Long-Acting Antipsychotic Injections in a Community Pharmacy: A Descriptive Analysis

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**Background**
Approximately 40%-60% of patients with schizophrenia and 20%-66% with bipolar disorder are non-adherent with their oral antipsychotic regimen. Therefore, much of the United States’ $33-$65 billion annual economic cost of schizophrenia, and the roughly $45 billion annual economic cost of bipolar disorder can be attributed to non-adherence. Long-acting injections (LAIs) of antipsychotic medications are intended to improve adherence; in fact, many patients prefer LAIs over oral formulations. However, access to LAIs from community-based healthcare providers, especially in rural settings, can be a challenge for patients and as a result utilization rates of LAIs are relatively low in the United States. Community pharmacies as an option for providing LAIs have not yet been evaluated.

**Aim**
The purpose of this study was to provide a descriptive analysis of patients receiving LAI therapy to treat schizophrenia or bipolar disorder at a community pharmacy and draw inferences on the feasibility of providing these services in such a location.

**Methods**
This study was designed as a single-arm descriptive cohort analysis of a convenience sample of patients receiving LAI services at a community pharmacy in an urban setting in Washington State. Means, and standard deviations where appropriate, were used to describe patient characteristics, medication adherence, health-care resource use, arrests, and health-related quality-of-life (HRQoL), measured using the 15D® instrument. A one-way repeated measures ANOVA was used to test for differences in the mean scores for the 15 dimensions of the instrument.

**Results**
The results indicate that providing LAIs in a community-based pharmacy is feasible, which could greatly improve access to these medications for patients in both urban and rural settings.

**Conclusions**
The next step will be to conduct a randomized controlled trial with cost-benefit analysis, comparing patients receiving LAIs at a community pharmacy versus LAIs in a more traditional setting.

**References**