

Expanding Insights on Primary Adherence

Connecting electronic health records (EHR) and various types of claims data provides significant insights that can help us develop a better understanding of how prescriptions get filled and where the opportunities to improve adherence lie.

Including additional information from claims on rejections and reversals sheds more light on the process and offers visibility into the rate of prescriptions that are written but never make it to the pharmacy, a statistic that, up to this point, has been unobtainable at scale. Building upon recent work on primary adherence, Optum recently examined five products used to treat either psoriasis or atopic dermatitis (TREMIFYA[®], STELARA[®], TALTZ[®], COSENTYX[®] and DUPIXENT[®]), adding in rejection and reversal information for 1,000 newly written prescriptions. Across the products, we identified that 23.4% of the written prescriptions did not have any corresponding pharmacy activity identified within the claims data, indicating that the written prescription was not presented to a pharmacy for fill. Of the remaining written prescriptions that did have some type of pharmacy activity, 15% did not make it through the approval process and were abandoned, and 2% were approved but were later not picked up by the patient. As a result, only 63.6% of patients with a newly written prescription for one of these products actually received the product as intended.

There are a variety of reasons why a patient may choose to not present a prescription to the pharmacy or not return later to pick it up once filled by the pharmacist. They include factors like cost, denial of the condition, forgetfulness and a decision to treat with other methods. Uncovering these reasons for specific patients and implementing programs to impact patient behavior may help ensure more patients requiring treatment receive it. The integration of data at a patient level enables payers, providers and life science companies to better understand where the loss in treated patients is occurring and then create appropriate programs to change the dynamic. For example, one of the analyzed product's non-approval rate was over 50% (compared to the average of 15%), which upon further analysis is hypothesized to be a result of that particular product's utilization management (UM) program for the product. In this case, it's not the lack of patient engagement that is reducing the treated rate. Prescriptions are being presented by the patient, but the UM program is reducing fill rates. Understanding where prescriptions fall out of the system can enable organizations to focus their efforts in the areas that will have the most impact in appropriately closing the gap. In this case, additional awareness for the provider may reduce the number of written prescriptions for that product, reducing the time and effort it takes to get the patient treated.



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