

# **Patient Perceptions of Barriers to Primary Adherence with Acne Medications: the Role of the Physician**

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# Purpose

- Primary nonadherence with acne medications is high, but commonly underreported to prescribing physicians. The objective of this study was to describe patient experiences with primary nonadherence to medications for acne and to identify physician level factors that may improve adherence in this population.

# Scope

- A qualitative analysis was conducted from structured interviews with patients reporting nonadherence with acne medications.

# Methods

- A qualitative analysis was conducted from structured interviews with patients reporting nonadherence with acne medications. 385 patients were screened from four dermatology practices in the Philadelphia area for primary nonadherence with a newly prescribed acne medication, of whom 26 participated in structured interviews conducted between November 2016 and January 2017.

# Results

- Participants reported cost (copays, prior authorizations) as the major barrier to initiating therapy. Despite anticipating this barrier, they rarely brought up costs with physicians during the initial visit, and generally did not expect their physician to be knowledgeable in this area.

# Results

- Although patients suffered inconvenience and frustration when unable to fill their prescription, this experience did not appear to negatively affect their satisfaction with the prescribing physician.
- Nevertheless, receiving a warning that the preferred medication may be expensive, having a plan of action to take if unable to fill the prescription, and securing the patient's commitment to the plan were described as actions that the physicians could take to improve primary adherence.

# Discussion/conclusion

- Physician-level interventions to improve primary adherence to medications for acne may impact adherence with costly medications, though they may not affect patient satisfaction with the prescribing physician.