

Enhancing Mental Health Care Through Community Pharmacists' Administration of Long Acting Injectable Antipsychotics (LAIAs)



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Agenda

- 9:00 – 9:15 *Introductions & Orientation to the Review of Conditions (Prewrite)*
- 9:15 – 10:00 *Jansen product training, (Risperdal Consta, Invega Sustenna, Invega Trinza), Dean Najarian, PharmD, BCPP*
- 10:00 – 10:05 *Break*
- 10:10-10:55 *Alkernes product training (Aristada, Initio, Vivitrol) Kara Connor, & Russell Martens, Alkernes*
- 11:00 – 11:45 *Otsuka injection training (Abilify Maintena) Roland Larkin, PhD, Otsuka*
- 11:45– 11:50 *Break*
- 11:50 – 12:45 *Review of CPA, NICE,, Consents Nate Rickles, PharmD, PhD, BCPP*
- 12:45 – 1:00 *Conclusions, Nate Rickles PharmD, PhD, BCPP*

Background: LAIA & Value

- Antipsychotics are the cornerstone pharmacotherapy for schizophrenia and are used in the treatment of several other psychiatric illnesses (e.g., bipolar disorder). When these individuals are treated with oral antipsychotics, treatment non-adherence occurs at a high rate.
- Long-acting antipsychotic treatments through intra-muscular injections is associated with lower rates of psychotic exacerbation and psychiatric re-hospitalizations. Injections help improve patient adherence to therapies.

Background: The Problem

- By the end of the 2016 calendar year, there were approximately 1,700 individuals in the state of Connecticut receiving long-acting injectable antipsychotic (LAIA) treatments (an estimated 4.7% of all patients with schizophrenia in the state).
- When the rate of LAIA use in the state is discussed with mental health providers, low rates of use and lack of access to injection services are key issues raised.

Background: Pharmacists

- Community pharmacists have been identifying new and varied services to provide a higher level of care for their patients. The impact of community pharmacists providing these services has been seen in several research papers and reviews over the last several decades.
- Community pharmacists, due to their accessibility in the community, are well positioned to administer the LAIA to enhance patient convenience of where the injection is given, further promoting medication adherence.

Grant Goals

- This proposal will explore the development and pilot implementation of community pharmacy's role in CT to administer LAIA.
- This project will help improve care delivery for individuals with schizophrenia and bipolar illness and advance the Community Pharmacy Foundation's mission to support the development of new patient care services provided by community pharmacy practitioners.

Aims 1 & 2:

- **Aim 1: To develop a training program for community pharmacists introducing them to:**
 - value of LAIs
 - best practices in the administration of LAIs in patient care settings
 - setting up collaborative practice agreements with prescribers to administer the LAIs to eligible patients.
- **Aim 2: To determine the acceptability and feasibility of LAIA administration and management by community pharmacists.**

Approach

- **Aim 1:** Today's training and completion of online post training survey sent to the main pharmacy contact who make sure everyone receives and complete anonymous survey.
- **Aim 2:** Retrospective study design. collect baseline information (patient data, baseline survey), implement pharmacist LAIA injection program, collect final program data (patient survey, adherence information, and pharmacist evaluation data)

Getting Started

- Go over and sign the CPA with collaborating physician
- Complete CITI training
- Schedule a visit with Sharon Spicer to aid in preparation of site

CPA Overview

- **Who:** pharmacist & physician
- **What:** permits the pharmacist to administer an LAIA injection
- **Where:** private room on site of the pharmacy
- **When:** the physician writes a prescription for an LAIA specified in the CPA
- **Why:** to improve patient access to LAIAs and optimize treatment outcomes
- **How:** training, certification, and approval requirements must be met

CPA Process: The Physician

- Identify & approach psychiatric clinicians to discuss injection capabilities/services
 - Describe current efforts of pharmacists administering LAIA injections (and Vivitrol)
 - Highlight the protocol and have prescriber sign the CPA
 - Instruct prescriber to write prescription as “may be administered by pharmacist”

CPA Process: The Pharmacist

- Complete Notes on Injection Clinical Encounter (NICE) Form during appointment
 - Form will be discussed later Nate Rickles
 - Fax this form to the prescriber and maintain in electronic records
 - Follow up with the prescriber regarding concerns

Prior to First Injection

- Obtain consent from patient
- Have patient complete baseline materials
- Contact peers who have done injections or Nate Rickles to determine availability for support during first injection

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- Sharon Spicer BS, RN, Connecticut Pharmacy Direct
- Kim Hopkins (Pharmacy Practice Administrative Coordinator)
- Many others- Susan Corbin (Administrative Assistant)
Karin Burgess (Public Relations & Marketing)

Questions



The NICE Form

Notes on Injection Clinical Encounter (NICE) Form

Patient Name: _____		Date: _____	
Long Acting Injectable Medication/Dose: _____ / _____		Refills: _____	
Injection Details	Injection site: ___ Rt ___ Lft Delt ___ Glut ___ (Previous site: ___ Rt ___ Lft Delt ___ Glut ___)	Lot# _____ Exp: _____ / _____	
Vital Signs	B/P: _____ Pulse: _____ Respiration: _____	Weight: _____ lbs. Last weight: _____ lbs. Change _____	
Individual Patient Symptoms: Observations & Brief Interview			
Appearance (Observe)	Affect (Observe)	Interaction (Observe)	Sleep & Appetite (Interview)
<input type="checkbox"/> Appropriately dressed <input type="checkbox"/> Disheveled <input type="checkbox"/> Good Hygiene <input type="checkbox"/> Poor Hygiene <input type="checkbox"/> Relaxed posture <input type="checkbox"/> Agitated	<input type="checkbox"/> Anxious <input type="checkbox"/> Pre-occupied <input type="checkbox"/> Restlessness <input type="checkbox"/> Blunted/Flat affect <input type="checkbox"/> Suspiciousness <input type="checkbox"/> Talking to self <input type="checkbox"/> Normal	<input type="checkbox"/> Makes eye contact <input type="checkbox"/> Avoids eye contact <input type="checkbox"/> Initiates conversation <input type="checkbox"/> Socially withdrawn <input type="checkbox"/> Engaging conversation <input type="checkbox"/> One word answers <input type="checkbox"/> Clear/thoughtful Speech <input type="checkbox"/> Disorganized/ Fast speech	<input type="checkbox"/> Sleeping well <input type="checkbox"/> Not sleeping <input type="checkbox"/> Good appetite <input type="checkbox"/> Poor appetite
Other: _____			
Comment on Patient's Mood: Describe: _____ _____ _____			
Any New Complaints of Side effects? ___ No ___ Yes <input type="checkbox"/> Blurred Vision <input type="checkbox"/> Tremor <input type="checkbox"/> Dry Mouth <input type="checkbox"/> Constipation <input type="checkbox"/> Stiffness <input type="checkbox"/> Heartburn <input type="checkbox"/> Nausea/vomiting <input type="checkbox"/> Diarrhea <input type="checkbox"/> Weight gain <input type="checkbox"/> Weight loss <input type="checkbox"/> Fatigue <input type="checkbox"/> Overmedicated <input type="checkbox"/> Signs of TD Duration/Other: _____ _____			
Any New Habits/Behaviors? ___ Patient denies any new habits/behaviors _____ _____			
Clinical Notes ___ Nursing ___ Pharmacist Injection tolerated Yes ___ No ___ _____ _____			
Needs New Rx? Y N	Next Appt: ____/____/____	Next Injection needed by: ____/____/____	Faxed <input type="checkbox"/>
Nurse Signature: _____		OR Pharmacist Signature: _____	

*** Injection Visit Notes should be saved in patient's records & faxed to prescriber's office***

Template provided by Connecticut Pharmacy Direct Specialty Solutions; if used outside of the study please contact Sharon Spicer at sspicer@ctpharmacydirect.com or Behnaz Raissi at braussi@ctpharmacydirect.com

Injection Procedures & Documentation

- All Data collected from each appointment will be documented on a single form called Notes on Injection Clinical Encounter (NICE). This form is divided into different sections making it easy for the clinician to collect data and document it accurately.
- The top part of the NICE form should be filled out prior to the study participant's arrival to the injection appointment. This includes demographic information as well as medication name/dose/lot #, expiration date, # refills and past injection information.

Injection Procedures & Documentation (Cont.)

- The next section requires that clinician take and document the participants B/P, pulse, respiration and weight.
- The most important part of the data collection occurs in the next sections of the NICE form where the clinician has to use both observation and interview skills to collect data in the areas of the participant's appearance, affect, sleep, appetite interaction, mood, new side effects or habits/behaviors.

Injection Procedures & Documentation (Cont.)

- The next section of the NICE form involves which clinician type administered the injection and if it was tolerated. There is also space to record additional clinical notes if any are needed.
- The last part of documenting on the NICE form includes recording if a prescription refill is needed, the participant's next appointment, and the last date that the participant must have their next injection by. The last step includes signing the NICE form, faxing it to the prescriber and saving it into the patient's pharmacy records.

Injection Procedures & Documentation (Cont.)

- The last part of documenting on the NICE form includes recording if a prescription refill is needed, the participant's next appointment, and the last date that the participant must have their next injection by. The last step includes signing the NICE form, faxing it to the prescriber and saving it into the patient's pharmacy records.

Injection Procedures & Documentation (Cont.)

- Information on Specific Injection procedure can be found in the LAIA CPA
- Sharon Spicer will make two visits to each of the participating sites. First visit will involve helping participating sites to set up procedures for data collection, appointment scheduling, file storage/retrieval systems as well as reviewing instructions on how to fill out NICE form. Second visit will involve having the study coordinator be onsite during the first LAIA injection to assist pharmacist as needed with study details and/or questions.