

Racial and Ethnic Differences in the Use and Discontinuation of Long-Acting Injectable Antipsychotics

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Conflicts of Interests

- **The authors report no significant conflicts of interests related to this presentation**
- **All pictures not referenced are owned by the presenter**



Introduction

- Prevalence of schizophrenia in the United States about 0.5%
- Diagnosis occurring more likely among Blacks and Hispanics compared to Whites



Introduction

**Antipsychotics are
first line agents**

**LAI antipsychotic use
has increased**

**Adherence affects
> 40% receiving oral
antipsychotics**

**SGA LAI antipsychotic
development has
increased**

**Meta-analysis in
LAI antipsychotics
suggest benefits**



Introduction

- In general, rates of medication adherence and persistence are often low in underserved minority populations
- While results using LAI antipsychotics seem promising, discontinuation rates between race/ethnicity for these medications have not been elucidated





- **Primary: Determine differences in long-acting injectable antipsychotic use among racial and ethnic populations**
- **Secondary: Assess if discontinuation rates differed between agents and race/ethnicity**

Methods

- Merative MarketScan® Multi-State Medicaid Databases between Jan 2016 - Dec 2020
- ICD-10-CM diagnosis codes, and health plan (EPO, HMO, PPO) identified
- Data from pharmacy claims included NDC for dispensed medications
- Patient demographics (i.e., age, gender, race/ethnicity), and health plan obtained at index date (i.e., first fill for an LAI antipsychotic)
 - Age (i.e., 18-24, 25-34, 35-44, 45-54, 55-64) and gender (i.e., male, female)
 - Race/ethnicity defined as White, Black, Hispanic, or other



Methods

- Refill date defined as the fill date plus the coverage period, which varies by medication and formulation type
- Based on previous studies using similar methodology, discontinuation was defined as a continuous medication gap of 60 days or more from the refill date
- Patients required to be continuously enrolled in their health plans through the month of the date 59 days past the last refill date



Methods

- Cochran-Mantel-Haenszel tests and odds ratio estimators used to investigate conditional association between race/ethnicity (i.e., White, Black, Hispanic, other) and medication (i.e., individual, generation) while controlling for age, gender, health plan, and year LAI antipsychotic was first prescribed
- Kaplan-Meier survival curves were examined, and stratified log-rank tests were conducted to compare the time until discontinuation distributions across race/ethnicity



Methods

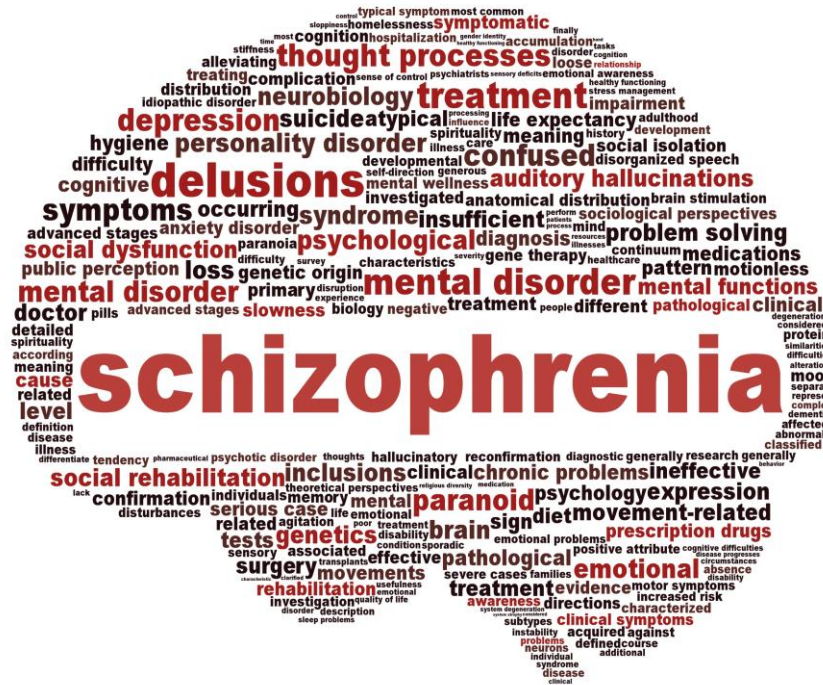
LAI antipsychotics included:

First Generation

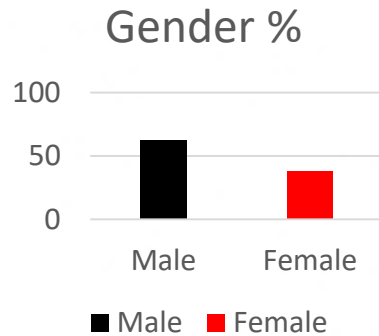
- Fluphenazine decanoate
- Haloperidol decanoate

Second Generation

- Aripiprazole lauroxil
- Aripiprazole monohydrate
- Olanzapine pamoate
- Paliperidone palmitate
 - 4- and 12- week formulations
- Risperidone microsphere
- Risperidone subcutaneous

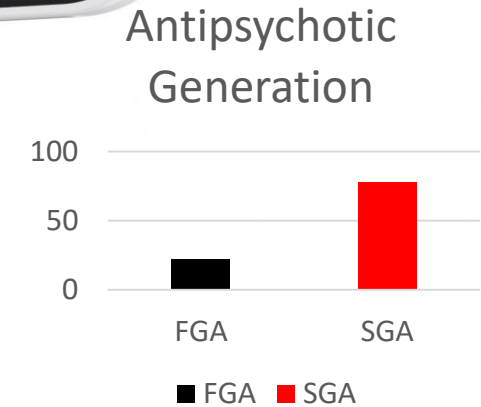


Results



37,712 patients (mean age: 39 ± 12.7 ; 62% male) with LAI antipsychotic use included in the final analysis

Approximately 22% of patients received LAI FGA and 78% of patients received LAI SGA



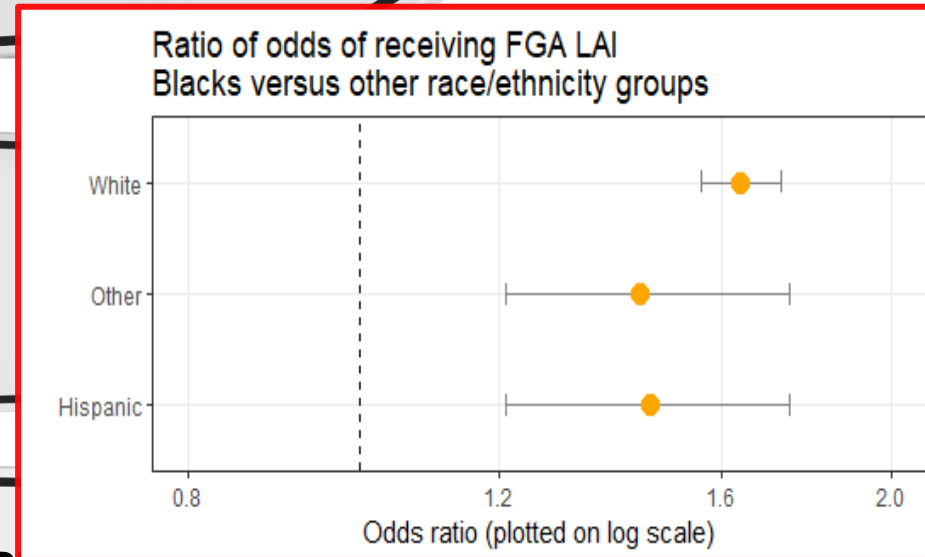
The race/ethnicity distribution included: ~47% White (n=17,782), ~48% Black (n=18,197), ~2% Hispanic (n=860), and ~2% other (n=873)

Results

Blacks received a LAI FGA more often than Whites (OR: 1.64 95% [1.56, 1.73], Hispanics (OR: 1.46 95% [1.21, 1.75]) and others (OR: 1.44, 95% [1.20, 1.73])

Whites discontinued fluphenazine decanoate, a FGA LAI earlier in comparison to Blacks ($p=0.02$)

No other significant differences in discontinuation rates across race/ethnicity were found



Discussion

- Older studies (before most LAI SGA came to market) suggest Blacks were more likely to receive LAI antipsychotics compared to Whites
- Despite no significant differences in LAI SGA discontinuation rates between Blacks and other race/ethnicity groups, Blacks received an LAI SGA significantly less often than any other group



Discussion

- Of note, the largest difference in our study was with fluphenazine decanoate in which Whites significantly discontinued faster than Blacks
 - Hypothesized Whites may be discontinuing at a higher rate due to switching to an LAI SGA at a higher rate than Blacks
 - Post-hoc analysis comparing agent switched to in this cohort failed to find significant evidence supporting this hypothesis



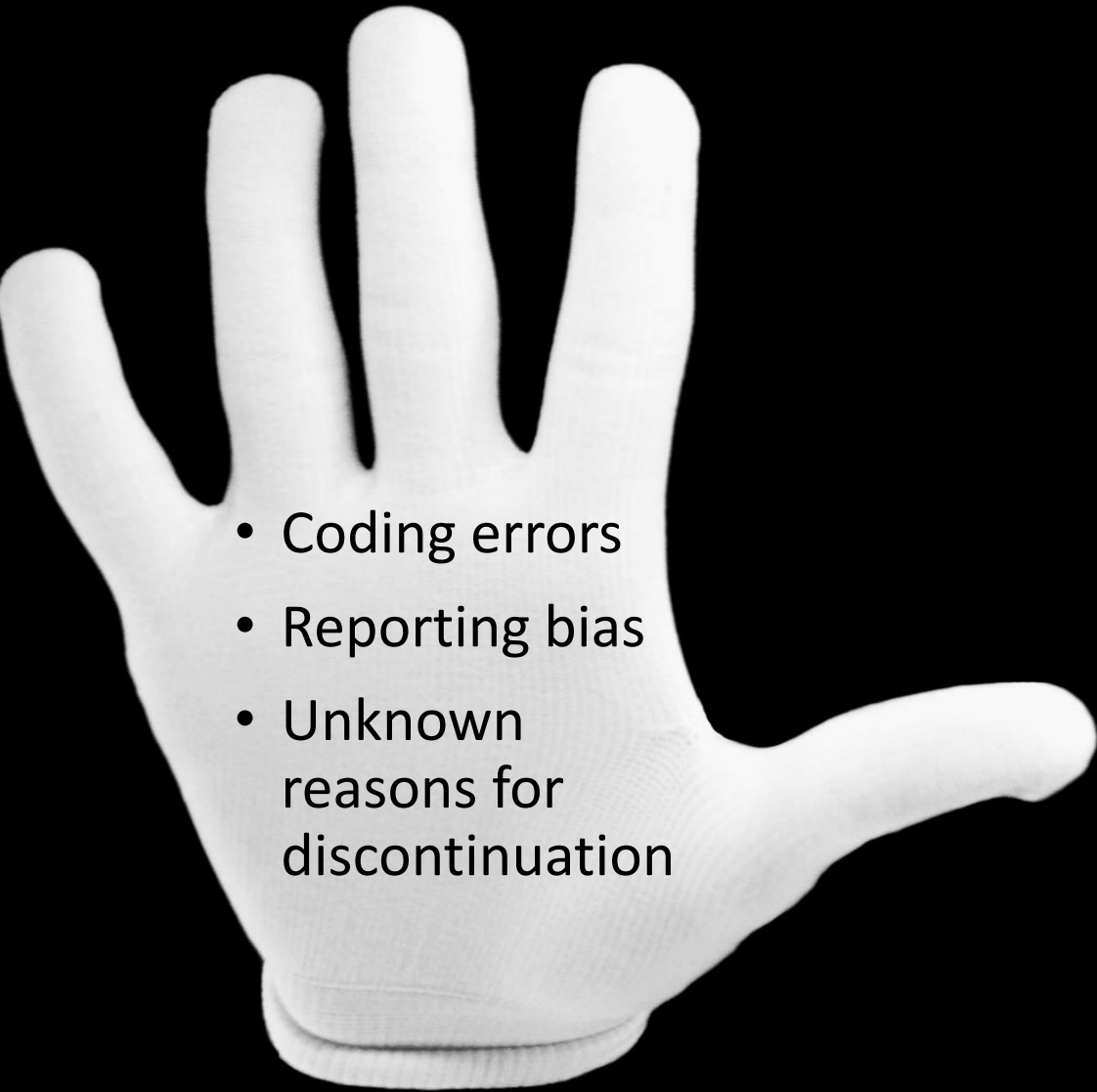
Discussion

OPPORTUNITY

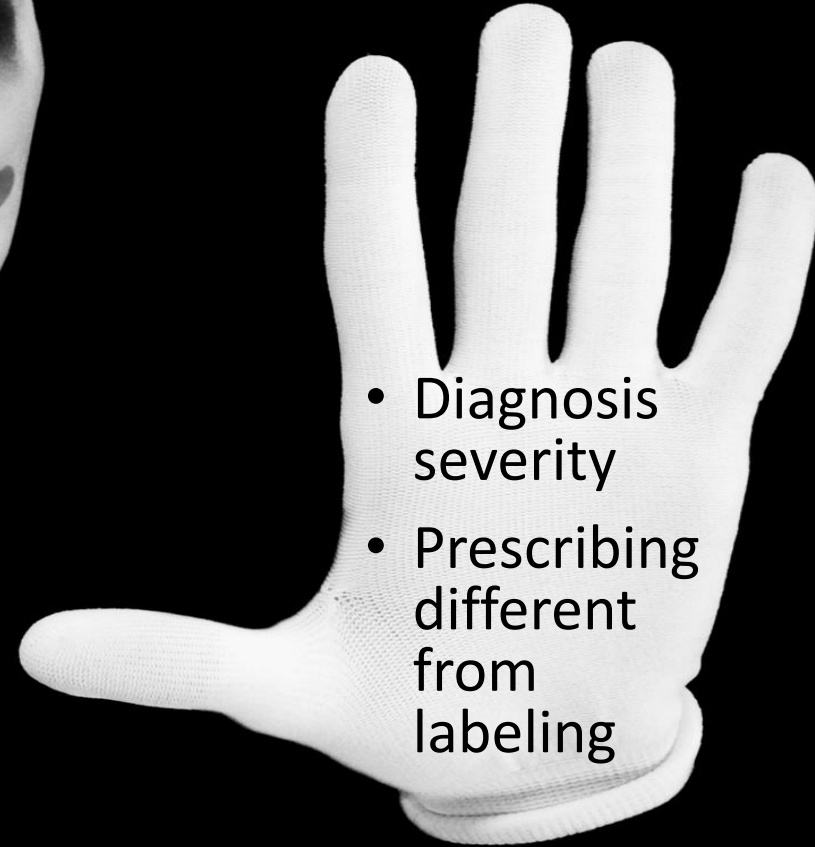
- Clinicians report using LAI antipsychotics in $< 10\%$ of their patients and have not discussed use with $\sim 66\%$
- Data show 33% of LAI antipsychotic recommendations accepted by patients, but increased $> 95\%$ after a post-visit interview with tailored approach to patient concerns
- Education may be warranted to providers on bridging the gap in prescribing rates especially with LAI SGA in Blacks



Limitations



- Coding errors
- Reporting bias
- Unknown reasons for discontinuation



- Diagnosis severity
- Prescribing different from labeling





Any Questions/Comments?

