DISCLOSURES

No outside funding supported the writing of this letter. Farley has received funding from the National Community Pharmacy Association for previous research. Schondelmeyer advises the University of Minnesota Health Benefit plan on its prescription drug coverage. Urick has received a grant from Cardinal Health for previous research.

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1. Schwab P, Racska P, Rascati K, Mourer M, Meah Y, Worley K. A retrospective database study comparing diabetes-related medication adherence and health outcomes for mail-order versus community pharmacy. *J Manag Care Spec Pharm*. 2019;25(3):332-40. Available at: <https://www.jmcp.org/doi/10.18553/jmcp.2019.25.3.332>.
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The Authors Respond

The letter by Farley, Urick, and Schondelmeyer regarding the study “A Retrospective Database Study Comparing Diabetes-Related Medication Adherence and Health Outcomes for Mail-Order Versus Community Pharmacy” provides a thoughtful, critical commentary for the study of mail-order and community pharmacy that necessitates a response. They note that there is greater opportunity for uncovered days in a proportion of days covered (PDC) measure with 30-day fills than is typical for a community pharmacy as compared with 90-day fills, which are the norm for mail-order pharmacies, and that the 90-day fills could appear to infer adherence when wastage is occurring. Wastage seems most likely to occur when early discontinuation follows large quantities for initial fills rather than with long-term use. Schwab et al., the study authors,¹ observed PDC differences that sustained over multiple years, demonstrating refilling behavior that is inconsistent with excess wastage. The authors also addressed this concern by noting that the Medicare Advantage prescription drug plans studied require patients to initiate or authorize each refill. Greater adherence for mail order was not merely an artifact of pharmacy claims data.

The commenters stated that posttest comparative analyses of inpatient hospitalizations and emergency department visits were subjected to confounding due to the lack of preperiod measurements, while also suggesting that the propensity score-matching methods provided insufficient control. The authors contend that propensity score matching was an appropriate

method for the study.² The commenters either disagree with the application of propensity score matching altogether or they failed to notice that the propensity score in the study included preperiod health care utilization and preperiod cost measures.

The commenters may have confused the concepts of study treatment and bias when interpreting the study findings.³ The treatment for this study was the type of dispensing pharmacy. Pharmacies were differentiated based on greater use of 90-day supply fills and use of home delivery for mail-order pharmacies, which is expected to result in greater adherence.⁴ The expressed differences between mail-order and community pharmacies were not confounders that biased the analyses but were fundamental attributes of the treatment that served as the theoretical foundation for the hypothesis. The authors presented this theoretical basis in the opening of the article and reiterated it at the end.

The commenters noted that patients' out-of-pocket costs were not mentioned. Individual claim costs and patient out-of-pocket costs vary quite a bit based on health plan, drug coverage, low-income subsidy status, and coverage gap. Regardless of individual claim costs, it is reasonable to believe that patients' costs per month were lower for mail order due to fewer fills per month, but mail order drives additional drug expenditure through adherence.^{5,6} Nevertheless, if mail-order patients benefited from lower costs, then PDC and adherence may have been influenced positively. As with 90-day supplies, lower cost would be an attribute of mail-order pharmacy, not a biasing confounder.

The authors agree that if mail-order pharmacy and community pharmacy was not differentiated by 90-day supply fills and delivery to the home, then the effects observed in this study probably would not exist, yet these differentiations were essential.

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DISCLOSURES

The study referred to in this letter received no outside funding but was sponsored by Humana through regular employment activities by Schwab, Racsa, and Worley, who are employed by Humana Healthcare Research (formerly Comprehensive Health Insights). The study found benefits related to using mail-order versus community pharmacies for dispensing antihyperglycemic agents in the treatment of type 2 diabetes. Humana owns mail-order pharmacies under the Humana Pharmacy subsidiary. Mourer and Meah are paid employees of Humana Pharmacy Solutions. Rascati is employed by the University of Texas College of Pharmacy at Austin.

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1. Schwab P, Racsa P, Rascati K, Mourer M, Meah Y, Worley K. A retrospective database study comparing diabetes-related medication adherence and health outcomes for mail-order versus community pharmacy. *J Manag Care Spec Pharm*. 2019;25(3):332-40. Available at: <https://www.jmcp.org/doi/10.18553/jmcp.2019.25.3.332>.
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Corrections

Assessing the Value of Sarilumab Monotherapy for Adults with Moderately to Severely Active Rheumatoid Arthritis: A Cost-Effectiveness Analysis.

Whittington MD, McQueen RB, Ollendorf DA, et al.

J Manag Care Spec Pharm. 2019 Jan;25(1):80-87.

The authors would like to make the following corrections to the above article:

1. Reference #13 was deleted from the article: Locke FL, Neelapu SS, Bartlett NL, Lekakis LJ, Miklos D, Go WY. Primary results from ZUMA-1: a pivotal trial of axicabtagene ciloleucel (Axi-cel; KTE-C19) in patients with refractory aggressive non-Hodgkin lymphoma (NHL). Paper

presented at: American Association of Cancer Research Annual Research Meeting 2017; April 3, 2017; Washington, DC.

2. Subsequent references and reference footnote in text were renumbered.
3. Page 81: Footnote 13 at the end of the following sentence was changed to footnote 8:

“Although sarilumab monotherapy has been shown to be more effective than cDMARDs and adalimumab monotherapy, treatment with sarilumab monotherapy is costly, with an annual WAC of \$39,000.⁸” (Footnote 13 removed.)

While the authors regret these errors, they do not affect the conclusions of the article.