primary outcome #2:** Discontinuation (consecutive 90-day gap in OAM supply until end of follow-up).
- Logistic and Cox regressions controlling for patient demographic and clinical characteristics were used to evaluate the association of specialty pharmacy use with the primary outcomes

RESULTS

- N=20,114 beneficiaries
- 6,434 breast cancer
- 13,680 prostate cancer
- 27.1% used specialty pharmacies for filling their OAM.
- Compared to beneficiaries initiating OAMs from non-specialty pharmacies, those who initiated OAMs through specialty pharmacies had:
 - Higher odds of adherence (breast: odds ratio 1.17 [1.05-1.30]; prostate: OR 1.18 [1.09-1.28]) (Table)
 - Lower hazard of discontinuation (breast: hazard ratio [HR] 0.89 [0.84-0.94]; prostate: HR 0.85 [0.82-0.89]).
- Results were consistent in subsamples of each individual OAM user.

CONCLUSIONS

- Specialty pharmacy use is low in Medicare beneficiaries using OAMs for breast and prostate cancer.
- Specialty pharmacy use was associated with higher adherence for OAMs
- Specialty pharmacy use was associated with lower discontinuation for OAMs.
- Future research is needed to confirm similar findings in other diseases in the Medicare population and inform whether the Part D AWP provision should be reconsidered.

TABLE: Adherence (PDC >0.80 over 6 months post initiation of OAM)

	Breast (n=6,434)		Prostate (n=13,680)	
	Odds Ratio	P-value	Odds ratio	P-value
Specialty pharmacy use	1.17	0.003	1.18	<0.001
LIS status	1.25	<0.001	1.09	0.079
Age				
65-69	1.00		1.00	
70-74	1.00	0.941	1.10	0.107
75-79	0.96	0.514	1.08	0.599
80+	0.83	0.007	0.97	0.583
Race				
Non-Hispanic White	1.00		1.00	
Hispanic	1.11	0.311	0.97	0.681
Black	0.88	0.169	0.96	0.578
Urban/Rural				
Urban	1.00		1.00	
Rural	1.31	0.063	0.85	0.089
Charlson Comorbidity				
0	1.00		1.00	
1	1.07	0.242	0.92	0.098
2	0.98	0.757	0.91	0.099
3+	0.94	0.359	0.84	0.001