Integrated Pharmacy Service Shows Benefits in Patients Receiving Dialysis

Integrated pharmacy services are associated with lower mortality and hospitalization rates in patients receiving hemodialysis, reports a study in the American Journal of Kidney Diseases.

The study evaluated the outcomes of an integrated pharmacy program created in 2005 by a large dialysis organization in the United States. The voluntary program offered patients services including medication delivery, refill management, medication list reviews, medication management via telephone, and help with prior authorizations.

The researchers compared outcomes in 8864 patients receiving hemodialysis who received integrated pharmacy services versus 43,013 propensity score-matched control individuals. The patients in both groups had concurrent Medicare and Medicaid eligibility. The relative rates of death and hospitalization were compared between groups.

The patients who opted for integrated pharmacy services had significantly lower mortality: hazard ratio (HR) 0.92 on intention-to-treat analysis and 0.79 on as-treated analysis. Integrated pharmacy services were also associated with lower rates of hospital admissions: relative rate 0.98 (nonsignificant) on intention-to-treat analysis and 0.79 on as-treated analysis.

See brief summary of full Prescribing Information for Soliris, including boxed WARNING regarding serious meningococcal infection on following pages.
the relative rates were 0.94 and 0.86, respectively.

For patients enrolled in the integrated pharmacy program, the cumulative disenrollment rates were about 24 percent at 1 year and 37 percent at 2 years. Enrollees were much more likely to fill prescriptions for cinacalcet and phosphate binders, and they were somewhat more likely to fill prescriptions for antihypertensive drugs. Medication management for patients receiving hemodialysis is a challenging problem. The current evaluation suggests that an integrated pharmacy program can help to lower mortality and hospitalization rates in dialysis recipients. The authors call for further studies evaluating the use of program services and providing more detailed information on clinical and economic outcomes [Weinhandl ED, et al. Clinical outcomes associated with receipt of integrated pharmacy services by hemodialysis patients: a quality improvement report. Am J Kidney Dis 2013; 62:557–567].

Journal View

Integrated Pharmacy Service

Continued from page 39

For patients enrolled in the integrated pharmacy program, the cumulative disenrollment rates were about 24 percent at 1 year and 37 percent at 2 years. Enrollees were much more likely to fill prescriptions for cinacalcet and phosphate binders, and they were somewhat more likely to fill prescriptions for antihypertensive drugs. Medication management for patients receiving hemodialysis is a challenging problem. The current evaluation suggests that an integrated pharmacy program can help to lower mortality and hospitalization rates in dialysis recipients. The authors call for further studies evaluating the use of program services and providing more detailed information on clinical and economic outcomes [Weinhandl ED, et al. Clinical outcomes associated with receipt of integrated pharmacy services by hemodialysis patients: a quality improvement report. Am J Kidney Dis 2013; 62:557–567].

Soliris® is the first and only approved therapy for atypical Hemolytic Uremic Syndrome (aHUS)1

• Soliris inhibited uncontrolled complement activation in all patients1,2,4
• Soliris inhibited complement-mediated TMA during the study period1
• Efficacy of Soliris is consistent across a broad range of patients, regardless of identified mutation, age, or duration of aHUS2
• Ongoing Soliris treatment is recommended to maintain inhibition of complement-mediated TMA, the cause of symptoms and clinical manifestations of aHUS1,2,4

Important Safety Information

Contraindications
Soliris is contraindicated in:
• Patients with unresolved serious Neisseria meningitidis infection
• Patients who are not currently vaccinated against Neisseria meningitidis, unless the risks of delaying Soliris treatment outweigh the risks of developing a meningococcal infection

Warnings and Precautions
Serious Meningococcal Infections
The use of Soliris increases a patient’s susceptibility to serious meningococcal infections (sepsisemia and/or meningitis). Life-threatening and fatal meningococcal infections have occurred in patients treated with Soliris. Administer a polyvalent meningococcal vaccine according to the most current Advisory Committee on Immunization Practices (ACIP) recommendations for patients with complement deficiencies. Revaccinate patients in accordance with ACIP recommendations.

Other infections
Soliris blocks terminal complement activation; therefore patients may have increased susceptibility to infections, especially with encapsulated bacteria. Children treated with Soliris may be at increased risk of developing serious infections due to Streptococcus pneumoniae and Haemophilus influenza type b (Hib). Administer vaccinations for the prevention of Streptococcus pneumoniae and Hib infections according to ACIP guidelines. Use caution when administering Soliris to patients with any systemic infection.

Monitoring after Soliris Discontinuation
Treatment Discontinuation for aHUS
After discontinuing Soliris, monitor patients with aHUS for signs and symptoms of thrombotic microangiopathy (TMA) complications for at least 12 weeks. In aHUS clinical studies, 19 patients (5 in the prospective studies) discontinued Soliris treatment. TMA complications occurred following a missed dose in 5 patients, and Soliris was reinitiated in 4 of these 5 patients.

Laboratory Monitoring
aHUS
Early signs of thrombotic microangiopathy (TMA) include a decrease in platelet count, and increases in serum LDH and creatinine levels. Follow patients for signs of TMA by monitoring serial platelet counts, serum LDH, and creatinine during Soliris therapy and following discontinuation of Soliris.

Infusion Reactions
As with all protein products, administration of Soliris may result in infusion reactions, including anaphylaxis or other hypersensitivity reactions. In clinical trials, no patients experienced an infusion reaction which required discontinuation of Soliris or hospitalization due to infusion reactions. In clinical trials, no patients experienced an infusion reaction which required discontinuation of Soliris or hospitalization due to infusion reactions.

Thrombosis Prevention and Management
The effect of withdrawal of anticoagulant therapy during Soliris treatment has not been established. Therefore, treatment with Soliris should not alter anticoagulant management.

Adverse Reactions
The most frequently reported adverse reactions in aHUS single arm prospective trials (≥15% combined per treatment group) were:

• Seroconvertions (≥15% combined per treatment group)

References:

Please see brief summary of full Prescribing Information for Soliris, including boxed WARNING regarding serious meningococcal infection on following pages.