Implementation of the Vectra® Test into Health-System Specialty Pharmacy Practice

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Background

- CPS-managed health-system specialty pharmacies (HSSPs) play a critical role in supporting the monitoring of disease activity in patients with rheumatoid arthritis (RA), often leveraging patient-reported outcome measures (PROMs) such as the Routine Assessment of Patient Index Data 3 (RAPID3).
- The Vectra test integrates concentrations of 12 serum biomarkers with select patient characteristics (i.e., age, sex, and adiposity) to generate a composite score that reflects RA disease activity and predicts risk of radiographic progression,[1] providing an objective complement to PROMs and traditional clinical assessment.
- HSSPs are well positioned to operationalize the Vectra test into existing clinical workflows as a complement to RAPID3.[2]

Objectives

- To describe the integration of the Vectra test into routine RA clinical management within an HSSP.

Description

- At a single HSSP, a standardized clinical process was implemented in July 2025 to integrate the Vectra test into routine RA clinical management for patients meeting predefined clinical and coverage-related criteria. Pharmacists and prescribers received training on Vectra test utilization, including score interpretation and workflow integration.

Description Cont.

Figure 1: Workflow Diagram

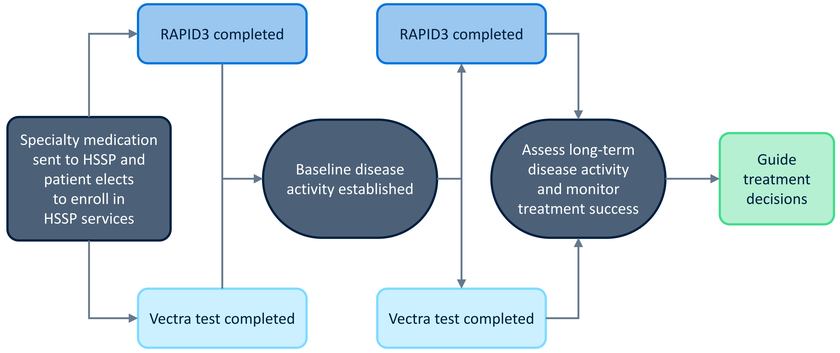

Table 1: Vectra Score Interpretation[3]

Vectra Test Score	Medical Management Recommendation
Low (<30)	CONSIDER ONE OF THE FOLLOWING: • **No treatment change** (re-test in 6-12 months or sooner if indicated) • **Reduce treatment if the Vectra test score is low at two consecutive measures** (re-test in 6-12 months or sooner if indicated)

Moderate (30-44)	CONSIDER ONE OF THE FOLLOWING:
	• **Change or intensify treatment**
	  ◦ If the Vectra test score has increased by ≥8 units since previous test (re-test in 3 months)
	  ◦ If the Vectra test score has decreased by <8 units since the most recent treatment change, use clinical judgment (re-test when indicated)
	• **No treatment change**
	  ◦ If the Vectra test score has decreased by >8 units since baseline or the most recent RA treatment change (re-test when indicated)
	  ◦ If therapy was recently changed but no previous Vectra test score is available (re-test in 3 months)

High (>44)	CONSIDER ONE OF THE FOLLOWING: • **Change or intensify treatment** (re-test in 3 months) • **No treatment change if the Vectra test score has decreased by >8 units when a change in therapy has recently occurred** (re-test in 3 months)

This medical management guidance provides recommendations only. The treatment management decisions can only be done by a medical professional with the full information of a patient's medical status and medical history. These recommendations are currently being tested in clinical trial "VIVID" listed on clintrials.gov (NCT03810144).

Evaluation

To date, the operationalized workflow has resulted in over 100 completed Vectra tests, establishing a baseline to support monitoring and evaluation of clinical impact.

Preliminary documentation indicates that Vectra test scores are being implemented into medication management decisions.

Follow-up testing is ongoing to evaluate longitudinal changes and assess long-term clinical impact.

Discussion & Conclusion

- Initial implementation findings demonstrate the feasibility of integrating the Vectra test into specialty pharmacy-led workflows for RA management.
- HSSPs may be particularly well positioned to adopt these practices given their embedded clinical integration and close collaboration with clinical teams.
- Future efforts will focus on expanding utilization, evaluating clinical outcomes, and defining the role of Vectra-guided care when used in combination with RAPID3, particularly in guiding pharmacist-led medication management decisions in routine RA care.

References

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