

# Pharmacist-Led Immunomodulator Clinic Improves Patient Safety and Inflammatory Bowel Disease Management

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## Background

- Immunomodulator drugs are associated with significant toxicity and patients require close monitoring, increasing workload on physicians
- Early detection of adverse events and appropriate intervention promotes patient safety and improves medication tolerance
- A pharmacist-led virtual immunomodulator clinic for ambulatory patients living with inflammatory bowel disease was established in October 2022

## Objective

To evaluate the impact of a pharmacist-led immunomodulator clinic on patient safety and inflammatory bowel disease (IBD) management

## Method

Prospective cohort study

Recruitment period: 10 months

Eligibility criteria: known to St Vincent's Hospital Sydney IBD service, age > 17 years, and initiating, restarting or requiring optimisation of an oral immunomodulator therapy

Patients were reviewed by the pharmacist at protocolised time points face-to-face, via telephone or email

Once stable on their therapies, patients were discharged from the pharmacist-led clinic into the care of their GP or gastroenterologist for ongoing medication monitoring

## Discussion

- The IBD pharmacist facilitates patient safety through identification of adverse drug events, advocates medication adherence, and triages patients requiring adjustments to IBD therapy
- A pharmacist-led clinic is a safe alternative to conventional physician monitoring of patients on immunomodulators

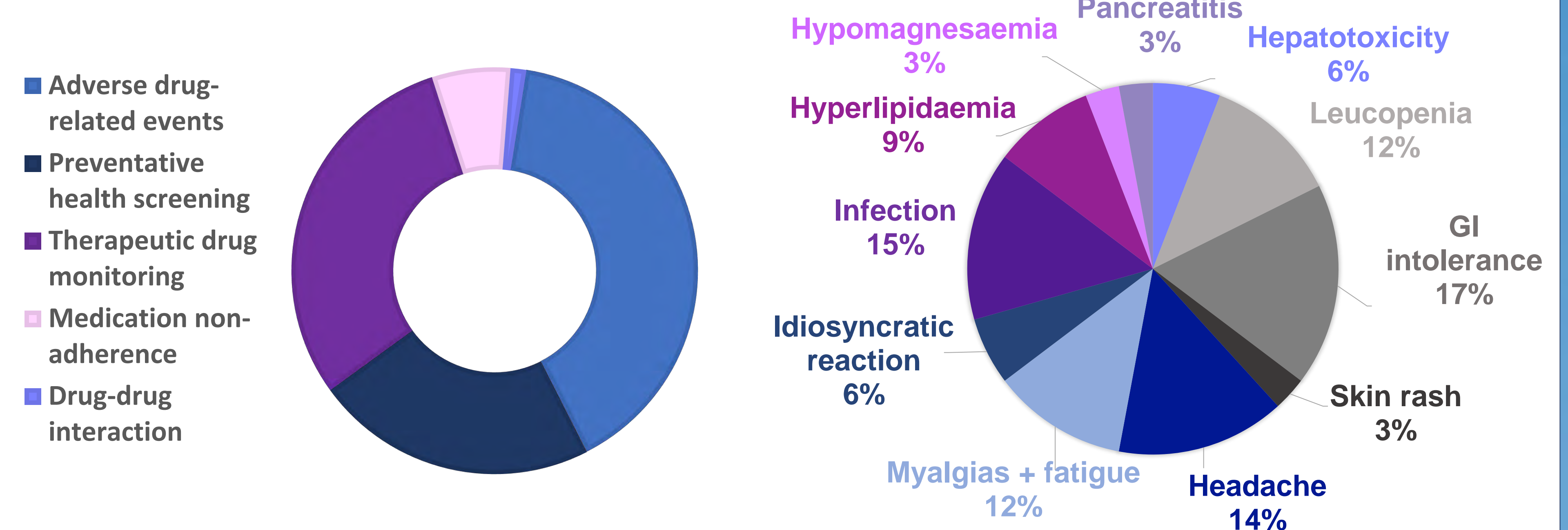
## Evaluation (n=92): median age 35, 56% male

IBD diagnosis: Crohn's disease (n=57), Ulcerative colitis (n=34), IBD-U (n=1)

Reason for immunomodulator clinic referral: initiation (n=68), recommencement (n=11), optimisation (n=13)

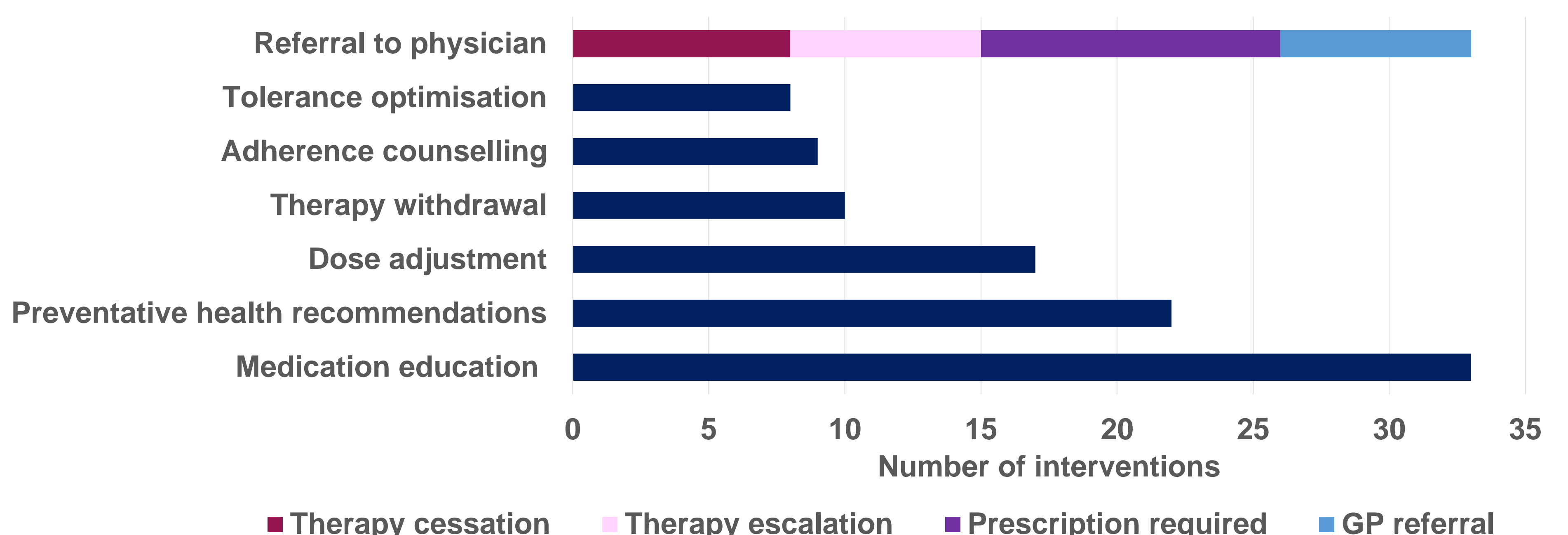
Prescribed immunomodulator therapy: thiopurines (n=55), methotrexate (n=19), ciclosporin (n=4), upadacitinib (n=14)

Pharmacist delivered: 338 instances of medication education, or pathology review with patient assessment



**Figure 1.** Type and distribution of patient monitoring events (n=80)

**Figure 2.** Distribution of adverse drug-related monitoring events (n=34)



**Figure 3.** Number and type of pharmacist interventions (n=132), with reason for physician referral

- 19 (14%) interventions prevented potential serious complications
- 96% of patients referred to the gastroenterologist were recommended a change in IBD therapy
- In patients experiencing an adverse drug-related event, 8% of patients discontinued therapy and 2% of patients presented to hospital