Evaluating Specialty Medication Adherence Following Implementation of Refill Management Workflows

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BACKGROUND

Specialty medications often require enhanced monitoring and consistent patient engagement to support timely refills and optimize therapeutic outcomes. Over time, UVA specialty team has identified that this can be challenging, and clinical pharmacist outreach alone does not always keep patient's adherent to therapy. The team has identified pharmacy technician outreach has been beneficial through patient and clinical team feedback. Identifying this success, UVA Specialty team developed a plan for a structured clinic-based approach to refill reminder outreaches.

Another recognized concern to patient adherence to therapy are frequent barriers that either delay or result in discontinuation of therapy. Barriers such as dosing concerns, insurance-related delays, and high medication costs can negatively affect adherence. Without frequent outreach and identification of these issues, patients' therapy can unfortunately be delayed or cause a gap in therapy. With a pharmacy technician outreach program, patients are monitored closely and barriers are identified early. This can lead to resolving problems efficiently and ultimately reduction in gaps in therapy.
A refill management outreach program can support patients by improving identification of adherence concerns in a timely manner and support proactive patient care within specialty pharmacy services including referral to clinical support when needed.

PURPOSE

This study is meant to evaluate the value of implementing a refill management workflow and its effect on medication adherence. Adherence will be measured before and after implementation of refill management workflows in select specialty clinics. The prior period measured defined as one year prior to go live 06/01/2024-05/31/2025 and 1 year post implementation 06/01/2025-05/31/2026. Adherence is measured using proportion of days covered (PDC) data obtained through third party reporting. Pre-implementation and post-implementation adherence rates will be compared to assess the program's impact on medication continuity.

METHODS

The refill management program is structured based on clinic and disease state as depicted in Figure A. This workflow allows technicians assigned to clinic groups to have continuity in working in the same clinic each week and develop expertise in a specific area. The staffing and support of the clinical outreach team is notated in Figure B. The staffing structure was determined based on patient load in each clinic group.

The refill management program is designed for pharmacy technician patient outreach 5-7 days prior to medication being due for a refill and intervention workflows with designated medication access and clinical pharmacist support for each clinic. The clinic support team is notated in Figure C. This workflow is designed to identify adherence risks early and facilitate timely resolution of refill barriers. Escalation to the Clinical or Medication Access Team occurs if there is a delay in therapy, duplicate therapies, medication side effects, or access barriers such as prior authorization or affordability issues.

FIGURES A-D

Figure A

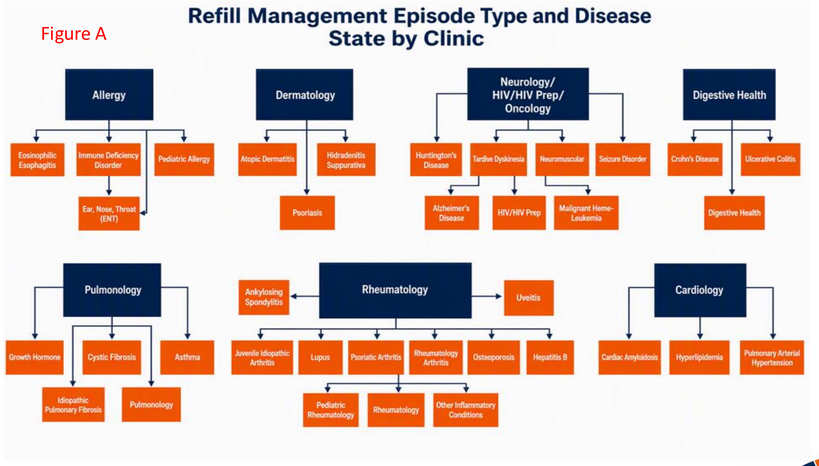


Figure B

Figure C

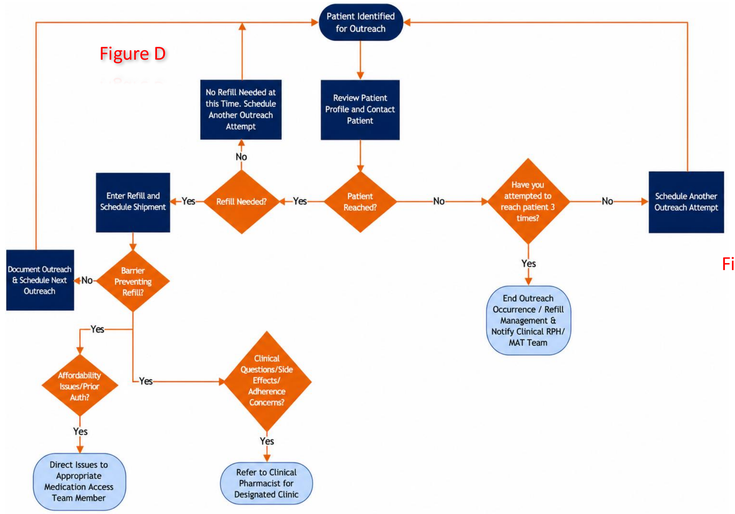
Clinical Pharmacist and MAT Technician Staffing

9 Clinics	16 MAT Technicians	6 Central Pharmacists

Clinic	Clinical Pharmacists	MAT Technicians
Allergy	6*	2
Cardiology	6*	2
Dermatology	1	3
Neurology	1	3
Hep C/Malignant Hematology	6*	1
HIV	1	1
Pulmonary	1	2
Rheumatology	1	1
Digestive Health	1	1

* Supported by central clinical pharmacist team

Figure D



METHODS, CONT.

The flow chart in Figure D outlines the process for pharmacy technicians when completing refill reminder outreaches. Outreach calls are conducted on a sequence of every 21, 28, 42, 56, or 84 days unless otherwise specified in the care plan for patients taking specialty medications and enrolled in the Refill Management Program. The technician will process a refill coordination report and evaluate medication refill status. Outreach calls are initiated 5–7 business days prior to the next scheduled refill date. Pharmacy technicians will make up to three call attempts before closing the outreach encounter. Refill management calls and the outreach sequence are ended after the third attempt. The clinical pharmacist for the specific clinic, along with the clinic provider team, is notified when a patient is removed from the program due to inability to reach the patient or transfer to a pharmacy outside of UVA Health. Technicians will re-enroll patients in refill management and outreach calls if patient responds at any time and requests this service.

DISCUSSION

Implementation of structured refill management workflows may improve specialty medication adherence by enabling earlier identification and resolution of clinical and insurance-related barriers. Findings from this study may help inform future patient engagement and refill management strategies within specialty pharmacy practice.

During implementation of this workflow, UVA specialty team identified opportunities for improvement in the process. Clinical outreach and involvement with the technician team, staffing flexibility in clinics with higher or lower volume to average, and re-training needs throughout the year are just a few problems identified and resolved. UVA specialty team also identified medications that did not require frequent follow up due to being followed by other teams, such as REMS medications.

Due to the early success and feedback from patients and team members, UVA Specialty team plans to continue to train colleagues and expand services in refill management outreach and workflows in the coming year.

REFERENCES

Microsoft Copilot: Microsoft. (2026). *Copilot* Microsoft Copilot
ChatGPT: OpenAI. (2026). *ChatGPT* ChatGPT

Disclosures: The authors of this presentation have nothing to disclose concerning possible financial or personal relationships with commercial entities that may have a direct or indirect interest in the subject matter of this presentation.