The Impact of an Integrated Outpatient Specialty Neurology Pharmacist in a Non-MS Clinical Setting

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CONCLUSION

Over 3 months, outpatient specialty neurology pharmacists performed 2,244 interventions in 741 patients that often resulted in a recommendation for therapy change or additional monitoring

Pharmacists avoided direct costs of up to almost \$200,000

OBJECTIVE

To examine the role of an integrated outpatient specialty neurology pharmacist in the non-MS setting by evaluating interventions performed

METHODS

 Outpatient non-MS neurology clinics (ATTR amyloidosis, Autonomics, Epilepsy, Inpatient, Movement disorders, Neuromuscular, Others) at an academic medical center with an integrated specialty pharmacy 	Setting	•	amyloidosis, Autonomics, Epilepsy, Inpatient, Movement disorders, Neuromuscular, Others) at an academic medical center with an integrated
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Single-center, retrospective cohort study Design January 2023 - March 2023

Data

Procedures

All patients prescribed a specialty medication from the non-MS Neurology clinics at Vanderbilt University Medical Center with at least one Sample pharmacist intervention performed during the study period

- Data was collected from the electronic health record and specialty pharmacy management system
- Interventions documented by the pharmacist during normal clinical practice were extracted and reviewed
- Cost avoidance: estimated by calculating the total costs of medications associated with a follow-up outcome of discontinuation, medication change, or dose change
- Ordinal mixed effects regression model for the factors associated with greater intervention time
 - Covariates: filling pharmacy, clinic, age, and prescription insurance

Primary Outcome

- Number of interventions resulting in a recommendation made to a provider or patient
- Time pharmacist spent on interventions

Secondary Outcomes

- Outcome of recommendations
- Intervention impact score*
- Cost avoidance
- Factors associated with greater intervention times
- Number of recommendations accepted

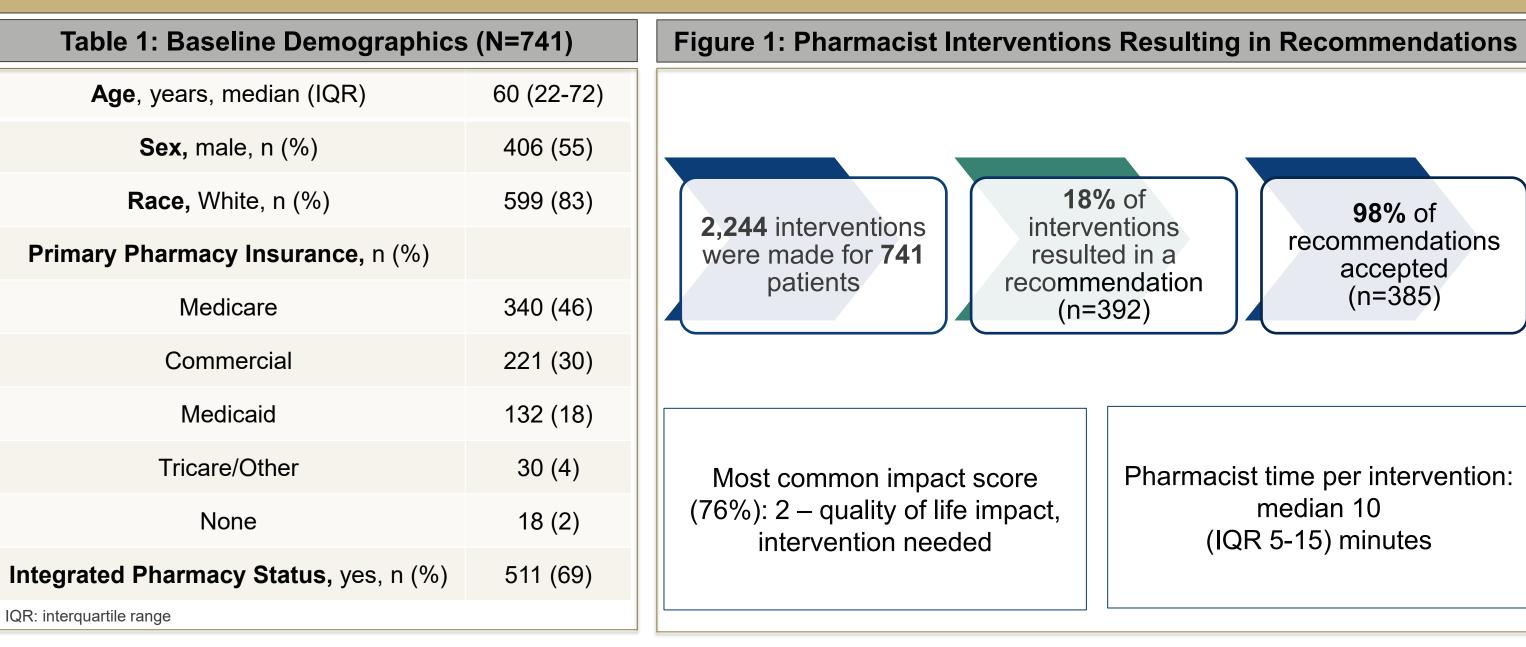
*Impact score definition

1: review only, no intervention needed 2: quality of life impact, intervention needed

3: negative impact on health, intervention

4: ED, hospitalization, or death likely, intervention needed

RESULTS



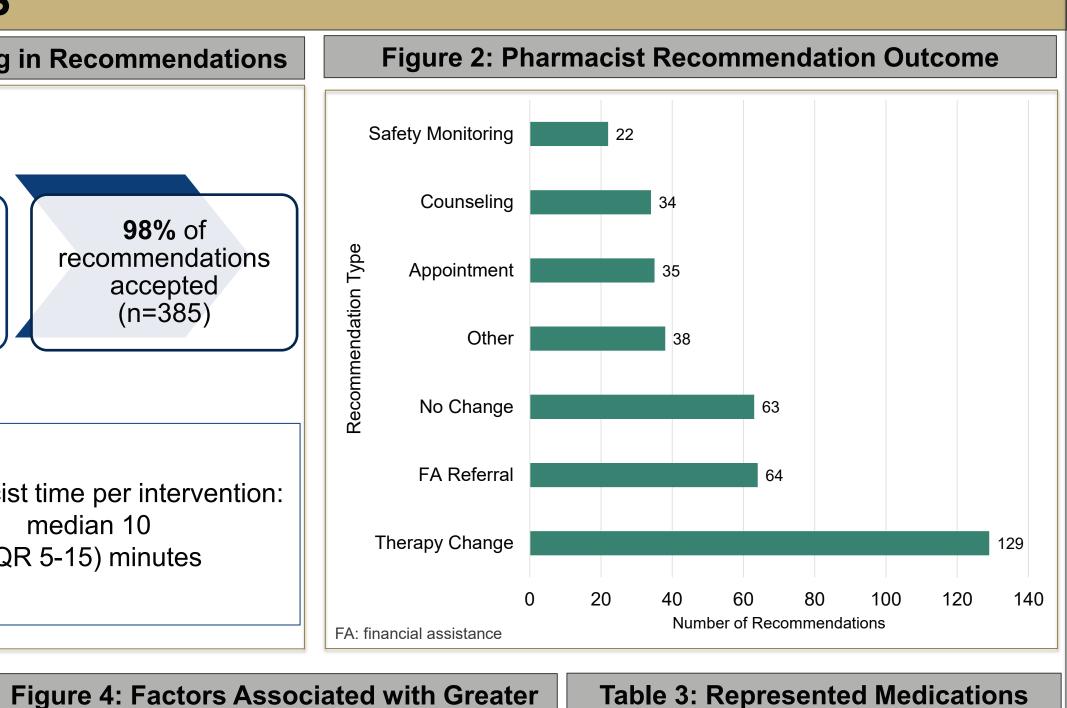


Figure 3 and Table 2: Cost Avoidance Due to Recommendations and by Medication

Medication Name	Dis- continued	Dose Change	Total*	30000 -	•		•					
Deutetrabenazine	0	5	39,594								Dis- continuation	Median (IQR) 7599
Boatotraboriazino	J	Ü	,							•	AWP	(6796-18331) 6079
Droxidopa	0	3	55,608								AWP-20%	(5437-14664) 4995
			4.705	20000 -							WAC	(4689-14607
Pimavanserin	1	0	4,795	l w					•	•	Faller	
Prescription	0	6	13,734	Costs				•	•			p outcome
cannabidiol	O	J	,	Total C		0					continued	
Edaravone ORS	0	1	18,409	Tol						lo	Dos	se change
				10000 -	_			00		•		
Tetrabenazine	0	2	7,552							0	Dose Change	Median (IQR)
			7.005		•					• •	AWP	8200 (2698-13855)
Valbenazine	0	1	7,925					0 1 00		0 0	AWP-20%	6079 (5437-14664)
Vigabatrin,	1	1	34,875				-				WAC	4995 (4689-14607)
brand	'	,				• 1		٩		• 18		
Vigabatrin, generic	1	0	6,079	0 -		AWP		AWP20		WAC		
*Calculated using AW					Cost Typ	oe						

Ordinal mixed effects regression model - Odds Ratio								
		Confidence	Interval					
Variable Oc	dds Ratio	LowerCl	UpperCl	PValue	Visualization			
VSP Patient (Ref = No)								
Yes	0.856	0.718	1.018	0.079	ŧ			
Clinic (Ref = Movement	Disorders)(n=908)						
Amyloidosis (n=121)	0.696	0.487	0.995	0.047	ŧ			
Autonomics (n=323) 1.259	0.998	1.587	0.052	¥			
Epilepsy (n=518)	0.734	0.544	0.990	0.043	ŧ			
Inpatient (n=159)	0.672	0.486	0.927	0.015	1			
Neuromuscular(n=3	11)1.267	0.972	1.652	0.079	ŧ			
Other (*n=4)	3.959	0.899	17.427	0.069	 			
Age								
Years	1.001	0.995	1.006	0.833	÷			
Rx Insurance (Ref = Commercial)								
Medicaid	0.829	0.636	1.081	0.166	+			
Medicare	0.820	0.656	1.024	0.08	ŧ			
None	1.385	0.807	2.382	0.238	÷			

Intervention Time

98% of

accepted

(n=385)

, 1		0.043	•	Immune globulin subcutaneous [human] 20% liquid	2 (12)
5	0.927		•	Vigabatrin	2 (17)
2	1.652	0.079	+	Edaravone ORS	3 (24)
)	17.427	0.069		Riluzole	3 (25)
5	1.006	0.833	<u> </u>	Amantadine extended- release capsule	3 (25)
				Tetrabenazine	4 (35)
5	1.081	0.166	ŧ	Other (non-specialty medication)	5 (39)
7	1.024			Tafamidis	6 (45)
)	2.382 1.262	0.417	+	Pimavanserin	6 (48)
				Valbenazine	6 (50)
				Deutetrabenazine	12 (93)
y was associated with ntion time (p < 0.001)			Droxidopa	19 (147)	
			Prescription cannabidiol	25 (198)	

Cost avoidance totaled \$188,570 using the average wholesale price minus 20% Dose changes resulted in \$154,446 in cost savings while discontinuations totaled \$34,124

AWP: average wholesale price; AWP20: AWP – 20%; WAC: wholesale acquisition cost

*Other: allergy/immunology, outside provider, headache, and psychiatry

0.569

0.848

Clinic specialt

longer interver

Tricare or

Disclosures: authors have nothing to disclos

*The number of patients on each medication with an intervention

(N=788)*

Medication Name

Istradefylline

Apomorphine sublingual

Everolimus

Sodium Phenylbutyrate/ ursodoxicoltaurine

% (n)

1 (7)

1 (7)