

Assess Integrated Specialty Pharmacy Services as a Medication Optimization Strategy for Rifaximin in Hepatic Encephalopathy Patients

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Introduction

- Occurrence of fully symptomatic overt HE in patients with decompensated cirrhosis is 30-40% and risk of recurrence is 40% at 1 year with an additional 40% risk at 6 months.(1) Patients with HE account for nearly 110,000 hospitalizations yearly (2005-2009) in the United States.
- Chronic therapy with lactulose is challenging due to dosing requirements and side effects, and non-adherence has been identified as a factor for recurrent episodes of HE.(2)
- Treatment guidelines recommend adding rifaximin (Xifaxan®) to lactulose for ongoing management after an overt HE recurrence on lactulose alone to reduce the risk of further episodes and HE-related hospitalizations.(1)
- Clinical observations suggested that rifaximin therapy is not initiated in patients upon HE-related hospital discharge where indicated.

Objectives

Integrate the CHI Health Specialty Pharmacy medication access coordinator (MAC) into the cascade of care of patients during an HE-related hospitalization to optimize access to and initiation of rifaximin upon discharge.

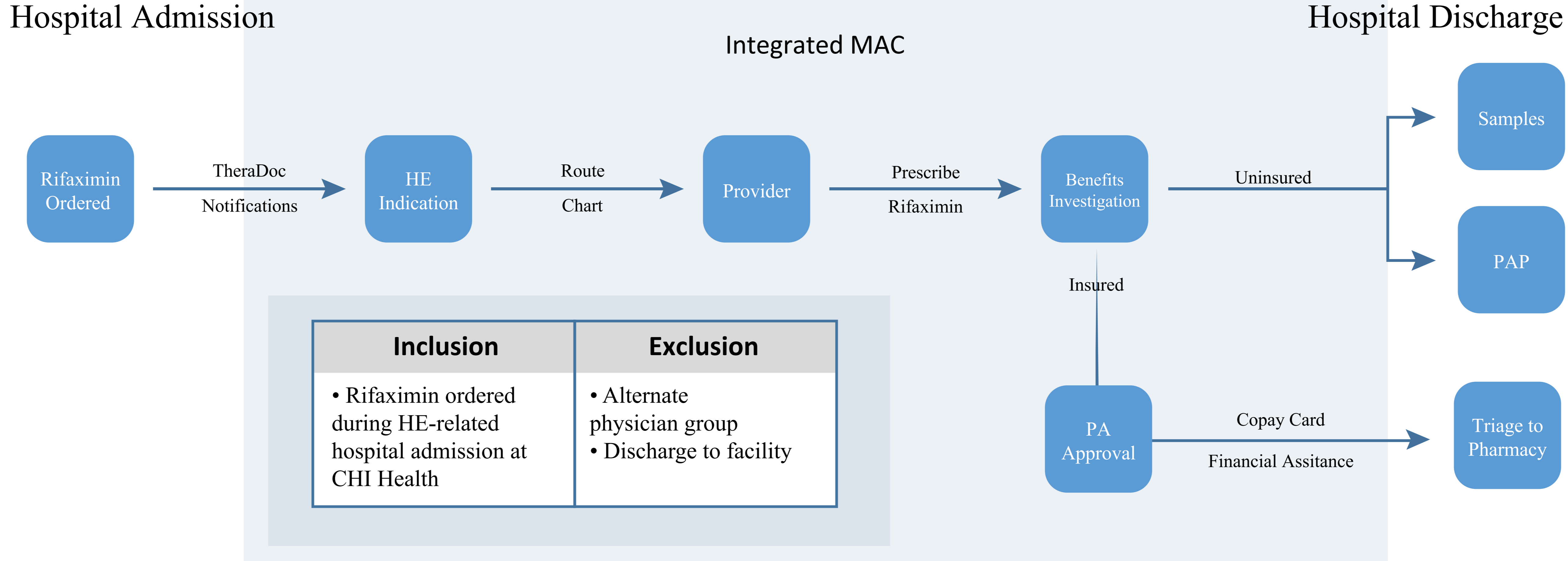
Design

IRetrospective assessment of integrated MAC assistance in the CHI Health gastroenterology clinic from September 26, 2018-March 31, 2019.

Disclosures

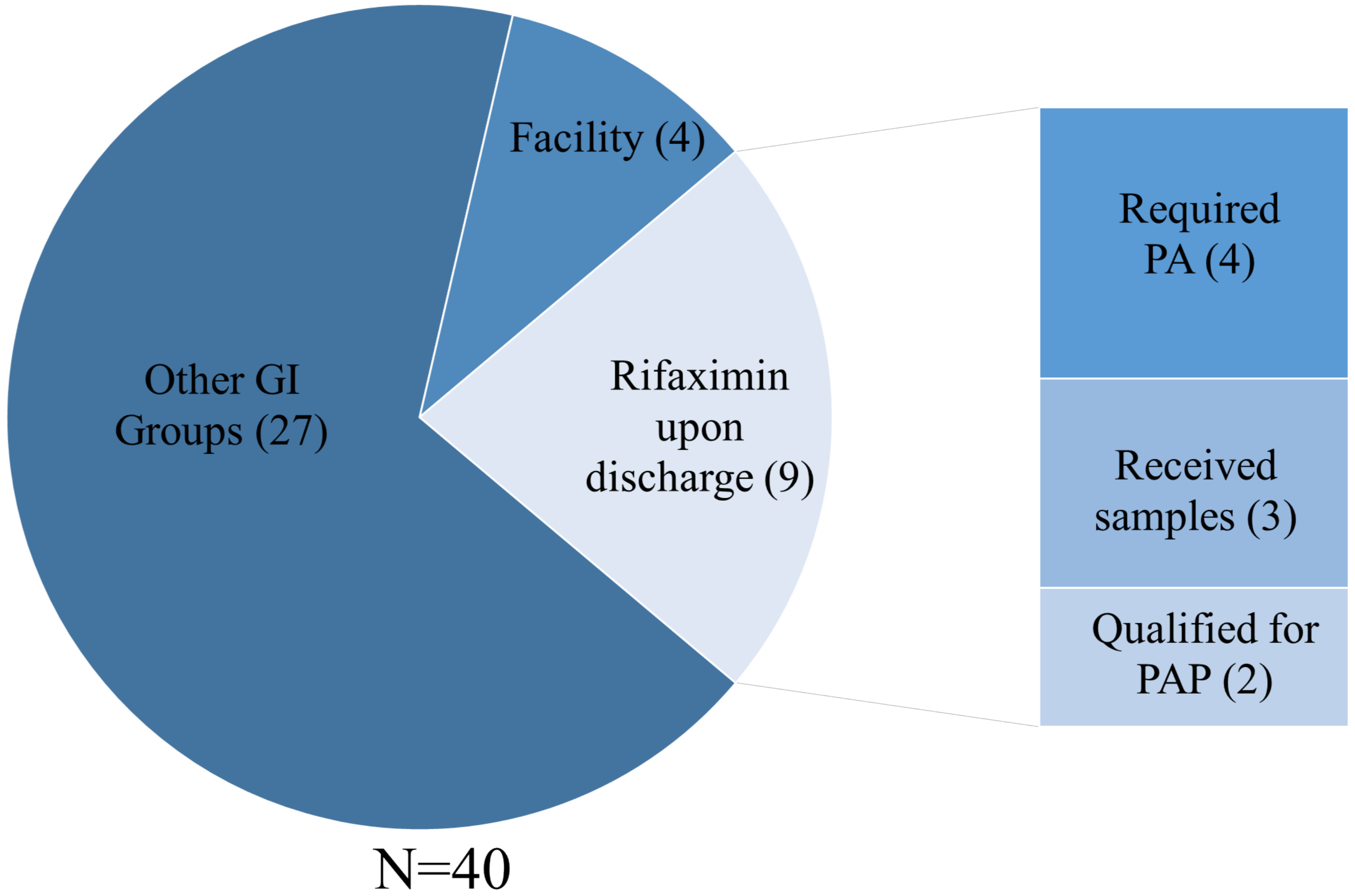
No financial relationships to disclose.

Methods



Results

Total patients	40
Excluded	31
Included	9
Rifaximin initiated upon discharge	100%
Benefits investigation	4
Financial assistance	5
CHI Health Specialty Pharmacy	2



Conclusions

- Integrated MAC assistance in a health-system gastroenterology clinic optimizes rifaximin access and initiation in patients following an HE-related hospitalization.
- Further evaluation is warranted to determine if medication optimization with rifaximin results in improved adherence and reduced readmissions in this population.

Discussion

- It is anticipated that more patients going forward will qualify for MAC assistance due to a reduction in the community physician groups providing care at CHI Health.
- Barriers to implementation included technical modifications for reporting, changes to pharmacy and MAC workflow, staff education, and provider competition.
- Ongoing barriers include eligibility requirements for manufacturer assistance programs.
- Currently, hospitalized patients receiving lactulose are being flagged as potential qualifiers for rifaximin therapy.

Citations

1. Vilstrup H, Amodio P, Bajaj J, et al. Hepatic encephalopathy in chronic liver disease: 2014 practice guideline by the American Association for the Study of Liver Diseases and the European Association for the Study of the Liver. *Hepatology*. 2014;60(2):715-735. Available at https://www.aasld.org/sites/default/files/2019-06/141022_AASLD_Guideline_Encephalopathy_4UFd_2015.pdf. Accessed 25 July 2019.
2. Bajaj JS, Sanyal AJ, Bell D, Gilles H, Heuman DM. Predictors of the recurrence of hepatic encephalopathy in lactulose-treated patients. *Aliment Pharmacol Ther*. 2010 May;31(9): 1012-7.