

Impact of Clinical Pharmacist-Led Isotretinoin Management and Acne Care Education at a Multi-Specialty Clinic



PRESENTER:
Phuong Nghi Le, PharmD

Background

Acne vulgaris is one of the most common dermatologic conditions in the United States, affecting approximately 50 million people. Patients often report detrimental effects on quality of life exacerbated by poor self image, depression, and anxiety.

Isotretinoin, an oral retinoid, is the most effective treatment of acne vulgaris but has associated teratogenic risks. The iPLEDGE program was founded to reduce and prevent complications through ensuring medication safe use. Patients can receive isotretinoin through an iPLEDGE registered prescriber and pharmacy only if they submit monthly pregnancy results and comprehension checks.

These requirements create demand for accurate and timely iPLEDGE verification. Delays in therapy can result in subtherapeutic effects and patient dissatisfaction. Insufficient medication counseling can result in increased side effects and pregnancy risk.

Clinical pharmacists can play a big role in the dermatology care team due to their medication and iPLEDGE regulation knowledge. This study seeks to examine clinical pharmacist impact on clinical outcomes, iPLEDGE access, and patient satisfaction within a multidisciplinary dermatology clinic.

Objectives:

1. To analyze the clinical impact of a pharmacist-led isotretinoin program in a dermatology clinic in the United States.
2. To evaluate patient satisfaction with pharmacist-led isotretinoin program.

Methods

This a retrospective chart review study. The study population is 25 patients of Wynn Medical Center (WMC) with existing diagnoses of acne vulgaris who completed a pharmacist visit for isotretinoin therapy monitoring from September 2022 through March 2023.

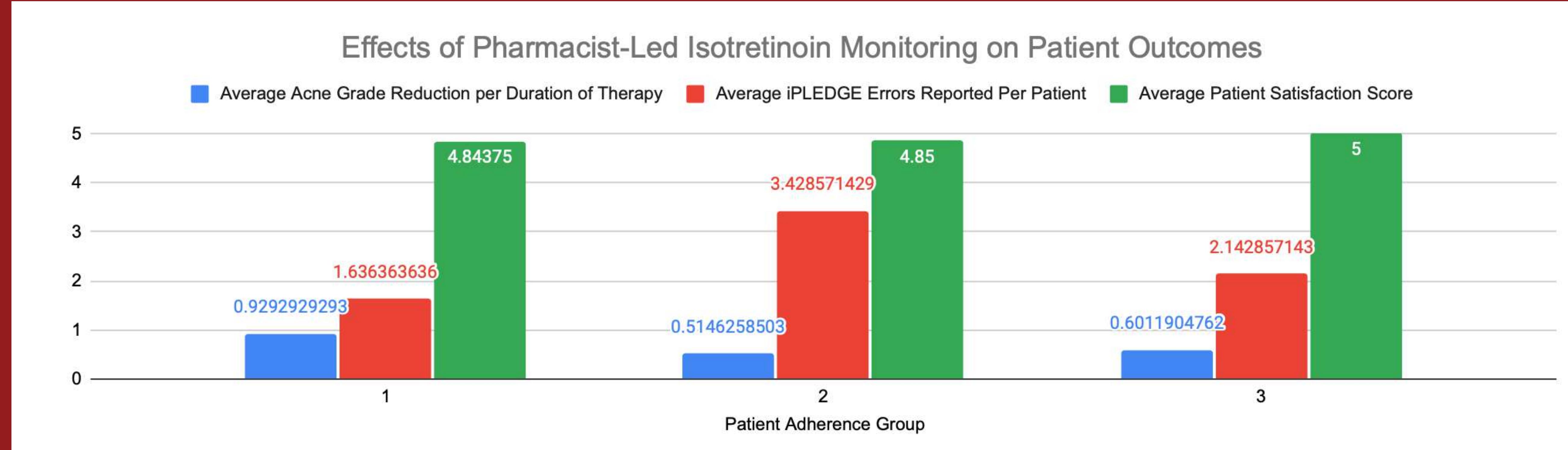
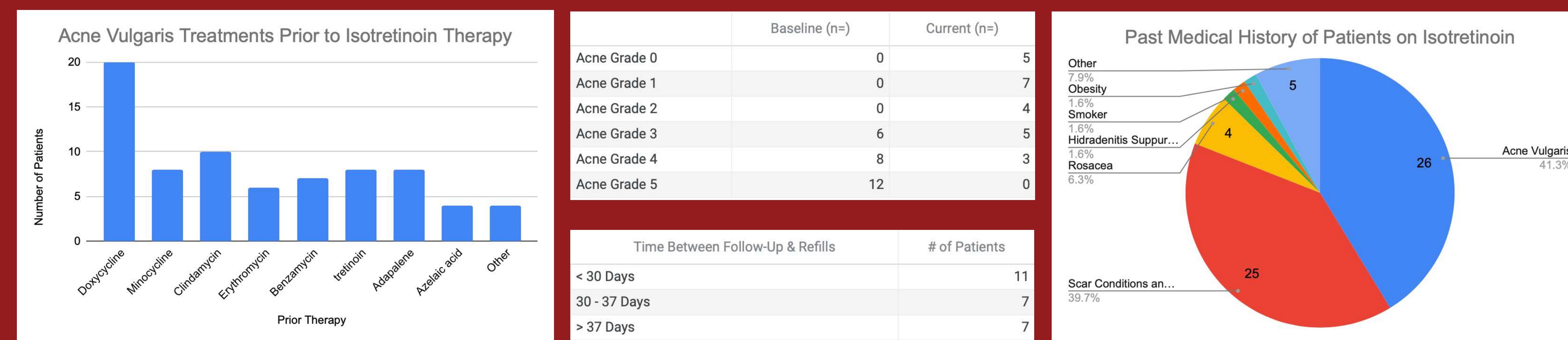
Clinical Pharmacist integrated into the practice and completes patient appointments under the training and direction of a dermatologist.

At each visit, pharmacists complete medication adjustments, review labs, assess disease state progression, and confirm iPLEDGE requirements. Patients receive medication consultation and side effect management.

An optional satisfaction survey is administered to patients post-visit as part of the standard of practice.

Disease activity, symptoms, and laboratory results are recorded as components of patient progress notes in the electronic medical record.

Introducing a clinical pharmacist into a unique isotretinoin monitoring and education role within a multidisciplinary dermatology clinic.



Group 1: Patients who received clinical pharmacist follow-up monitoring and 30 day refills of isotretinoin within <30 days of their previous clinical pharmacist follow-up monitoring and refill, indicating great adherence.
Group 2: Patients who received clinical pharmacist follow-up monitoring and 30 day refills of isotretinoin within 30-37 days of their previous clinical pharmacist follow-up monitoring and refill, indicating good adherence.
Group 3: Patients who received clinical pharmacist follow-up monitoring and 30 day refills of isotretinoin within >37 days of their previous clinical pharmacist follow-up monitoring and refill, indicating poor adherence.

Average Acne Grade Reduction per Duration of Therapy: Acne vulgaris grade scales ranged from a numeric score of 0 through 5, 0 indicating no lesions or very few scattered comedones and papules, 1 indicating few scattered comedones and papules, 2 indicating many comedones and papulopustular regions within less than half the affected area, 3 indicating numerous comedones and papulopustular regions within more than half the affected area, 4 indicating entire area involvement with numerous papulopustular and nodulocystic regions, and 5 indicating highly inflammatory acne with nodulocystic regions. The difference in patient acne grades at the beginning of their visit with the pharmacist vs current grade were then divided by their duration (months) of isotretinoin therapy.

Average iPLEDGE Errors Reported Per Patient: Data obtained from iPLEDGE website. Examples of iPLEDGE errors include failure to complete patient comprehension questions prior to dispensing or missed prescription windows.

Average Patient Satisfaction Score: Patients were asked to rank 4 questions about patient satisfaction (ie clarity of medication consultation, frequency of iPLEDGE issues) with their dermatologic care on scale of 1-5, 1 being very unsatisfied to 5 being very satisfied.



USC Mann

Alfred E. Mann School of Pharmacy
and Pharmaceutical Sciences



Wynn Medical Center

Results

Final study results are pending complete data collection. Preliminary results are reflective of patient satisfaction and improvements in acne vulgaris.

Key Accomplishments:

- Training of PGY-1 Community-Based pharmacy resident to conduct patient interviews and isotretinoin follow-up appointments.
- Average of 18 patients seen by clinical pharmacist weekly, of which 5 patients on average are on isotretinoin therapy for acne vulgaris .

Patient Demographics

	Age Range	Number of Patients
Age Range	12-18	10
	19-30	11
	30+	4
	Sex	Number of Patients
Sex	Male	10
	Female	15
	Ethnicity	Number of Patients
Ethnicity	Asian	19
	Hispanic	6

"Everything improved with Dr. Le's help!"

"My isotretinoin treatment was great! Everything was great, especially the practice!"

***Testimonials from current patients seen by pharmacist for isotretinoin therapy monitoring**

Conclusion: Clinical pharmacists are a reliable and beneficial member of the dermatology care team by allocating more time for medication counseling, medication therapy adjustments, and lifestyle interventions. With an additional healthcare provider available to provide dermatology care and iPLEDGE verification, the burden of delayed access to care is relieved for patients and providers alike.

• **Phuong Nghi Le¹, Richard Dang¹, Huynh Wynn Tran²**

¹USC Mann School of Pharmacy and Pharmaceutical Sciences

²Wynn Medical Center, California Northstate University