

Holly Lanham, PharmD Candidate¹ | Matt Bowles, PharmD, MBA, CSP² | Megan Schneider, PharmD² | Nisha Shah, PharmD² | Josh DeClercq, MS³ | Autumn Zuckerman, PharmD, BCPS, AAHIVP, CSP²

¹University of Tennessee Health Science Center College of Pharmacy, ²Vanderbilt Specialty Pharmacy, ³Vanderbilt University Medical Center, Department of Biostatistics

BACKGROUND

- Specialty medications can improve quality of life and reduce disease symptoms in patients with advanced dermatologic disorders.¹
- Medication access hinges on navigating an insurance approval process involving extensive documentation and time.² (Figure 1,2)
- The aims of this initiative were to evaluate specialty prescription outcomes, time to insurance approval and pharmacist role in the prior authorization (PA) process.

Figure 1: Insurance Approval Required Documentation

Medical justification including: <ul style="list-style-type: none"> Indication (ICD10) Disease severity 	Previous therapies prescribed and failed: <ul style="list-style-type: none"> Name Duration Outcome 	Clinical markers of disease status: <ul style="list-style-type: none"> Percent of body surface area (BSA) involved Exact location of disease
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Figure 2: Medication Access Through Insurance Process



Benefits investigation (BI), prior authorization (PA)

Figure 3: Vanderbilt Specialty Pharmacist Role in Outpatient Dermatology Clinic

Medication Access & Affordability	Education	Medication Monitoring
Patient-facing <ul style="list-style-type: none"> Secure medication access through insurance approval process Send prescription to appropriate pharmacy for dispensing Help coordinate care with outside pharmacies Provide financial assistance support Prescriber-facing <ul style="list-style-type: none"> Review medication, dose and indication of therapy 	Patient-facing <ul style="list-style-type: none"> Perform counseling for medication administration, potential side effects and follow-up requirements Prescriber-facing <ul style="list-style-type: none"> Provide information about specialty medication options to help guide therapy selection 	Patient-facing <ul style="list-style-type: none"> Review labs, objective physical assessment, comorbidities, and other medications Provide adherence education and support Prescriber-facing <ul style="list-style-type: none"> Perform ongoing monitoring for efficacy and safety Perform prescription renewal tasks

OBJECTIVES

Primary objective: Evaluate prescription outcomes for patients prescribed specialty medications

- Secondary objectives:**
- Time from decision to treat to insurance approval
 - Patient dermatologic disease treatment history
 - Frequency and type of objective clinical documentation
 - The need for additional clarification prior to PA completion

METHODS

Design	Single-center, retrospective cohort study
Inclusion	Specialty agent-naïve adult patients prescribed a specialty medication by outpatient dermatology clinic
Timeframe	January 1 - June 30, 2019

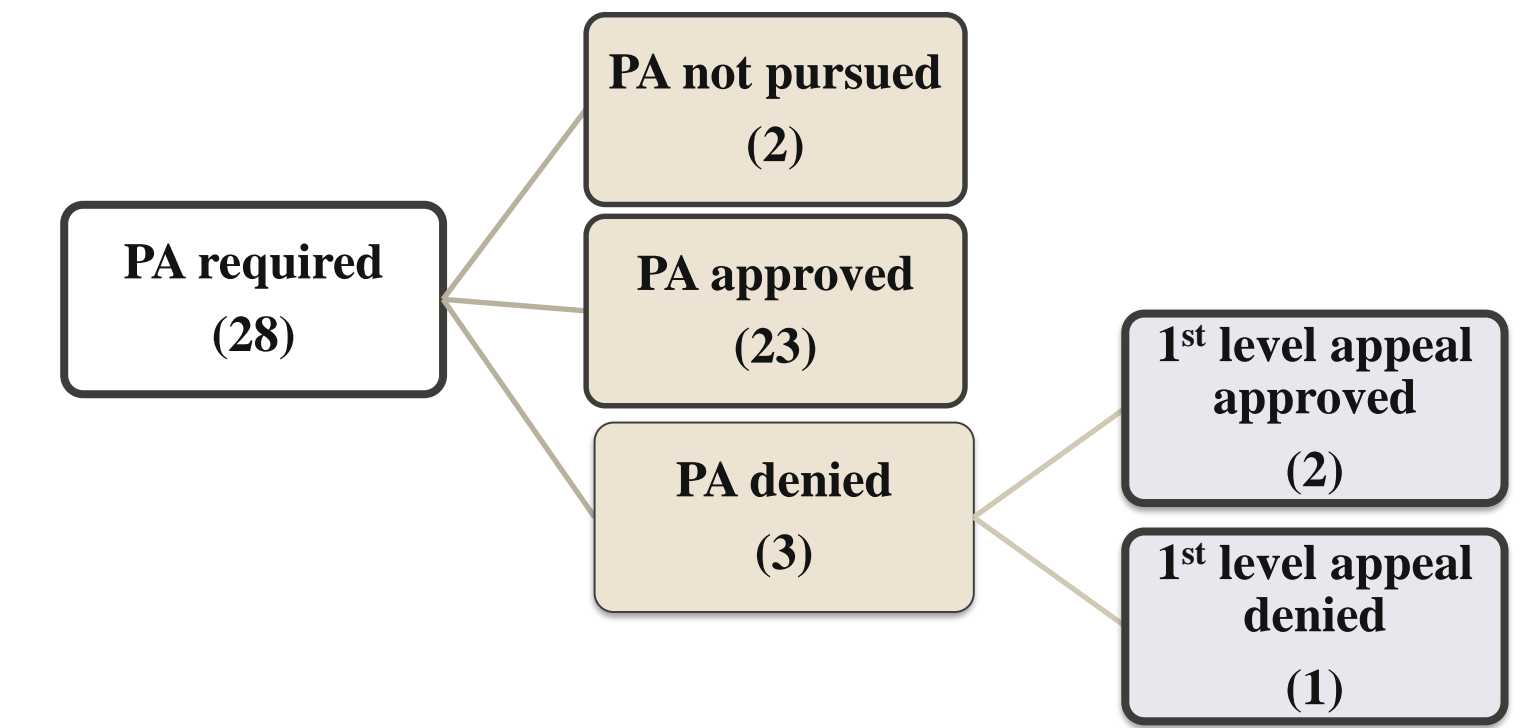
RESULTS

Table 1. Sample Demographics (n=28)

Baseline characteristic	Mean ± SD or n(%)
Age, years	55±15
Gender, Female	16 (57)
Race, Caucasian	24 (86)
Diagnosis	
Atopic dermatitis (AD)	5 (18)
Psoriasis (PsO)	18 (64)
Hidradenitis suppurativa (HS)	5 (18)
Specialty medication	
Adalimumab	13 (46)
Apremilast	3 (11)
Dupilumab	5 (18)
Secukinumab	2 (7)
Ustekinumab	5 (18)
Insurance type	
Commercial	18 (64)
Medicare	10 (36)

RESULTS

Figure 4: Prescription Outcomes following Decision to Treat

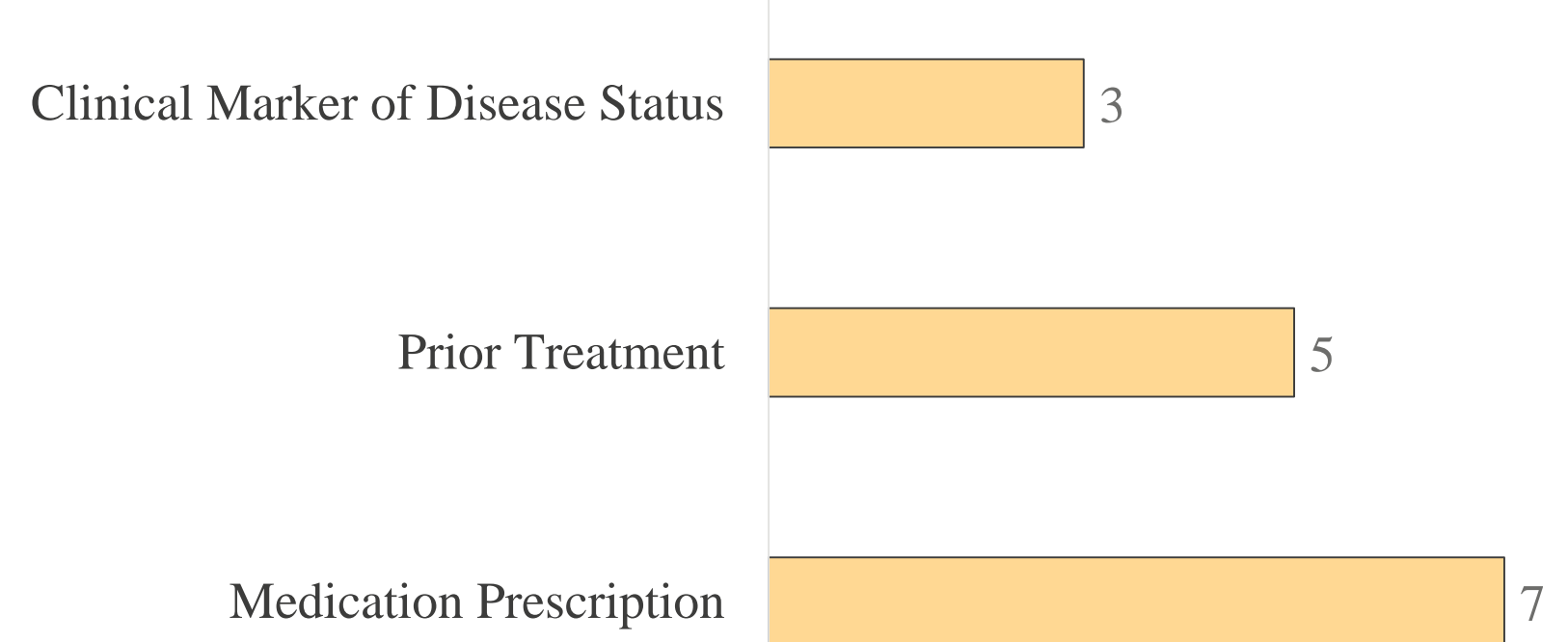


- PA not pursued in 2 instances due to step therapy requirements.
- 3 PAs were initially denied due to not trying formulary alternatives, methotrexate, or not meeting all PA requirements.
- The sole prescription for which the 1st level appeal was denied was changed to methotrexate.

Table 2: Secondary Outcomes

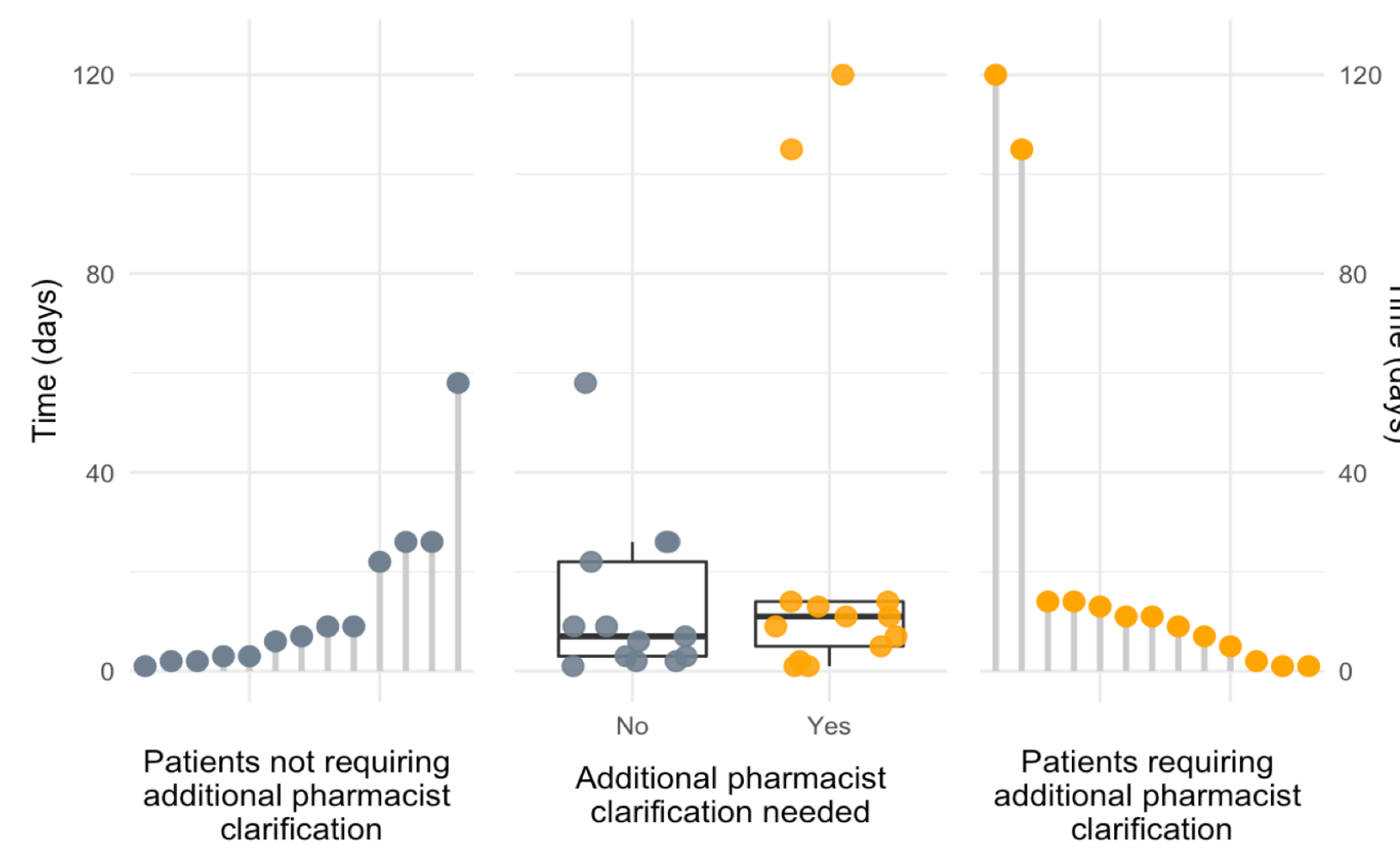
Outcome	N or Median (IQR)
Time to approval, days	9 (3-14)
Treatment history	
Topical agents	20
Oral agents	16
Phototherapy	4
Objective disease assessment documented	
% BSA involved	11 (AD:2, PsA:9)
Degree of severity	8 (AD:1, PsO:3, HS:4)
Location of disease	27
Additional clarification needed for PA	15

Figure 5: Types of Additional Clarification Needed by Pharmacist



- Pharmacist clarification required in 15 of 28 (53.6%) prescriptions.

Figure 6: Time to Insurance Approval



Clarification NOT required: Median: 7 days IQR 3-22	Clarification required: Median: 11 days IQR 5-14
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P=0.65

- Overall, median time to insurance approval was 9 days.
- All but 3 prescriptions were approved within 30 days.

CONCLUSIONS

- Pharmacist-driven management of the prior authorization process for dermatologic specialty medications can achieve a high rate of access.
- Less than half of patients had a documented BSA or degree of disease severity
- High variability in clinical documentation results in delayed access to medications due to further provider clarifications.
- Next steps include provider education on the elements required for successful insurance approval to improve prospective documentation of clinical data.

References:

- Popatia S, Flood K, Golbari N, Patel P, Olbricht S, Kimball A, Porter M. Examining the prior authorization process, patient outcomes, and the impact of a pharmacy intervention: A single-center review. *J American Academy of Derm.* 2019;81(6):1308-1318.
- Cutler T, She Y, Barca J, Lester S, Xing G, Patel J, Melnikow J. Impact of pharmacy intervention on prior authorization success and efficiency at a university medical center. *J Manag Care Spec Pharm.* 2016;22(10):1167-1171.