

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

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Quick Facts

Evaluated



258

Patients prescribed dalfampridine



285

Prescriptions (260 Pre-Vanderbilt Specialty Pharmacy and 25 Post-Vanderbilt Specialty Pharmacy)

Results

Insurance approval rate

97%

Pre-Vanderbilt Specialty Pharmacy

100%

Post-Vanderbilt Specialty Pharmacy

Patient starting therapy

93%

Pre-Vanderbilt Specialty Pharmacy

100%

Post-Vanderbilt Specialty Pharmacy

Median time to medication access decreased from

22

Days



to

1

Day

VSP inclusion in the dalfampridine distribution network enabled all patients to start prescribed dalfampridine and the time to access dalfampridine was faster.

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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

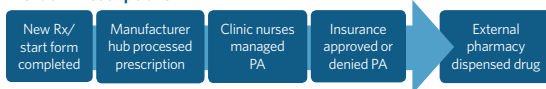
Integrated specialty pharmacies embed pharmacists in clinics and dispense drugs from the internal pharmacy.³

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

Pre-VSP Prescriptions



Post-VSP Prescriptions



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

Methods

Design	Single center retrospective cohort study
Sample	<p>Inclusion: Adult patients with MS, prescribed dalfampridine by a VUMC provider from 3/2010 to 12/2018</p> <p>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</p>
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

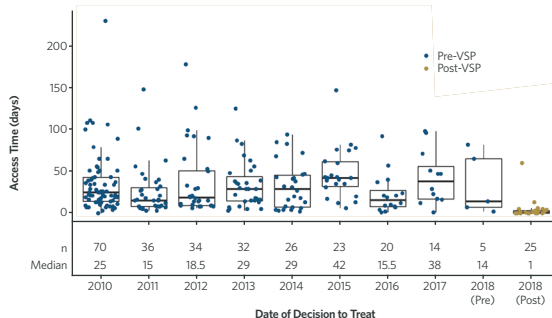
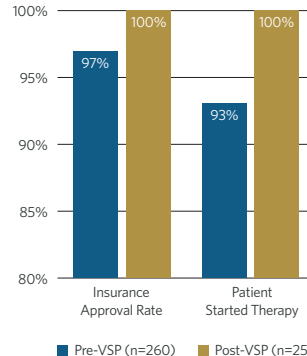


Table 1: Sample Characteristics

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%)

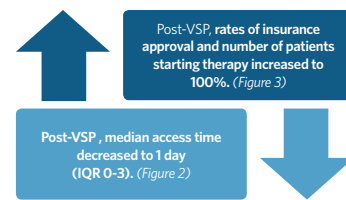
MS=Multiple Sclerosis
DMT=Disease Modifying Therapy

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.



Conclusions

- After VSP gained access to dispense dalfampridine,
 - Patients accessed therapy faster
 - All patients initiated therapy
- When LDNs are removed, integrated specialty pharmacists can provide medication monitoring, counseling, and safety interventions after patients initiate treatment.

References

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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.