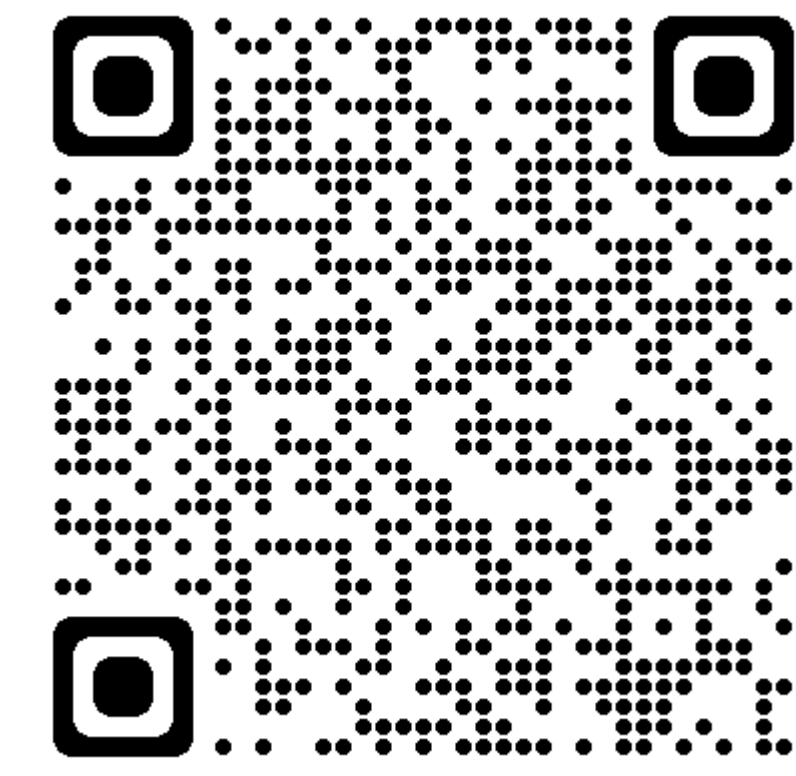


Clinical Outcomes Associated With Prescription Cannabidiol Use At 12-Months Post-Initiation

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PURPOSE

Describe the use of emergency healthcare services, time to first emergency healthcare related utilization (HRU), and change in anti-seizure medication (ASM) use after the first 12-months of prescription cannabidiol (CBD) therapy

METHODS

Setting

Outpatient neurology clinics at an academic medical center with an integrated health-system specialty pharmacy (IHSSP)

Study Initiation

Population: patients prescribed CBD by center's neurology clinics from 1/2019-4/2020 with access and fulfillment handled by IHSSP

12-months of therapy or discontinuation of prescription CBD

Outcomes: reason for discontinuation (if applicable), change in ASM use

Monthly IHSSP Check In

Outcomes: adherence, adverse effects, emergency healthcare service use

Approximately 1/5 of patients discontinued prescription CBD within the first 12-months of therapy

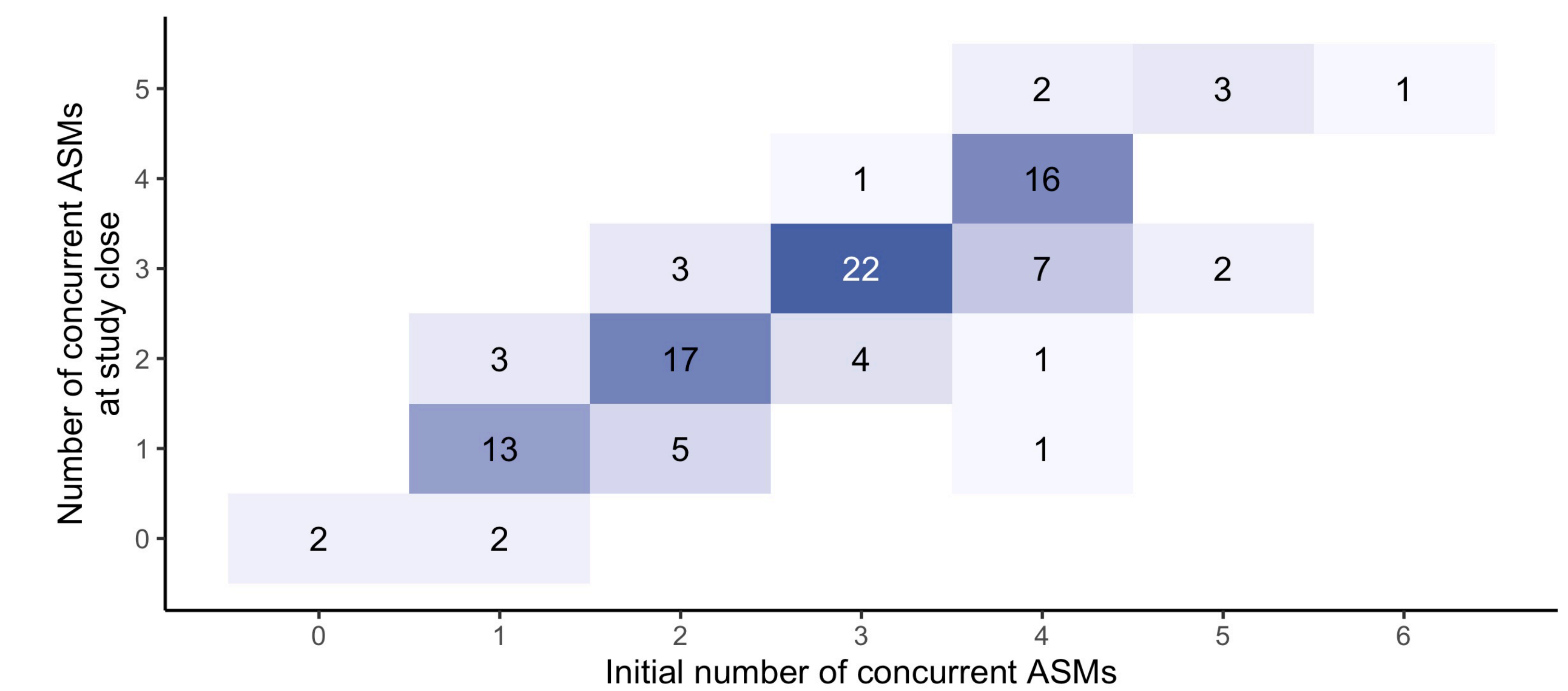
Emergency healthcare service utilization was common in the first 12-months after prescription CBD initiation with minimal change in concurrent ASM utilization

RESULTS

Table 1: Baseline Characteristics (N = 136)

	Pediatric (n = 92)	Adult (n = 44)
Age, years – median (IQR)	10 (5, 14)	28 (21, 44)
Sex, male – n (%)	49 (53)	19 (43)
Race, white – n (%)	77 (84)	38 (87)
Prior ASM, number – median (IQR)	6 (5, 8)	12 (8, 14)
Prior non-pharmacological treatment – n (%)	40 (43)	28 (64)

Figure 1: Concurrent ASM Use



Patients were continued on a median of 3 (IQR 2, 4) ASMs at time of prescription CBD initiation and 3 (IQR 2, 3) ASMs at study close

Figure 2: Time To First Emergency HRU

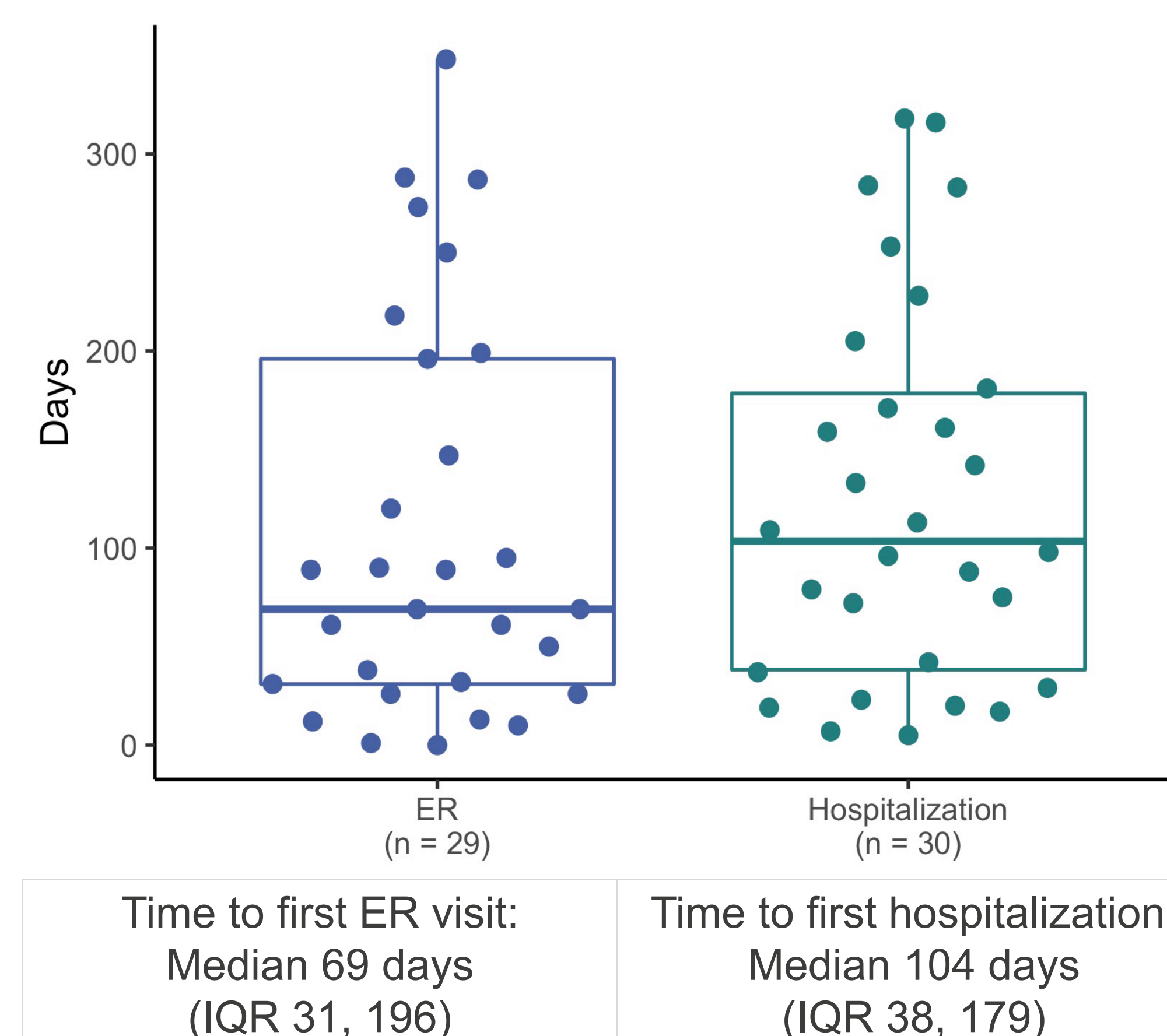


Figure 3: Time to and Reasons for Discontinuation (n = 31)*

