

Implementation of an ambulatory clinical pharmacist-led obesity care program within an integrated health-system specialty pharmacy

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SCAN ME

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BACKGROUND

- Obesity (BMI ≥ 30 kg/m²) has been increasing over the past 30 years, causing a public health crisis.¹ AACE/ACE 2016 Obesity Guidelines recommend a 5-15% goal weight loss, and Glucagon-Like Peptide-1 Receptor Agonists (GLP-1RAs) are a popular treatment option due to efficacy and side effect profile.¹
- Given the importance of weight reduction and emerging use of GLP-1RAs, an integrated health-system specialty pharmacy (HSSP) established an ambulatory clinical pharmacist (ACP) program to support management of GLP-1RAs in the obese population.
- The purpose of this report is to describe the impact of implementation of ACP-led medication management services specializing in diabetes care within an integrated HSSP

METHODS



Inclusion Criteria: NYU Langone Health Clinic patients aged ≥ 18 years who were filling new or existing prescriptions for medications containing liraglutide, semaglutide, dulaglutide, or tirzepatide for obesity treatment between June 1 and November 30, 2023 and had ≥ 2 ACP encounters ≥ 30 days apart with a baseline and ≥ 1 subsequent weight collected since starting the ACP program.



Outcomes:

- Primary:** Percent weight change from baseline
- Secondary:** Medication adherence defined as proportion of days covered (PDC), average patient out of pocket (OOP) cost, and number of pharmacist interventions



Analysis: Descriptive statistics were utilized to summarize patient characteristics and outcomes

RESULTS

Figure 1: Overview of ACP Obesity Clinical Services

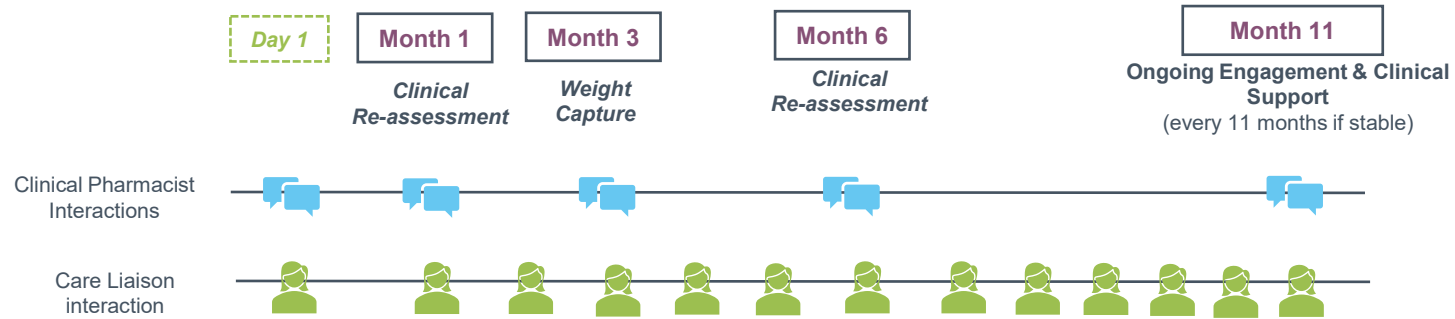


Table 1: Patient Characteristics and Outcomes

Characteristic	N=40
Age (years)	47
Sex (n, %)	
M	9 (22.5)
F	31 (77.5)
Baseline weight (kg) ¹	105.4
Insurance Type (n, %)	
Commercial	32 (80)
Managed Medicaid	3 (7.5)
Medicare	3 (7.5)
Unknown/Other	2 (5)
Medication (n, %)	
Wegovy	22 (55)
Ozempic	8 (20)
Saxenda	4 (10)
Mounjaro	6 (15)
Clinical Outcomes	
Out-of-Pocket Cost ¹ (range)	\$10.41
PDC ¹	94%

¹ Mean

Figure 2: Average Weight Reduction (kg)

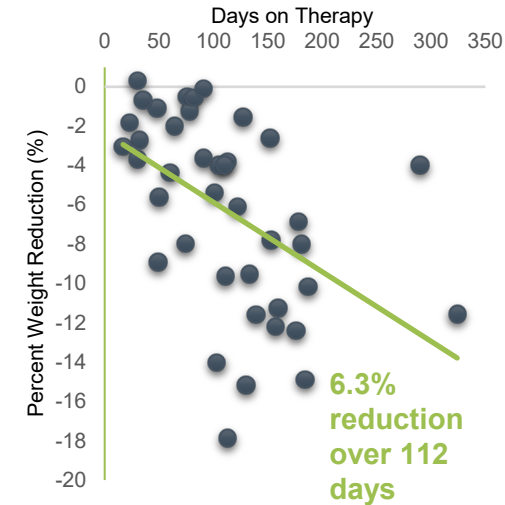
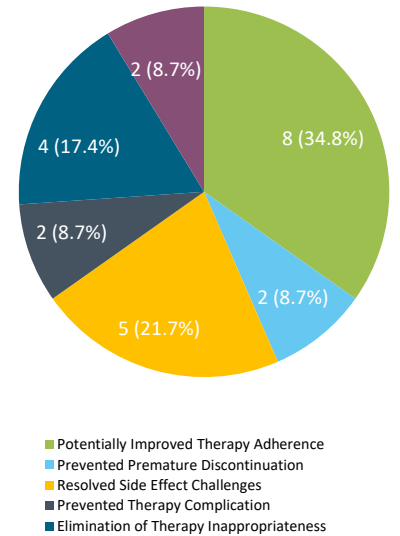


Figure 3: Pharmacist Interventions (N=23)



CONCLUSION

- The implementation of a GLP-1RA medication management program led by an ACP within a HSSP serves as a catalyst to improve obesity management demonstrated by removing common barriers impacting adherence and availability of pharmacists for interventions

REFERENCES

- Garvey WT, Mechanick JI, Brett EM, et al. American association of clinical endocrinologists and American college of endocrinology comprehensive clinical practice guidelines for medical care of patients with obesity. *Endocr Pract.* 2016;22 Suppl 3:1-203. doi:10.4158/EP161365.GL