Reimagining schizophrenia management: outcomes of an integrated community LAI administration program

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Background

- Schizophrenia is a chronic, severe mental illness with high relapse risk and frequent care disruptions. Nonadherence to medication and transitions of care compromise long-term treatment outcomes. Long-acting injectable (LAI) antipsychotics help address adherence barriers.[1]
- In early 2022, Genoa Healthcare anticipated reduced prescriber capacity for LAI administration and implemented pharmacist training to increase access to service accessibility.
- To contribute to the limited research of pharmacist LAI administration, this study aims to evaluate use and adherence to LAIs used for severe mental health when administered primarily by a Genoa Healthcare pharmacist versus other healthcare providers.[2]

Objectives

- Primary objective: evaluate the integrated community pharmacy LAI service utilization and time to administration.
- Secondary objective: compare adherence between the integrated pharmacist-administered LAIs to LAIs administered in other health care settings.

Methods

- **Study design:** Retrospective, observational cohort study at Genoa Healthcare between January 1, 2024 to December 31, 2025.
- **Inclusion criteria:** Patients new to Genoa Healthcare that received at least 2 LAIs dispenses for severe mental illness
  - Pharmacy cohort = ≥ 80% LAIs dispensed and administered from a Genoa Healthcare pharmacist .
  - Control cohort = LAIs dispensed by Genoa to any other healthcare provider for administration.
- **Data sources:** Genoa's prescription dispensing database, social vulnerability index (SVI) dataset, rural vs. urban dataset.[3,4]
- **Statistical analysis:** Descriptive analyses were used for primary objectives.
  - Utilization rate was defined as LAI users who received administration from the integrated community pharmacist / total LAI dispensed.
  - Time to administration was measured as the interval between dispensing to administration for each patient (pharmacy cohort).

    Pairwise propensity score matching (PSM) balanced cohorts and the Wilcoxon signed-rank test were used to evaluate the secondary objective.
  - Adherence was assessed by percentage achieving optimal proportions of days covered (PDC, ≥ 80%).
  - Alpha was set to 0.05 with a p-value of ≤ 0.05 considered statistically significant.

Results

Table 1. Patient baseline characteristics

	Pre-PSM			Post-PSM		
Variables	**Pharmacy cohort (N=581)**	**Control cohort (N=36,735)**	**p-value**	**Pharmacy cohort (N=570)**	**Control cohort (N=570)**	**p-value**
Age, years (median)	35.2	37.6	<0.0001	35.2	36.3	0.3978
Index date (median)	7/11/2024	6/25/2024	0.0471	7/11/2024	6/28/2024	0.4794
Male, %	55.0	59.0	0.0497	54.9	55.3	0.9052
SVI score (0-1)	0.75	0.84	<0.0001	0.75	0.75	0.8192
Urban, %	90.2	79.7	<0.0001	90.2	91.2	0.5406

Table 2. Integrated community pharmacist LAI administration utilization and time to administration

Outcome	Pharmacy cohort
Utilization rate, %	1.6
Time to administration, days (median)	1.0

Table 3. Adherence outcomes, post-PSM

Outcome	Pharmacy cohort (N=570)	Control cohort (N=570)	Difference	p-value
Percent optimal adherence, odds ratio	6.04	3.42	1.77	0.0003

Conclusion

- From 2024–2025, 1.6% of patients with severe mental health used the integrated community pharmacist-administered LAI program, with a median time to administration of one day.
- Patients receiving LAI administration from the integrated community pharmacy were younger; less likely to be male; and living in medium-high vulnerability, predominantly urban communities.
- Patients in the pharmacy cohort have 77% increased odds of being optimally adherent (OR 1.77; P=0.0003).
- Pharmacist-administered LAI services in an integrated community pharmacy can expand patient access and help ease mental health clinic and provider capacity constraints, as well as providing support for transitions of care from the inpatient to community setting.
- Further research should assess long-term persistence, healthcare utilization, cost-effectiveness and patient-reported outcomes to inform broader implementation and reimbursement strategies.
- Additional studies are necessary to evaluate the effect of pharmacist-administered LAI across additional drug classes, including medications used for treatment of substance use disorder (SUD) or HIV.

Limitations

- Limited to patients serviced by select Genoa Healthcare locations and LAI antipsychotics so may not be generalizable in other pharmacist-administration settings.
- Exact timeframe of administration dates of the control cohort cannot be determined to allow for comparison analysis.

References

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Disclosures / contact

Authors of this presentation have the following to disclose: Employees of Optum Rx®

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