usually resulted in fast recovery and maintained remission. Dissociative symptoms can be impactful near the time of infusions but resolves within a few hours in most cases. Psychotic symptoms often improve on repeated administration with none to minimal worsening during the short-term period.
Funding. No Funding

Determining Clinician Factors for Implementing LAIs and Defeating Barriers (DECIDE) Study: Describing Differences Between Clinicians Based on Their LAI Use and Archetype

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Background. Long-acting injectable antipsychotics (LAIs) reduce relapses in schizophrenia; however, most healthcare professionals (HCPs) reserve LAIs for nonadherence to oral antipsychotics (OAs) or severe disease.
Methods. US HCPs were surveyed regarding attitudes and perceptions toward LAIs for schizophrenia and LAI selection preferences. Respondents were grouped by LAI use (high [≥31% of patients using LAIs], low [≤14% using LAIs]; mid not analyzed) and archetype based on response to, "Which of the following best fits the current way you view your use of [LAIs] for your patients with schizophrenia?" (see responses below).
Results. Respondents (106 high, 130 low LAI use) were distributed across early LAI use (n=123), severity-reserved (n=88), adherence-reserved (n=113), and LAI-hesitant (n=56) archetypes.

Across all groups, HCPs estimated OA nonadherence in their practice (21%– 32%) to be lower than for patients nationwide (50%– 56%). Overall, 27% were dissatisfied with their LAI:OA use ratio, most thinking their OA use was too high. In all groups, side effects/tolerability was ranked as most important when choosing an LAI and "preference for the molecule" was ranked least important. Overall, 71%– 77% of HCPs were somewhat/much more likely to use a particular LAI based on multiple injection site options, small/on par needle, and price, and 63%– 82% of HCPs were somewhat/much more likely to select an LAI dosed once monthly or less often compared with an LAI dosed once every 2 weeks (8%). HCPs with high LAI use or early LAI use archetype were more likely to disagree that managing patients with schizophrenia increased their stress (64% and 63% vs 27%-45%, $P<.05$ each) and/or left them feeling "burned out" (77% and 79% vs 50%– 64%, $P<.05$ each).

Compared with other groups, greater proportions with high LAI use or early LAI use archetype consistently read new LAI publications (18% and 19% vs 0%– 5%, $P<.01$) and were confident in key aspects of LAI treatment (ie, dosing, managing side effects, access; 67%– 74% and 59%– 70% vs 11%– 57%, $P<.05$ each).

HCPs with low LAI use estimated the proportion of patients who initially refuse LAIs to be higher (mean, 55%) than those with low LAI use (44%, $P<.01$); there were no differences among archetypes (49%– 54%). HCPs with high LAI use or early LAI use archetype were more likely to "use any means necessary to ensure that a patient is on an LAI" vs other groups (44% and 51% vs 5%– 22%, $P<.01$ each) or had used guardianship to assist with treatment (70% and 69% vs 32%– 56%, $P<.05$ each); greater proportions with high LAI use or early LAI use archetype strongly agreed it was "worth [their] time to resolve issues with the insurance company" (42% and 45% vs 16%– 30%, $P<.05$ each) and were confident they would be able to do so (23% and 20% vs 2%– 11%, $P<.05$ each). Greater proportions of HCPs with early LAI use archetype vs the severity-reserved archetype strongly agreed that they attempt to determine the patient's/caregiver's preferred role before involving them (43% vs 27%, $P<.05$) and encourage them to participate (72% vs 57%, $P<.05$) in shared decision-making.
Conclusions. Comparing HCPs with high LAI use or early LAI use archetype vs other groups, multiple factors (eg, attitudes, preferences, training, knowledge base) combine to influence LAI use. These results highlight considerations for developing educational materials to increase LAI use in this population.
Funding. Teva Branded Pharmaceutical Products R&D, Inc.

Clinical Characteristics of a Commercial Pharmacogenetic Testing Population

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Genomind, Inc.

Pharmacogenetic testing is becoming more common, especially to provide guidance for psychiatric medications. Over 17 psychotropic medications currently have a Clinical Pharmacogenetics Implementation Consortium (CPIC) guideline. Several clinical trials have described PGx testing in specific patient populations, but various exclusion criteria create cohorts that may not represent real-world populations. Given the overall undefined characteristics of a real-world population utilizing commercial PGx testing, the clinical presentation of 15,198 patients that used a commercial PGx laboratory (Genomind) from October 15, 2018 through April 11, 2023 was assessed. These 15,198 patients include those whose provider conducted a clinical consultation

https://doi.org/10.1017/S1092852924001858 Published online by Cambridge University Press

with a Genomind psychopharmacologist, regardless of ICD diagnosis on the requisition form. Data were extracted from de-identified consult notes entered by the psychopharmacologist. Consultants made a total symptom severity assessment based on CGI-S (Clinician Global Impression Severity) criteria. Most patients were described as mildly (15%), moderately (59%), or markedly ill (21%). The most common presenting symptoms identified in the cohort were "Anxious" (61.6%), "Depressed" (61.1%), "Inattentive" (37.8%) and "Hyperactive" (11.4%). The most common co-occurring symptoms in patients with a depressive presentation were "Anxious" (68.1%), "Inattentive" (16.0%), "Manic/Hypomanic" (11.1%), "Insomnia" (9.8%) and "Irritable/Angry" (7.4%). The most common co-occurring symptoms in patients presenting with anxiety were "Depressed" (67.6%), "Inattentive" (20.9%), "Panic" (11.5%), "Worry/Rumination" (11.2%) and "Hyperactive" (11.1%). This analysis suggests that PGx testing is commonly being utilized in patients with symptoms of anxiety, mood lability and inattentiveness. Future PGx research should prioritize the selection of patients with these symptoms to generate evidence that matches the real-world users of commercial PGx services.

Funding. Genomind, Inc.

Utilization of Psychiatric Pharmacogenomic Testing by Primary Care Physicians and Advanced Practice Providers: Confidence and Implementation Barriers

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Introduction. Pharmacogenomic (PGx) testing identifies individual genetic variation that may inform medication treatment. Sentiment and barriers may limit PGx testing. Here we compare confidence in utilizing PGx testing and barriers to implementation by type of provider and treatment condition as identified in a survey.

Methods. Healthcare providers in the primary care setting were targeted between November 2022 and February 2023 via the Medscape Members paid market research program. The survey included 5 demographic, 5 multiple-choice, and 4 multi-component five-point Likert scale questions to assess PGx sentiments, use, and education in mental health (e.g., depression) and primary care (e.g., cardiovascular disease) conditions. Responses were descriptively compared.

Results. Of 305 U.S. provider respondents [40% nurse practitioners (NPs), 33% frontline MDs/DOs, 3% physician assistants (PAs), 24% other], 32% of NPs/PAs and 29% of MDs/DOs had used PGx testing for mental health conditions. The major barriers to adopt PGx testing were similar for mental health and primary care conditions yet differed by provider type. NPs/PAs (72-77%) were more concerned with patient cost than MDs/DOs (46-55%), whereas MDs/DOs were more concerned with evidence of clinical utility (54-59%) than NPs/PAs (40-42%). In respondents who use PGx testing, MDs/DOs reported slightly more confidence utilizing PGx than NPs/PAs. For both groups, confidence in using PGx for mental health conditions was somewhat greater than for non-mental health conditions.

Conclusions. These data illuminate the implementation barriers and confidence levels of clinicians utilizing PGx testing. Increasing awareness around patient cost and evidence of clinical utility for PGx testing may improve utilization.

Funding. Myriad Genetics, Inc.

Sustained Improvements in Chorea Associated with Huntington Disease with Once-Daily Valbenazine: Interim Results from a Long-Term Open-Label Study

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Introduction. In a recently published Phase 3 trial (KINECT™-HD; NCT04102579), once-daily treatment with valbenazine significantly improved chorea versus placebo in adults with Huntington disease (HD). Individuals who completed KINECT-HD, along with de novo participants, were allowed to enroll in KINECT™-HD2 (NCT04400331), the first long-term study of once-daily valbenazine for chorea associated with HD. Pre-planned interim analyses from this ongoing study were conducted to evaluate the maintenance of valbenazine's effect on chorea and its long-term safety in adults with HD.

Methods. All KINECT-HD2 participants start valbenazine at 40 mg with increases to 60 mg (Week 2) and 80 mg (Week 4); target maintenance dose is 80 mg once daily until end of treatment (up to 156 weeks). Concomitant antipsychotic medications

https://doi.org/10.1017/S1092852924001858 Published online by Cambridge University Press