AcariaHealth™

Specialty Pharmacy

# Evaluating the impact of different call cadences of a nurse-led specialty pharmacy outreach program on ponatinib adherence and persistency

Allison Watson, PharmD, CSP | Misty Rombach, PharmD | Thomas Pouliot | Robert Allender, MS | Minette James, MSIQ

Download a Copy
ahrx.co/NASP2025

## Background

Ponatinib is a kinase inhibitor for the treatment of adult patients with Philadelphia Chromosome-Positive Acute Lymphoblastic Leukemia (Ph+ ALL) and Chronic Myeloid Leukemia (CML) with specific mutations. Sustained medication adherence is crucial for therapy success in oncology, where drug regimens are often associated with complex side effects and low tolerability. Pharmacy outreach programs aim to mitigate concerns by providing individualized counseling to patients. Key variables that determine a program's success are the frequency, type, and timing of outreach.

## Objective

Assess the impact that pharmacy outreach call cadences have on ponatinib adherence and persistency.

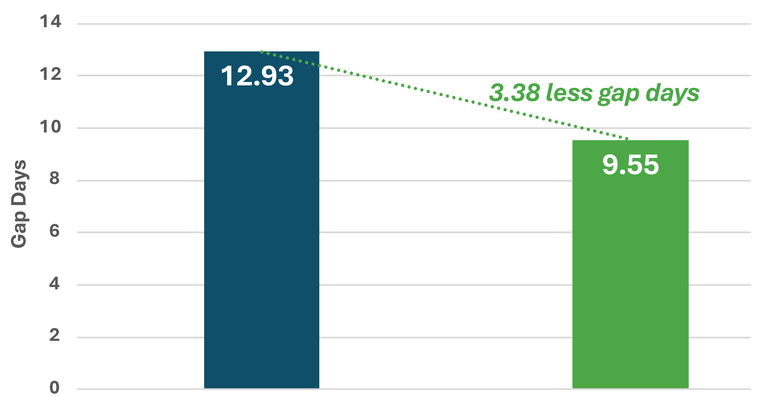
## Methods

This is a retrospective review of adherence conducted by evaluating gap days and persistence from AcariaHealth's database. A comparison was made for patients filling ponatinib who underwent counseling in a legacy Program 1.0 versus those in an updated Program 2.0. While Program 1.0 offered counseling after the initial shipment and at days 90, 180 and 270, Program 2.0 did so prior to first shipment, at days 7, 30, 45, 60, and when patients had a lapse in therapy. This analysis defined gap days as the number of days between projected medication exhaust date and scheduling of the next shipment. Persistence was assessed by comparing the proportion of patients remaining on therapy as of Day 30. These endpoints were analyzed for significant differences ($p<0.05$) using two-sample t tests.

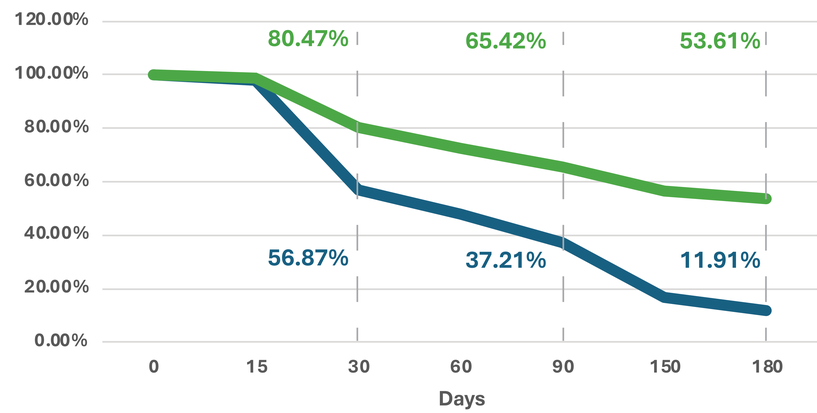
## Results

The gap day analysis included 459 patients in Program 1.0 and 726 patients in Program 2.0. Patients in Program 2.0 experienced 3.38 less gap days ($P<0.05$), which was a 26% decrease from Program 1.0. Persistence was evaluated for 275 patients in Program 1.0 and 642 in Program 2.0, where 56.87% and 80.47%, respectively, remained on therapy at day 30 ($P<0.05$). Patients who received counseling in Program 2.0 were 1.4 times more likely to remain on therapy and refill at day 30 compared to patients in Program 1.0.

### Average Gap Days for Counseled Patients




### Persistency Curve for Counseled Patients




Legacy Program 1.0
Offered counseling after the initial shipment and at days 90, 180 and 270

Enhanced Program 2.0
Offered counseling prior to first shipment, at days 7, 30, 45, 60, and when patients had a lapse in therapy

## Conclusion

Incorporating early initiation of patient outreach demonstrates to be an effective strategy in improving medication adherence and persistency. The addition of Ph+ ALL as an approved indication during Program 2.0 could be considered a limitation due to inclusion of an added disease state with slightly lower dosing. Further research with variable call cadence across more comparable sample groups would be beneficial to remove any bias that may exist

VISIT US ONLINE
AcariaHealth.com
@ AcariaHealth



References:
[1]Ponatinib[package insert].Lexington, MA:Takeda PharmaceuticalCompany Limited.; 2024.