Optimizing initiation for self-injectable medications with remote demonstration kits delivered via specialty pharmacy

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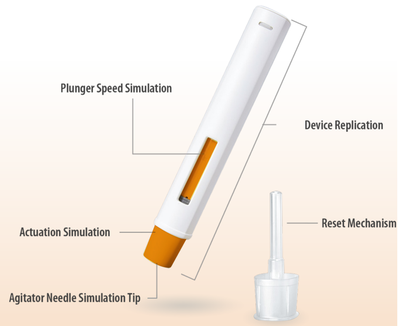
BACKGROUND

- Patient training for self-injectable medications varies greatly, with some receiving no training or limited resources.
- In-clinic training shows variations in time, methods, and effectiveness
- **Remote Demonstration Kits (RDKs)** with high-fidelity devices are an alternative for at-home self-injection practice.

- Supplying demonstration devices andRDK's to patients for homeusevia HCPS has been recommended but the logistics may prove challenging.
- Specialty Pharmacy, given its role in supplying self-injectable medications, is well-positioned to provide patient training and distribute RDKs effectively.



OBJECTIVE

- This exploratory pilot attempted **to investigate the impact of supplying self-injection RDK's** (IFU, injection demonstration device and video) to patients via specialty pharmacy.

METHODS

- Patient were randomized equally into two groups: Standard of Care (SoC) or SoC + RDK. The RDK was shipped on the same day as the first dose, and PRO data were collected at intervals, alongside patient refill data from the specialty pharmacy.
- Inclusion Criteria: One of three biologics with a 14-day dosing schedule and naïve to self-injection medication.

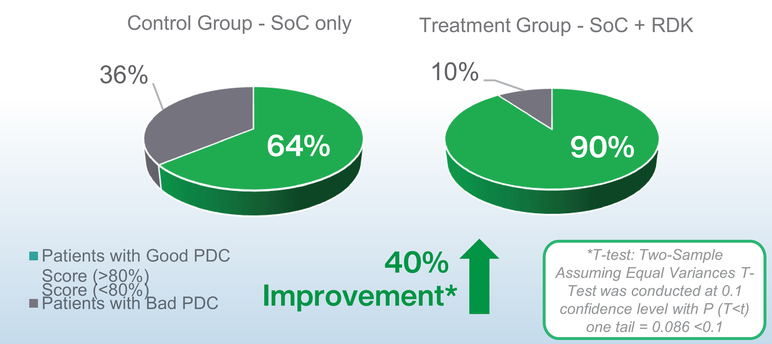
MEASURE	MEASURE DESCRIPTION
Script-to-Injection	✓ Patients reported 1st self-injection
Adherence	✓ Patients claimed 1st refill
Persistence	✓ Patients who are eligible for 3 dispenses

PATIENT ENGAGEMENT PROGRAM

- **Training Device**- Hands on practice over time to improve patient confidence, motivation, and persistence
- **Digital Support**-Tailored digital experience to engage patients with relevant, timely, and actionable information
- **Real World Evidence Generation**-Access to a data-driven patient journey for analysis, reporting and publication
- **Logistics & Distribution**-Streamlined approach to inventory management, replenishment, and reach-to-patient model

RESULTS

Adherence Impact - PDC
(Percentage of Days Covered)



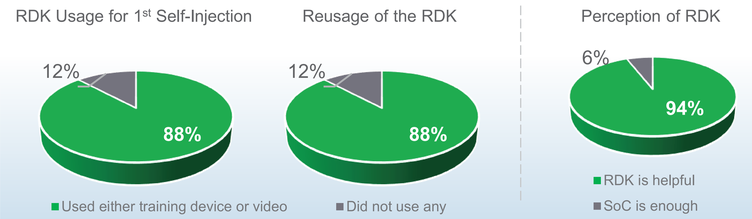
Persistence Impact (Preliminary Findings)

	Persistence Rate*
Control Group (SoC only)	82%
Treatment Group (SoC + RDK)	94%

** Patients discharged due to co pay and side effects are not included in the persistence calculation*

RESULTS

Kit Usages and Perceptions in Treatment Group



CONCLUSIONS

Script-to-Injection Days
- Patients who receive the training kit **took their first injection ~3.5 days sooner (38%)** than those who receive only standard of care

Short-term Adherence (PDC)
- Patients who received the Noble training kit are **40% more likely to reach an acceptable PDC percentage (80%)** than those who only received standard of care

Persistence to therapy
- Early persistence data shows a **15% improvement in patients persisting to therapy**

Patient perceptions
- Patients who receive the RDK are **highly likely to use it for on their initial dose (88%)** and **highly likely to re-access the training kit (88%) for re-orientation for later doses**

Limitations:
- Small sample size warrantsfurther study with larger sample
- Script-to-Injection Days were not assessed if the 1st injection date was not available via survey
- This pilot study's scope was limited to demonstrating short-term adherence impact due to its relatively brief duration