



Impact of Integrated Health System Specialty Pharmacy Services on Inflammatory Bowel Disease Outcomes

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SCAN ME

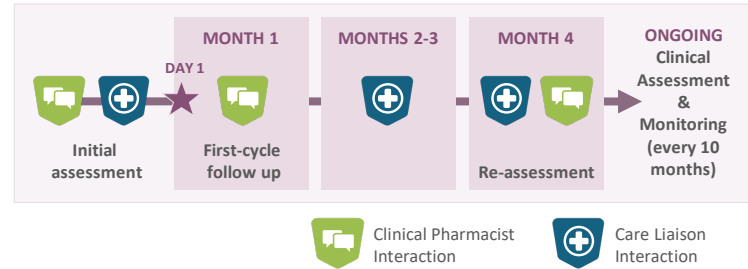
DISCLOSURES

The authors of this presentation have nothing to disclose concerning possible financial or personal relationships with commercial entities that may have a direct or indirect interest in the subject matter of this presentation.

BACKGROUND

- Inflammatory bowel disease (IBD) encompasses Crohn's disease (CD) and ulcerative colitis (UC). While CD and UC are clinically diverse, both are characterized by chronic inflammation of the gastrointestinal tract.
- Research suggests that a treat-to-target approach be used to manage this population, utilizing subjective and objective markers of disease.¹
- Literature exists to support the role of a clinical pharmacy team in improving medication access, adherence, and quality of care; however, there are limited data on the pharmacy role in improving IBD outcomes.²⁻⁴
- This study aims to assess how health system specialty pharmacy (HSSP) services can improve clinical outcomes for IBD patients.

Figure 1: HSSP IBD Patient Journey



METHODS



Study Design: Multi-center, retrospective observational analysis of adult and pediatric IBD patients receiving biologic or small molecule agents from HSSPs between January 1, 2022 and December 31, 2023

- Inclusion Criteria:** Patients enrolled in the HSSP services for ≥ 4 months with a baseline and follow-up assessment of corticosteroid use, flares, and pain scores. Patients with ICD-10 codes unrelated to CD and UC were excluded.



Primary Outcome: percent reduction in corticosteroid usage from baseline

Secondary Outcome: percent reduction in IBD flares from baseline and reduction in average pain score from baseline



Data Identification: Data collected included age, sex, IBD medication, ICD-10 code, primary insurance type, treatment status, out-of-pocket cost, days on service, medication adherence measured by the proportion of days covered (PDC), corticosteroid use, number of IBD flares, and pain severity.



Analysis: Descriptive statistics were utilized for analysis of the primary outcomes and patient characteristics.

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RESULTS

Table 1 summarizes the characteristics of patients meeting the inclusion criteria. There was a 69% reduction in corticosteroid use upon reassessment when evaluating the 312 patients (23%) who indicated baseline utilization of these medications (Figure 2). Within the entire population, a 62% decrease in disease flares from the baseline reported number was observed (Figure 3), with an average decrease in pain scores of 16% (Figure 4).

Table 1: Patient Characteristics

Characteristic	N = 1373
Age (years) ¹	41
Sex (n, %)	
M	655 (48%)
F	688 (50%)
Unknown	30 (2%)
Diagnosis	
Ulcerative Colitis	398 (29%)
Crohn's Disease	975 (71%)
Treatment Status	
Experienced	1119 (82%)
Naïve	254 (18%)
Days of Service ² (Range)	428 (129-727)
Insurance Type (n, %)	
Commercial	629 (46%)
Managed Medicaid	105 (8%)
Medicare	209 (15%)
Unknown/Other	430 (31%)
Out-of-pocket cost ² (Range)	\$0 (\$0-\$3,852.56)
PDC ¹	94.5%

¹ Mean, ² Median

Figure 2: Corticosteroid Use

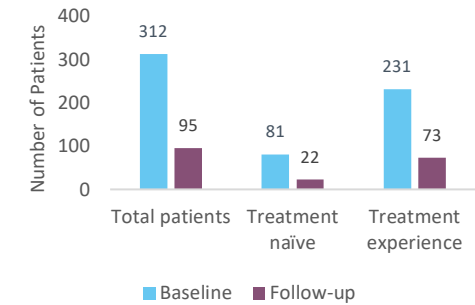


Figure 3: IBD Flares

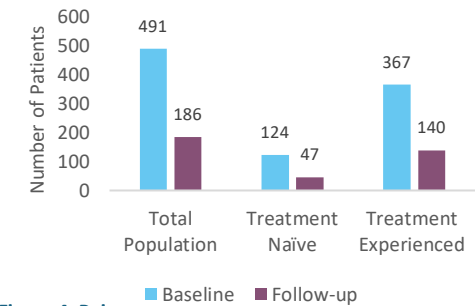
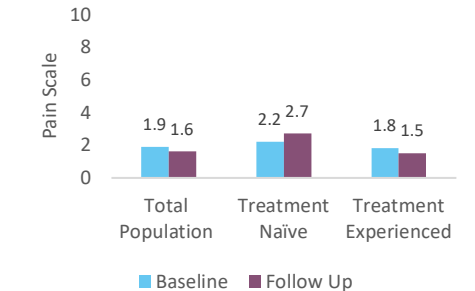


Figure 4: Pain



CONCLUSIONS

- IBD patients enrolled in HSSP services demonstrated clinically meaningful responses illustrated by the reduction in corticosteroid use, IBD flares, and average pain score.
- Patients achieved a consistently high adherence rate of 94.5%. This high adherence rate suggests the value of the HSSP in promoting adherence to specialty therapies.
- These findings highlight the potential for sustained disease control and improved quality of life. Additionally, they contribute to mitigating the risks associated with long-term corticosteroid use.
- Overall, the findings provide real-world evidence supporting the ability of pharmacy services to improve outcomes for patients with Crohn's disease and ulcerative colitis.