primary studies - published, non RCT

Aerosol and lobar administration of a recombinant adenovirus to individuals with cystic fibrosis. I. Methods, safety, and clinical implications.

Code: PM11485629 **Year:** 2001 **Date:** **Author:** Joseph PM

Study design (if review, criteria of inclusion for studies)

Retrospective chart review study

Participants

146 patients aged at least 12 years with cystic fibrosis qualifying for ELX/TEZ/IVA at a single health system between October 21, 2019, and April 1, 2020.

Interventions

Clinical pharmacists and pharmacy technicians played a key role in planning for ELX/TEZ/IVA initiation. OBJECTIVE: To evaluate the impact of pharmacy services on time to ELX/TEZ/IVA initiation.

Outcome measures

Time to ELX/TEZ/IVA initiation.

Main results

Patients filling ELX/TEZ/IVA at an integrated health system specialty pharmacy (HSSP) vs an outside specialty pharmacy (SP) started on therapy an average of 10.8 days sooner (10.8 days ± 14.0 vs 21.6 days ± 18.8, respectively; P = 0.006). More patients filling at an HSSP received ELX/TEZ/IVA within 14 days of the prescription being written compared with outside SPs (82.0% vs 41.4%, respectively; P = 0.001). Before ELX/TEZ/IVA initiation, patients were hospitalized for a cystic fibrosis-related complication for an average of 6.26 days (range = 0-183) compared with 1.16 days (range = 0-91) after ELX/TEZ/IVA initiation. Lastly, an estimated $134,810 was saved in hospitalization dollars in the 105 patients that were able to fill ELX/TEZ/IVA at an HSSP by initiating the drug an average of 10.8 days sooner than outside SPs.

Authors' conclusions

The results of this study demonstrate the value of an integrated HSSP model. The ability to fill specialty medications at an integrated HSSP may optimize medication access, control costs, and improve patient outcomes for patients receiving care within a health system.

http://www.mrw.interscience.wiley.com/cochrane/clcentral/articles/732/CN-00385732/frame.html

See also

Human Gene Therapy YR: 2001 VL: 12 DE: CCT NO: 11

Keywords

non pharmacological intervention - psyco-soc-edu-org; Organization; CFTR Modulators; Genetic Predisposition to Disease; pharmacological_intervention; placebo; VX-770; VX-661; ivacaftor; Aminophenols; tezacaftor; VX-445; elexacaftor; Trikafta;