

Evaluating Patient Adherence of Long-Acting Injectable (LAI) Antipsychotics in a Community Pharmacy

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Introduction

Background:

- LAI antipsychotics were developed in effort to combat nonadherence in patients with psychiatric conditions
- LAI antipsychotics currently include those that require injection every 2 weeks, such as Risperdal Consta (risperidone), or as infrequently as every 3 months, such as Invega Trinza (paliperidone palmitate)
- LAI still do not have optimal adherence rates

Evidence:

- Gilbert, et al. – Retrospective chart review found a primary adherence rate of 37%, and of those, only 46% of those persisted with LAI antipsychotic treatment over a 6-month time period following hospital discharge
- Abraham, et al. – Patient survey and chart review determined that many patients treated with an LAI did not receive appropriate medication counseling. They suggested increasing pharmacist involvement in the care coordination process may promote adherence
- Peng, et al. (2011), for patients with schizophrenia who were initiated on an LAI antipsychotic, psychiatric hospitalizations declined from 49.7% pre-initiation to 22.4% post-initiation, and the mean hospitalized duration for psychiatric purposes numerically declined from 7.3 to 4.7 days. Total healthcare costs also declined from \$11,111 to \$7,884

Purpose:

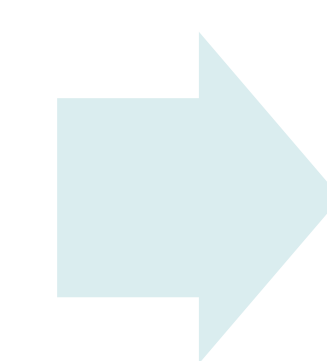
- Pharmacists are one of the most accessible members of the patient centered healthcare team and are also acutely aware of patient formularies and insurance requirements
- Improved adherence can lead to fewer hospitalizations, reduced healthcare costs and overall increased quality of life for our patients with psychiatric conditions

Setting:

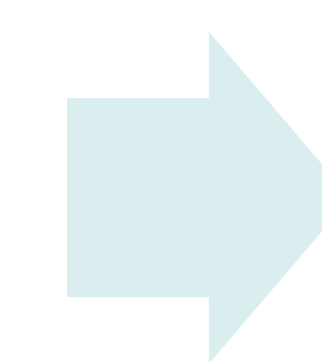
- St. Matthews Community Pharmacy and St. Matthews Specialty Pharmacy

Objectives

Assess adherence rates for pharmacist administered LAI antipsychotics



Implement adherence improvement measures



Compare adherence rates before and after intervention

Methods

Design:

- Prospective study to measure adherence rates

Participants:

Inclusion Criteria

- Patients who are 18 years or older
- Informed consent must be provided from each subject prior to participation of the study
- Patients who receive at least one dose of an LAI antipsychotic following the implementation of adherence improvement techniques in the LAI program at the pharmacy

Exclusion Criteria

- Patient who receive an LAI antipsychotic which requires dosing more frequently than every 3 weeks or less frequently than every 6 weeks.
- Patients who inform the pharmacy that they will be receiving their LAI antipsychotic from another source as we will no longer be able to measure their adherence rates
- Patients who cannot provide a secondary contact

Intervention – Adherence Improvement Techniques:

- Patients will receive a reminder call/text ~3 days prior to appointment and the day before their appointment to confirm availability
- Patients will be asked at each visit to provide any updated contact information.
- Patients will be asked to provide a secondary contact
 - This secondary contact will only be contacted in the event the patient cannot be reached or by request of the patient
 - If a secondary contact is provided, the patient will be asked to sign a HIPAA release form which will detail what information (if any) can be shared with this contact
- Patients will be contacted by phone and/or text three times over five days after missed appointments
 - If the patient is unable to be reached, we will contact the provided secondary contact in an attempt to reach the patient
- If patient falls out of their dosing window, or we are unable to reach the patient or secondary contact, the prescribing doctor will be notified of the missed appointment and the potential need for oral antipsychotic overlap
- If identified, patient specific barriers to adherence will be documented (i.e. cost, ineffective dose, side effects, etc.).
 - The pharmacist may make provider recommendations, such as increase in dose or additional agents, using current guidelines or evidence-based medicine to prevent relapse or optimize patient outcomes.
- For patients who take other prescription or over-the counter medications, and who do not currently utilize our pharmacy, we will offer to transfer prescriptions and synchronize their fill date to align with their LAI administration date.

Results

Data collection in process

Data analysis:

- Adherence for each patient will be calculated as a percentage of “on-time” injections which will be averaged for all enrolled patients pre- and post- implementation of adherence improvement techniques
 - Patients be considered “on time” if they receive their LAI injection on time (typically 28 ± 7-14 days between injections)
 - Patients will be considered “late” if they are late for their injection and require oral overlap (>7-14 days past injection due date), those who are unable to be reached or those who have >60 days between injections
- Medication possession ratio (MPR) will also be calculated and averaged for all enrolled patients pre- and post-implementation of adherence improvement techniques; then compared

Hypotheses:

- Contacting patients further in advance of their appointment will improve adherence to LAI antipsychotics.
- Reaching out to a secondary contact following missed appointments will improve adherence for patients treated with LAI antipsychotics.
- Informing patient prescribers of missed LAI antipsychotic appointments will improve adherence rates.

References

- Abraham O, Myers MN, Brothers AL, Montgomery J, Norman BA, Fabian T. Assessing need for pharmacist involvement to improve care coordination for patients on LAI antipsychotics transitioning from hospital to home: A work system approach. *Res Social Adm Pharm.* 2017;13(5):1004-1013. doi:10.1016/j.sapharm.2017.02.006.
- Gilbert JL, Nelson LA, Kriz CR, et al. Identifying Predictors of Primary Adherence to Second Generation Long-Acting Injectable Antipsychotics Following Discharge from an Acute Inpatient Psychiatry Unit. *Psychopharmacol Bull.* 2019;49(2):8-16.
- Peng X, Ascher-Svanum H, Faries D, et al. Decline in hospitalization risk and health care cost after initiation of depot antipsychotics in the treatment of schizophrenia. *Clinicoecon Outcomes Res.* 2011;3:9-14. doi:10.2147/CEOR.S16061.