Impact of an Integrated Specialty Pharmacy Model on Patient Access to Dalfampridine

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BACKGROUND

Dalfampridine, an oral specialty medication, increases walking speed and duration in patients with multiple sclerosis (MS).[1]

Patients often struggle to access specialty medications due to:

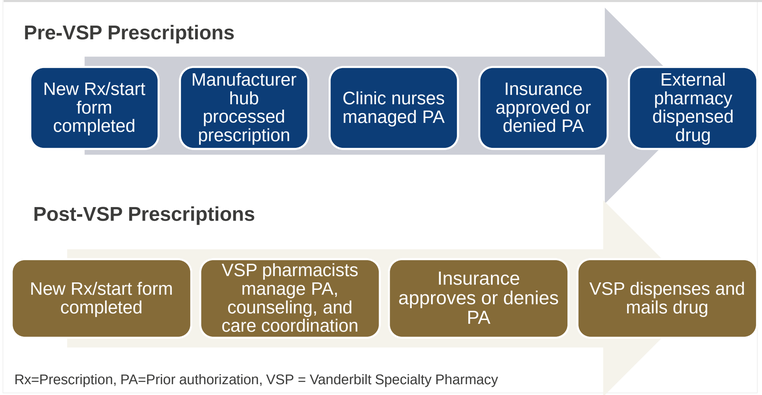
- Limited distribution networks (LDNs), which restrict which pharmacies can dispense a drug, requiring patients to fill medication from select pharmacies
- Insurance restrictions, costs, or challenges navigating specialty pharmacies.[2]

Integrated specialty pharmacies embed pharmacists in clinics and dispense drugs from the internal pharmacy.[3]

OBJECTIVE

To assess the impact of LDNs on patient access to dalfampridine by comparing patient access before and after Vanderbilt Specialty Pharmacy (VSP) gained access to dispense the medication.

Figure 1. Prescription Timeline



Rx=Prescription, PA=Prior authorization, VSP = Vanderbilt Specialty Pharmacy

METHODS

DESIGN	Single center retrospective cohort study
SAMPLE	*Inclusion:* Adult patients with MS, prescribed dalfampridine by a VUMC provider from 3/2010 to 12/2018 *Exclusion:* Prescriptions initiated at an external pharmacy or non VUMC provider, transferred to VSP (without need for new PA), or without documentation of the original prescription
OUTCOMES	1. Insurance approval 2. Medication access time: time from decision to treat to insurance approval 3. Rate of therapy initiation

RESULTS

Figure 2. Median Time from Decision to Treat to Insurance Approval

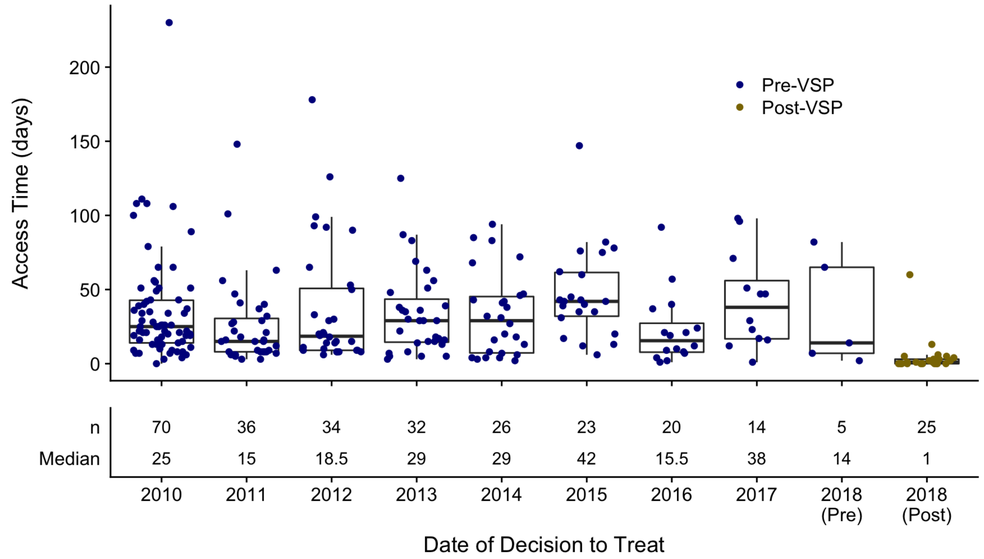
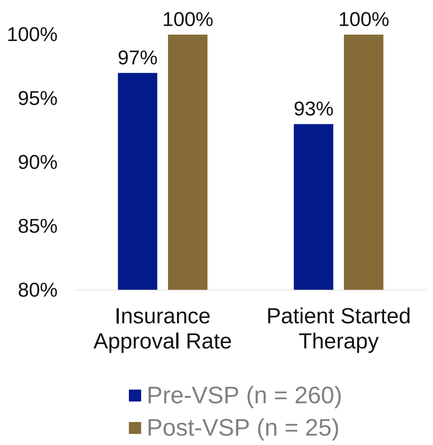


Table 1. Sample Characteristics

Characteristic	Mean [SD] or n (%)
Patient characteristics (n=258)	
Age, years	52 [11]
Gender, female	174 (67%)
Race, Caucasian	228 (88%)
Prescription characteristics (n=285)	
Patient diagnosis	
Relapse Remitting MS	118 (41%)
Secondary Progressive MS	107 (38%)
Primary Progressive MS	58 (20%)
Transverse Myelitis	2 (<1%)
Patient ambulatory status	261 (92%)
Concurrent DMT use	144 (51%)

MS=multiple sclerosis
DMT=Disease Modifying Therapy

Figure 3. Prescription Outcomes



Prescriptions

- Twenty-six patients had more than one prescription due to prior discontinuation or lapse in therapy, resulting in 285 dalfampridine prescriptions from 258 patients.
- Most (84%) prescriptions were new starts, 16% were restarts after a prior lapse or discontinuation.

Post-VSP, **rates of insurance approval and number of patients starting therapy increased to 100%.** (Figure 3).

Post-VSP**, median access time decreased to 1 day** (IQR 0 - 3) (Figure 2).

CONCLUSIONS

- After VSP gained access to dispense dalfampridine,

- When LDNs are removed, integrated specialty pharmacists can provide medication monitoring, counseling, and safety interventions after patients initiate treatment.

REFERENCES

1. AMPYRA (dalfampridine) [package insert]. Ardsley, NY: Acorda Therapeutics, Inc.;2017.
2. Karas L, Shermock KM, Proctor C, et al. Limited distribution networks stifle competition in generic and biosimilar drug industries. *Am J Manag Care*. 2018 Apr 1;24(4):e122-e127
3. Bagwell A, Kelley T, Carver A, et al. Advancing Patient Care Through Specialty Pharmacy Services in an Academic Health System. *J Manag Care Spec Pharm*. 2017;23(8):815-820.