

Impact of a Clinical Pharmacist-Led Care Program on Patients with Hemophilia A, Utilizing TherigySTMSM

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BACKGROUND

- Clinical pharmacists are equipped with the knowledge and skills to standardize the patient care process and optimize patient outcomes within hemophilia treatment centers.
- The National Hemophilia Foundation's Medical and Scientific Advisory Council recommends Hemlibra® (emicizumab-kxwh) as a first-line agent for any persons with hemophilia A who have spontaneous or traumatic bleeding episodes.^{1,2}
- Addition of a clinical pharmacist to a hemophilia treatment team improved health care-related outcomes and drug-related costs.³
- TherigySTM is a clinical care management and reporting technology platform that empowers pharmacy staff to optimize workflow, improve patient adherence, streamline operational efficiencies, and drive growth.

OBJECTIVES

To evaluate the impact of a hemophilia A patient care management program (PCMP) on clinical outcomes, patient-reported outcomes, medication adherence, and pharmacist interventions in patients prescribed emicizumab-kxwh utilizing TherigySTM, a clinical care management and reporting technology platform.

METHODS

Study Design

A single-center, retrospective, observational study assessed hemophilia A patients prescribed emicizumab-kxwh from May 2022 to April 2023. Clinical data was derived from the Washington Center for Bleeding Disorders, which utilized TherigySTM. Bleeding events, sickness absenteeism, utilization of healthcare resources, and medication adherence were assessed. Adherence was defined as proportion of days covered (PDC). Pharmacists were responsible for evaluating therapy appropriateness, medication dosing, patient education and assisting with medication access. When a medication-related issue was detected, a pharmacist would complete an intervention and document it in TherigySTM. Number and types of completed interventions were also evaluated.

INCLUSION CRITERIA	EXCLUSION CRITERIA
<ul style="list-style-type: none"> Patients with a hemophilia A diagnosis as indicated by clinical pharmacist within the TherigySTM platform Had at least one documented prescription for emicizumab-kxwh dispensed Received drug therapy management from clinical pharmacists 	<ul style="list-style-type: none"> Patients who opted out of the PCMP Patients receiving other factor therapy than emicizumab-kxwh

DATA COLLECTION AND ENDPOINTS

Patient demographics and clinical data documented in TherigySTM were extracted and analyzed using descriptive statistics.

Endpoints

- Patient-reported bleeding events
- Health status absenteeism
- Healthcare resource utilization
- Pharmacist interventions: number, intervention reasons, and corresponding outcomes (Successful or Unable to reach/Refused)
- Medication adherence as defined by PDC

RESULTS

- 138 patients prescribed emicizumab-kxwh for hemophilia A were included. 97% of patients were male and 70% patients were ≥ 18 years of age with a mean age of 29 years.
- Regarding factor VIII deficiency, 82% and 17% of patients were categorized as having severe or moderate deficiency, respectively.

FIGURE 1: Health Status Absenteeism

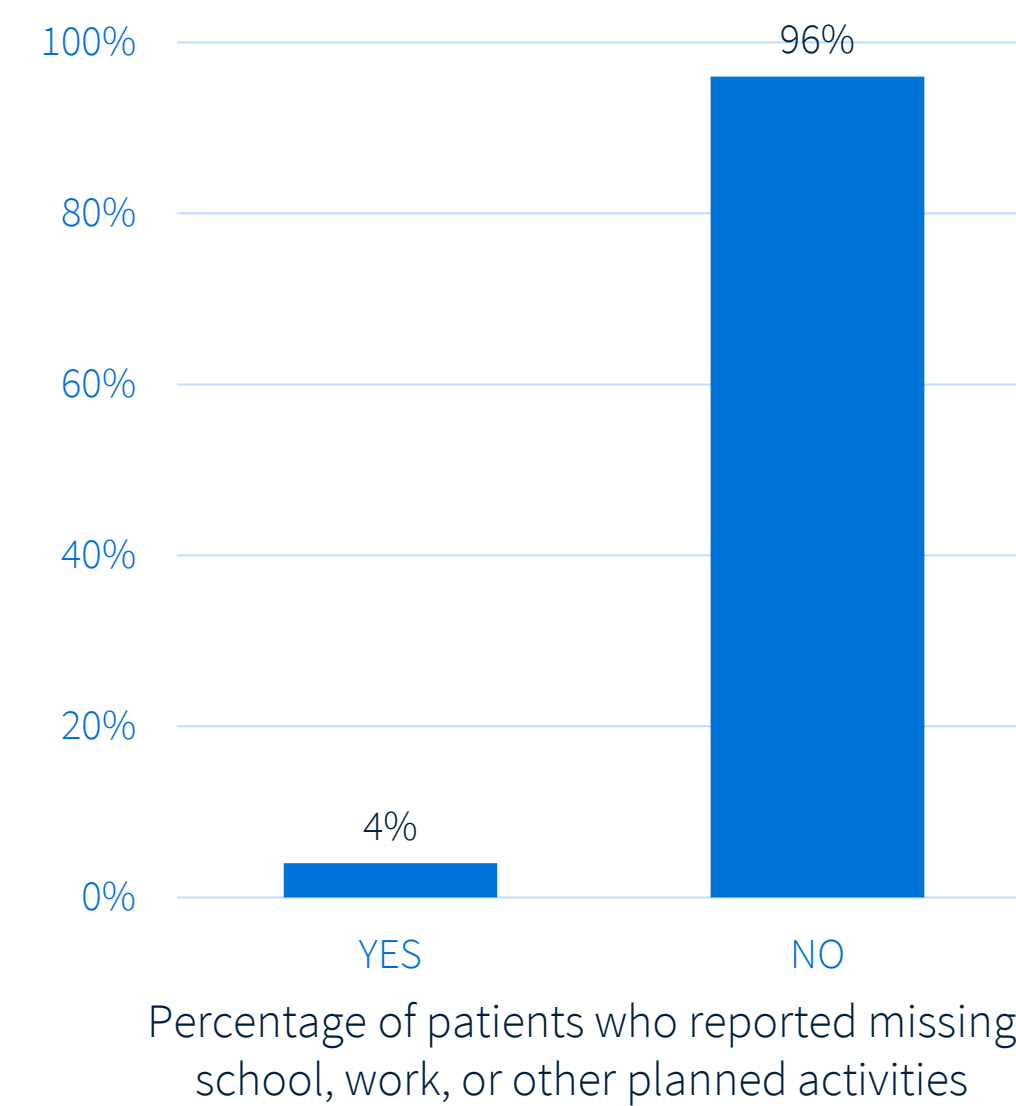


FIGURE 2: Bleeding Events

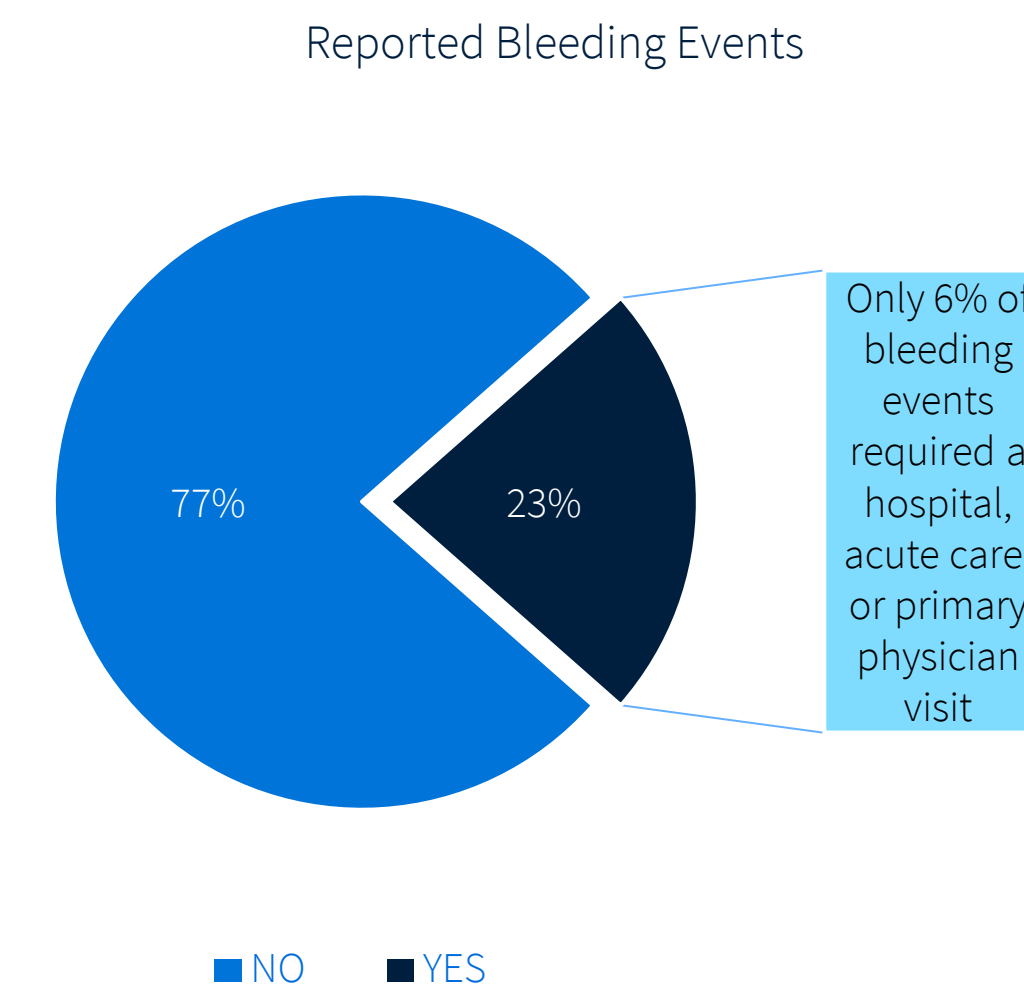


FIGURE 3: Intervention Reasons

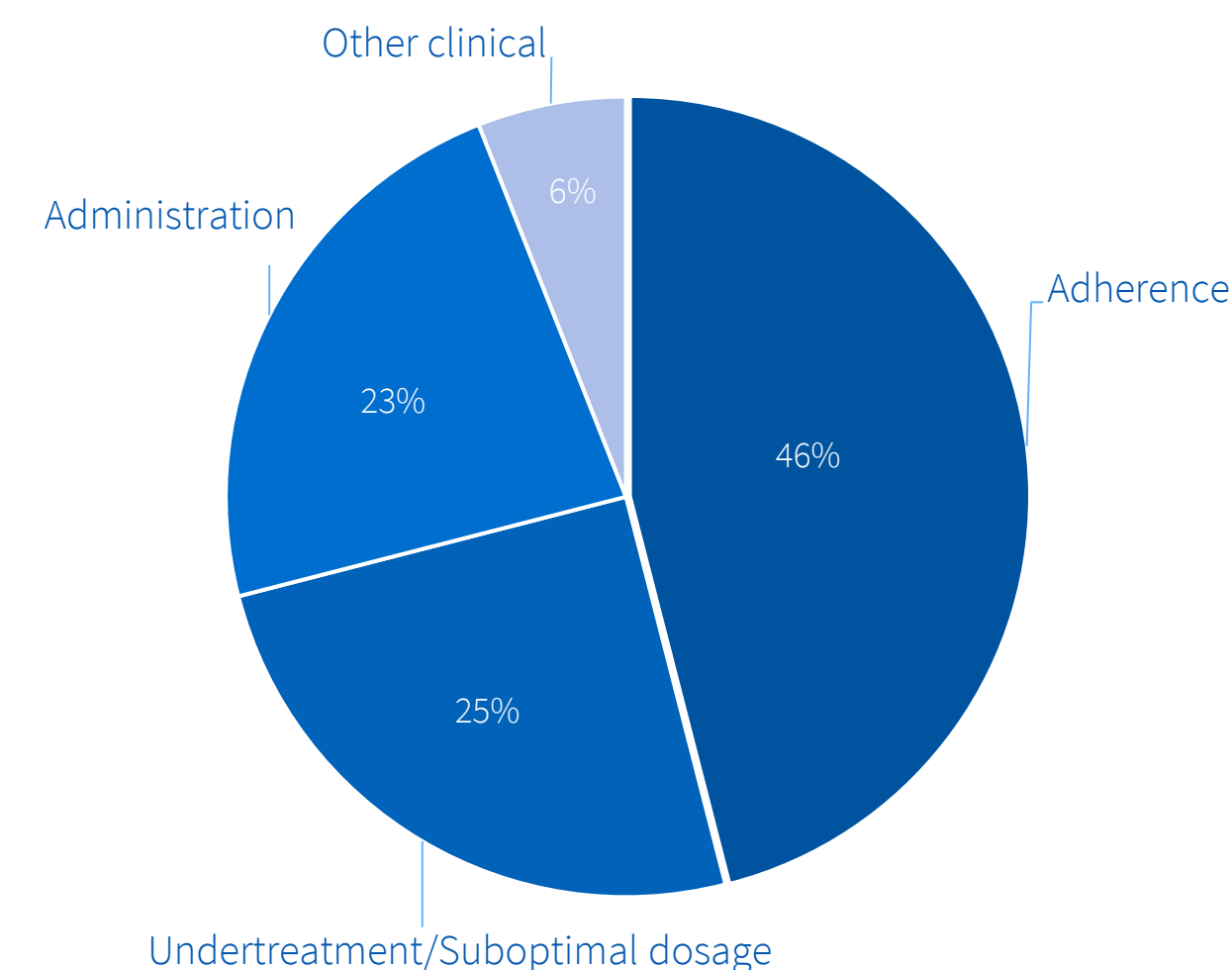
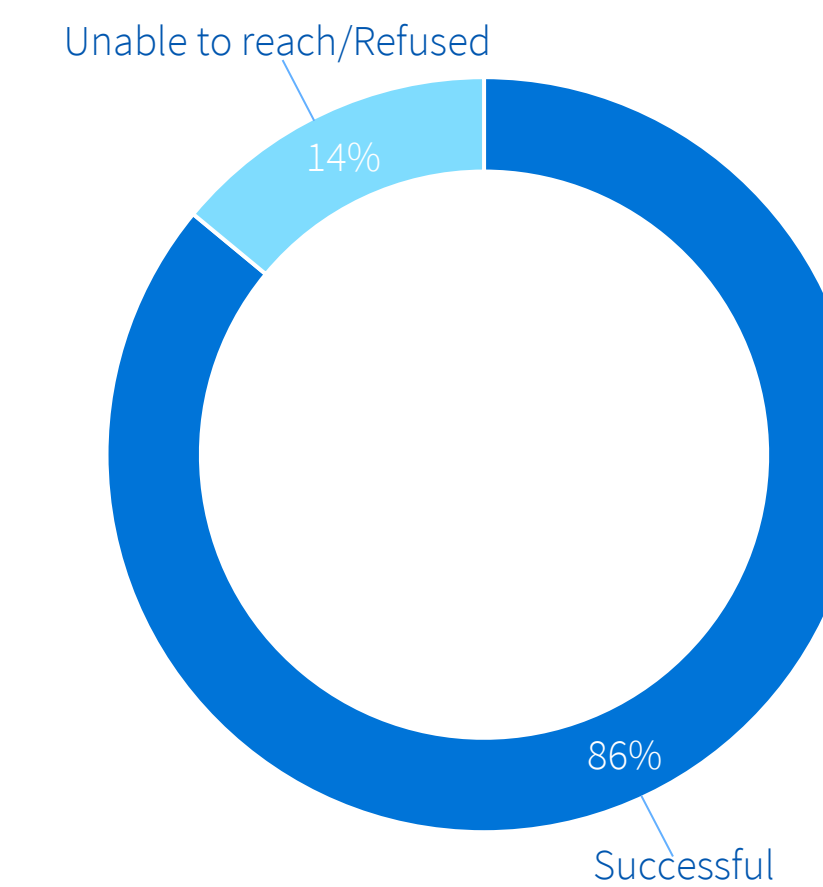


FIGURE 4: Intervention Outcomes

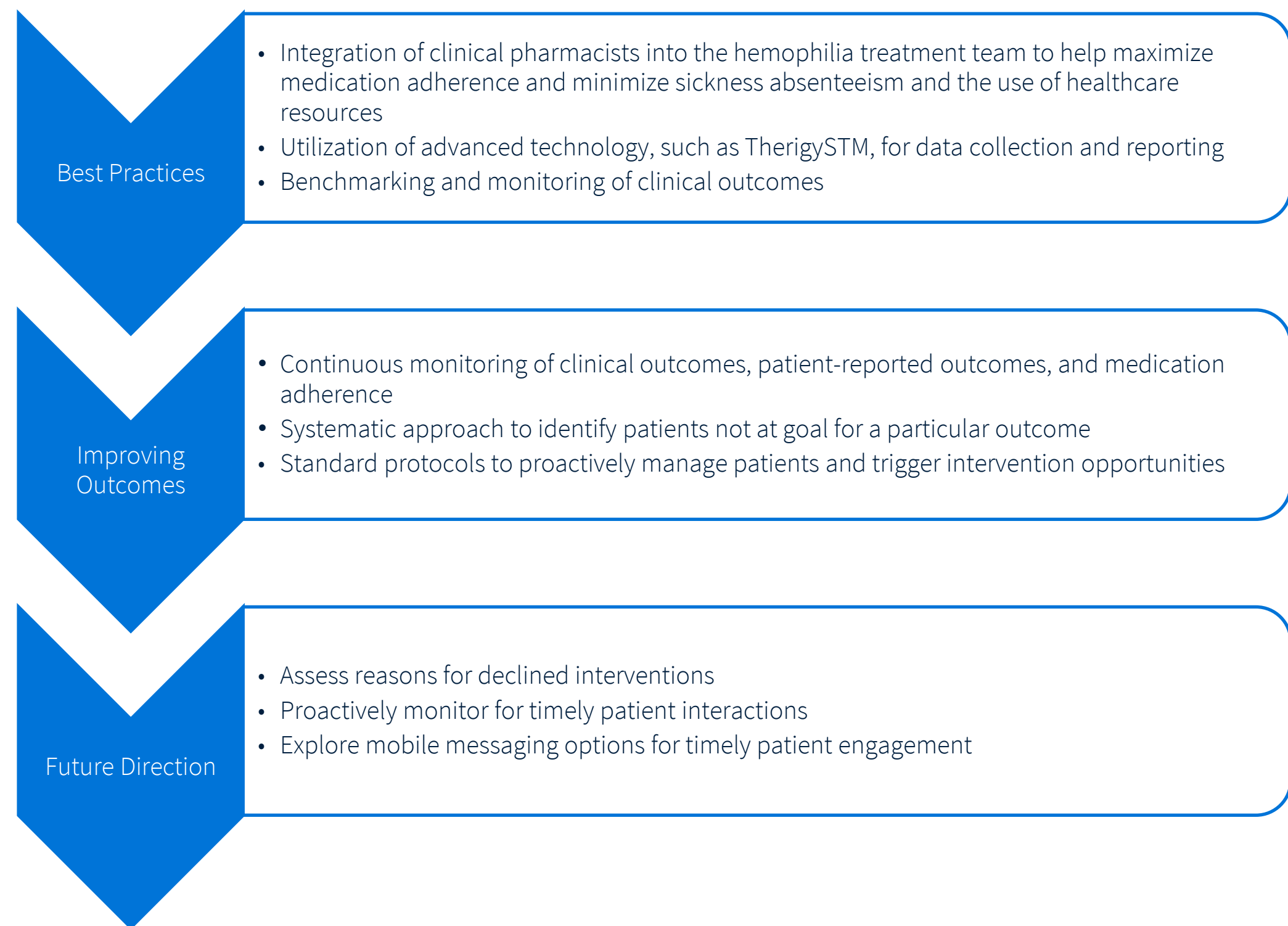


RESULTS

Adherence

- The average PDC during the study period was 93% for patients who received emicizumab-kxwh as prophylactic therapy.

DISCUSSION AND CONCLUSION



REFERENCES

- Current Treatments. National Hemophilia Foundation. <https://www.hemophilia.org/bleeding-disorders-a-z/treatment/current-treatments>. Accessed July 7, 2023.
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- Lee D, Le AO, Meganck M, Chamberland S, Pai A. Adding a clinical hemophilia pharmacist to the hemophilia comprehensive care model improve health care-related outcomes and drug-related costs in an integrated health care system. *Perm J*. 2022;26(3):90-93.