Using Your ESP* in Pharmacy: How to Improve Treatment Adherence and Patient Outcomes in Psoriasis (*Expanded Scope of Practice)

Patient Case Study in Psoriasis
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- William Smith, Male, Age 68 years-old
- Diagnosed with scalp and body psoriasis at 54 years-old
- Used a variety of topical treatments over the years:
  - Elocom (Mometasone Furoate) 0.1% Ointment (Class 3*) QD
  - Cyclocort (Amcinonide) 0.1% Lotion (Class 3*) QD
  - Dermovate (Clobetasol) 0.05% Ointment (Class 1*) BID
  - Dovonex (Calcipotriol) 50mcg/g Ointment (Vitamin D Analogue) QD

- He comes into your pharmacy and asks you for a refill on whatever product he has repeats for his psoriasis, or he asks you to pick the best one. If there are no repeats, he asks you to go ahead and fax his family physician.

*Topical Corticosteroid Potency:
Class 1 Super Potent and Class 3 Upper Mid Strength
Patient Case Study in Psoriasis

• He is scheduled to see his dermatologist in 3 months.
• He is grieving the loss of his wife who past 1 year ago.
• He started smoking again.
• He is taking a number of other prescriptions for his high blood pressure, cholesterol, and Type 2 diabetes and he is finding it difficult to remember to take his medications.
• He is overwhelmed and feels hopeless that his psoriasis is not controlled.
• In general everything seems harder to do and so currently he is looking for a simple way to better manage his psoriasis.

What can you do to help him?
Psoriasis Treatment Guidelines

Patient surveys have found treatment non-adherence rates as high as 73% in the general psoriasis population\(^9\); even among populations where most treatment adherence and overall outcomes. The most commonly cited reasons for patient non-adherence with therapy include frustration with medication efficacy, inconvenience of administration, and fear of side effects.\(^{14}\)

It is important for physicians to discuss


PHARMACISTS’ PERCEPTIONS OF BIGGEST OBSTACLES TO ADHERENCE

In your view, what are the top 3 biggest obstacles to improving patient adherence?

<table>
<thead>
<tr>
<th>Obstacle</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients don’t fully understand their condition and implications of non-adherence</td>
<td>76%</td>
</tr>
<tr>
<td>Patients don’t take the importance of adherence seriously</td>
<td>55%</td>
</tr>
<tr>
<td>Patients often stop taking medication once their immediate symptoms begin to clear</td>
<td>54%</td>
</tr>
<tr>
<td>Patients often can’t afford their full medication regime</td>
<td>41%</td>
</tr>
<tr>
<td>Pharmacists do not have time to address non-adherence with patients</td>
<td>32%</td>
</tr>
</tbody>
</table>

Note: Results under 30% not reported.
Source: 2014 Trends & Insights Survey of Community Pharmacists, n=825
KEY POINT

However effective a therapy, it won’t work if the patient doesn’t use it. The central theme of these Guidelines is that physicians should not only choose therapies that work, but those that the patient will work with.
## Patient Considerations when Selecting Topical Treatment

### What does treatment success look like for you?
- [ ] Fast results
- [ ] Complete or nearly complete clearance
- [ ] Long-term control
- [ ] Reduced number/severity of flares
- [ ] Minimal impact on my lifestyle

### How often do you use your current medication?
- [ ] Once daily
- [ ] Twice daily
- [ ] Few times per week
- [ ] Once per week
- [ ] When I remember
- [ ] During a flare

### What stops you from using your medication?
- [ ] It doesn’t work
- [ ] It takes a lot of time to apply
- [ ] It takes a long time to dry
- [ ] It’s greasy/unpleasant to use (may stain clothes/bedding)
- [ ] It’s complicated to use
- [ ] I forget to use it regularly
- [ ] Other problem ____________________________

### What makes it easier to use your medication?
- [ ] Fast-acting/see results quickly
- [ ] Fast to apply
- [ ] Fast drying
- [ ] Non-staining
- [ ] Easy to apply
- [ ] Convenient (can use any time of day)
### Measures of treatment success

<table>
<thead>
<tr>
<th>Clearance</th>
<th>Absence of disease signs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Control</strong></td>
<td>A satisfactory response to therapy, as defined by the patient and/or physician; does not necessarily involve complete clearance</td>
</tr>
<tr>
<td>Remission</td>
<td>Disease control maintained over an extended period, which is sometimes defined operationally by the time between patient-scheduled treatments(^{21})</td>
</tr>
</tbody>
</table>

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Mild Psoriasis of The Trunk And Extremities
Treatment Recommendations

The Guidelines recognize that many standard topical treatments are effective for chronic mild psoriasis. The following therapies are recommended as first-line therapy (Grade A recommendation):

- **Topical corticosteroids**
  - Variable efficacy related to potency

- **The vitamin D analogue calcipotriol**
  - As effective as Class 2, but not as effective as Class 1 corticosteroids.

- **Calcipotriol/betamethasone dipropionate in combination**
  - Marked improvement within 4 weeks Calcipotriol/betamethasone dipropionate:
  - More effective than calcipotriol or betamethasone alone when used first-line

## Recommended Pharmacological Treatment for Scalp Psoriasis

<table>
<thead>
<tr>
<th>Severity</th>
<th>Treatment options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mild-to-moderate disease</td>
<td>Moderately potent to very potent topical corticosteroids</td>
</tr>
<tr>
<td></td>
<td>• Betamethasone dipropionate lotion, clobetasol propionate solution,</td>
</tr>
<tr>
<td></td>
<td>betamethasone valerate solution</td>
</tr>
<tr>
<td></td>
<td>• Clobetasol propionate shampoo</td>
</tr>
<tr>
<td></td>
<td>• Amcinonide lotion or fluocinonide</td>
</tr>
<tr>
<td></td>
<td>• Calcipotriol solution</td>
</tr>
</tbody>
</table>

| Severe disease         | • Oral Systemics                                                                  |
|                        | • Biologics                                                                       |

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Note added in proof: In November 2008, Health Canada approved a new product containing calcipotriol and betamethasone dipropionate in a gel formulation. This combination product is indicated for topical treatment of moderate to severe scalp psoriasis.

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What could you recommend to William?

Treatment Options:

1) **For Body Psoriasis**: You can select clobetasol ointment (class 1) or mometasone furoate ointment (class 3) corticosteroid with or without a vitamin D analogue (calcipotriol) or consider calcipotriol/betamethasone dipropionate gel

2) **For Scalp Psoriasis**: You can select amcinonide (Class 2) corticosteroid solution or consider clobesatol (Class 1) and/or calcipotriol Scalp Solution or consider calcipotriol/betamethasone dipropionate gel

3) **For Body and Scalp Psoriasis**: consider calcipotriol/betamethasone dipropionate gel, which is indicated in patients 18 years and older for:
   - Mild to moderate body psoriasis for up to 8 weeks
   - Moderate to severe scalp psoriasis for up to 4 weeks
   - Once daily dosing alcohol-free gel, (non-medicinal ingredients include paraffin liquid and hydrogenated castor oil)
   - Dual mode of action

**Recommendation would be based on William’s need for symptom/disease control, simple dosing regimen, ease and convenience of application**
How to apply calcipotriol/betamethasone dipropionate gel?

• Shake Well before each application
• Apply once daily
  – Should not be used on face, axillae, flexures, groin or genitals.
• Apply sufficient amount or apply liberally
  – Avoid saying apply sparingly
• Apply up to 4 weeks on scalp and 8 weeks on body to achieve control
  – Avoid saying discontinue in 2 weeks
• Average weekly usage is 17-22g for scalp and 28-32g for body plaque psoriasis and up to 100g weekly is safe
• Wash hands after application!

Discussion of Patient Case Study

- Identify clinical issues and drug related problems
  - Non-compliance: patient is refusing to take the drug or not taking it properly (lack of adherence to treatment)
  - Sub-optimal response to a drug: drug is not working as well as needed (chronic condition not controlled)

- The Pharmaceutical Opinion program allows pharmacists to identify clinical issues and drug-related problems (DRPs) and make a recommendation to the prescriber to resolve the DRPs
  - reimbursement $15.00 for ODB/Trillium patients

- In order to be eligible for coverage a Pharmaceutical Opinion must involve and document the following:
  - Identification of a clinical issue or drug related problem
  - Consultation with the prescriber (by phone, fax, in person)
  - Pharmacist **MUST** make a recommendation to the prescriber!
### Pharmaceutical Opinion Form

**Clinical/Medication-Related Issues Identified, and Pharmacist Recommendations:**

The following clinical issue has been identified during consultation with a patient currently on therapy for plaque psoriasis:

- **Current therapy:**
  - Pharmacist Name: 
  - License #: 
  - Phone: 
  - Fax: 
  - Signature: 
  - Date: 

- **Pharmacist’s Pharmaceutical Opinion:**
  - [ ] Initiate/Change therapy to topical corticosteroids (specify):
  - [ ] Start/Change therapy to topical calcipotriol/betamethasone dipropionate
  - [ ] OTHER:

- **Physician’s Treatment Decision:**
  - [ ] No change to therapy
  - [ ] Discontinue current therapy
  - [ ] Change therapy for:
    - [ ] Add therapy:
    - [ ] Other therapy
  - [ ] Refer patient for follow-up visit
  - [ ] OTHER:

**Notes:**

- **Name of Physician:** 
- **Fax:** 
- **Signature:** 
- **License #:**

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**The Canadian Guidelines for the Management of Plaque Psoriasis include the following information:**

**Treatment of mild plaque psoriasis (Chapter 6, page 23, Recommendations):**
- Topical corticosteroids may be used as first-line therapies for patients with mild plaque psoriasis
- Other appropriate first-line options include topical calcipotriol and topical calcipotriol/betamethasone dipropionate in combination
- Tazarotene, either alone or in combination with topical corticosteroids may be used in appropriate patients

**Treatment of moderate to severe psoriasis (Chapter 6, page 56, Table 1: Therapeutic options for ameliorating moderate to severe plaque psoriasis):**
- Topical agents: calcipotriol/betamethasone dipropionate ointment
- Oral systemic agents: etretinate, cyclosporine or methotrexate
- Biologic agents: adalimumab, etanercept, infliximab or alefacept
- Phototherapeutic methods: ultraviolet A with psoralen, or ultraviolet B

**Treatment of scalp psoriasis (Chapter 11, page 78, Recommendations):**
- For mild to moderate cases, moderately potent to very potent topical corticosteroids and calcipotriol are all appropriate topical treatments
- For severe cases, systemic therapies may be considered
- Note added in print: Calcipotriol/betamethasone dipropionate combination gel for the treatment of moderate to severe scalp psoriasis became available to Canadian physicians in November 2006.


**Please see respective product monographs for complete indications.**

- Can use during the course of a new or repeat prescription or Medscheck or Medscheck follow-up
- Opportunity for Pharmacists to assess for treatment adherence and disease control in their patients with psoriasis
- Identify clinical issues and DRP’s and make therapeutic recommendations
What is a Pharmaceutical Opinion?

- Drug Related Problems
  - Therapeutic duplication: drug may not be necessary
  - Requires drug: patient needs additional drug therapy
  - Sub-optimal response to a drug: drug is not working as well as needed
  - Dosage too low
  - Adverse drug reaction: possibly related to an allergy or a conflict with another medication or food
  - Dangerously high dose: patient may, either accidentally or on purpose, be taking too much of the medication
  - Non-compliance: patient is refusing to take the drug, or not taking it properly
  - Prescription has been confirmed false or has been altered
What is a Pharmaceutical Opinion?

- Outcomes of a Pharmaceutical Opinion
  - **Prescription not Filled / Forgery Confirmed**
    - PIN 93899991 - $15
  - **No Change to Rx / Prescription Filled as Prescribed**
    - PIN 93899992 - $15
  - **Change to Rx**
    - PIN 93899993 - $15
  - Reimbursement for the process regardless of Outcome!
Using Expanded Scope of Practice

• Other professional services to consider
  – MedsCheck eligibility (reimbursement $60.00)
    • He takes 3 or more chronic medications
  – Follow-up MedsCheck (reimbursement $25.00)
    • Assess treatment adherence and outcome for psoriasis
    • Assess treatment adherence and outcome for other chronic conditions
  – Smoking cessation (reimbursement up to $125)
    • Using the 5As algorithm (Ask, Advise, Assess, Assist, Arrange) the pharmacist will guide the patient through a smoking cessation program and evaluate outcome
      – Pharmacist needs to be trained to provide the service
320,000 Pharmaceutical Opinions in 2013 in Ontario at $15.00 each

>70% of Pharmacist Pharmaceutical Opinions accepted by MD’s

765,000 Pharmacist Administered Flu Vaccine
What is the role of the Pharmacist?

1) Safe and Appropriate: (MOA, Side Effects, Adverse Events, Cautions, Warnings, Monitoring Requirements, Contraindications)
2) Treatment Adherence: (Chronic Disease Management and Self-care)
3) Efficacy: (Reach Target, Treatment Goals, Risk Reduction, Achieving Control)
4) Patient Outcome: (Follow-up, Reviews, Interventions, Recommendations, Opinions, Prescribe)

- Renew
- Refusal to Fill
- Adapt
- Pharmaceutical Opinions
- Medication Reviews
- Treatment-Care Plans
- Injection
- Therapeutic Substitution
- Prescribe