BACKGROUND

- Disease-modifying therapies (DMTs), used to treat relapsing multiple sclerosis (RMS), vary in mechanism of action, administration route, and efficacy level.\(^1\)
- The Consortium of Multiple Sclerosis Centers Practice Guidelines emphasize that DMT treatment selection and modification should be individualized, encouraging decisions based on clinical and patient factors as well as professional judgement.\(^1\)

OBJECTIVE

Evaluate the long-term rate and reasons for DMT switching for patients using an integrated health-system specialty pharmacy.

METHODS

DESIGN: Single-center, retrospective review

INCLUSION:
- Diagnosis of RMS
- \(\geq 3\) fills of DMT at Vanderbilt Specialty Pharmacy (VSP) in the 6-month index period (May - October 2017)
- DMT prescribed by Vanderbilt MS clinic provider

DATA SOURCES:
- Electronic health record
- Specialty pharmacy patient management system
- Pharmacy claims

ANALYSIS:
- Descriptive statistics used to summarize sample characteristics and outcomes

RESULTS

CHARACTERISTICS:
- DMT switches due to insurance change often occurred at the beginning of each calendar year as opposed to changes due to all other reasons, likely a result of insurance formulary changes.
- There was a steady, cumulative increase in DMT switches due to reasons other than insurance change throughout the study period.

CLINICAL DECLINE:
- Clinical decline accounted for 32% of all DMT switches, while side effects accounted for 22%.

INSURANCE CHANGE:
- Insurance change was the most common reason for DMT switch (36%), frequently with branded glatiramer acetate.
- Pharmacists identified the need for and initiated 36% of switches.
- Pharmacists' role in switching included: Recommending a new DMT, providing new medication counseling, recommending and coordinating pre-therapy labs and tests, assisting with medication access, and coordinating follow-up care.

CONCLUSIONS

- DMT switches occur frequently in patients with RMS, most often due to insurance formulary change, clinical decline, or side effects.
- Patients with RMS commonly switched to higher efficacy monoclonal antibody infusion medications in instances of clinical decline.
- Integrated specialty pharmacists play a key role in identifying the need for a DMT change and coordinating care during therapy transitions.