

## BACKGROUND

- Specialty medications can improve quality of life and reduce disease symptoms in patients with advanced dermatologic disorders.<sup>1</sup>
- Medication access hinges on navigating an insurance approval process involving extensive documentation and time.<sup>2</sup> (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: • Indication (ICD10) • Disease severity	Previous therapies prescribed and failed: • Name • Duration • Outcome	Clinical markers of disease status: • 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
<b>Patient-facing</b> <ul style="list-style-type: none"> <li>Secure medication access through insurance approval process</li> <li>Send prescription to appropriate pharmacy for dispensing</li> <li>Help coordinate care with outside pharmacies</li> <li>Provide financial assistance support</li> </ul> <b>Prescriber-facing</b> <ul style="list-style-type: none"> <li>Review medication, dose and indication of therapy</li> </ul>	<b>Patient-facing</b> <ul style="list-style-type: none"> <li>Perform counseling for medication administration, potential side effects and follow-up requirements</li> </ul> <b>Prescriber-facing</b> <ul style="list-style-type: none"> <li>Provide information about specialty medication options to help guide therapy selection</li> </ul>	<b>Patient-facing</b> <ul style="list-style-type: none"> <li>Review labs, objective physical assessment, comorbidities, and other medications</li> <li>Provide adherence education and support</li> </ul> <b>Prescriber-facing</b> <ul style="list-style-type: none"> <li>Perform ongoing monitoring for efficacy and safety</li> <li>Perform prescription renewal tasks</li> </ul>

## 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

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

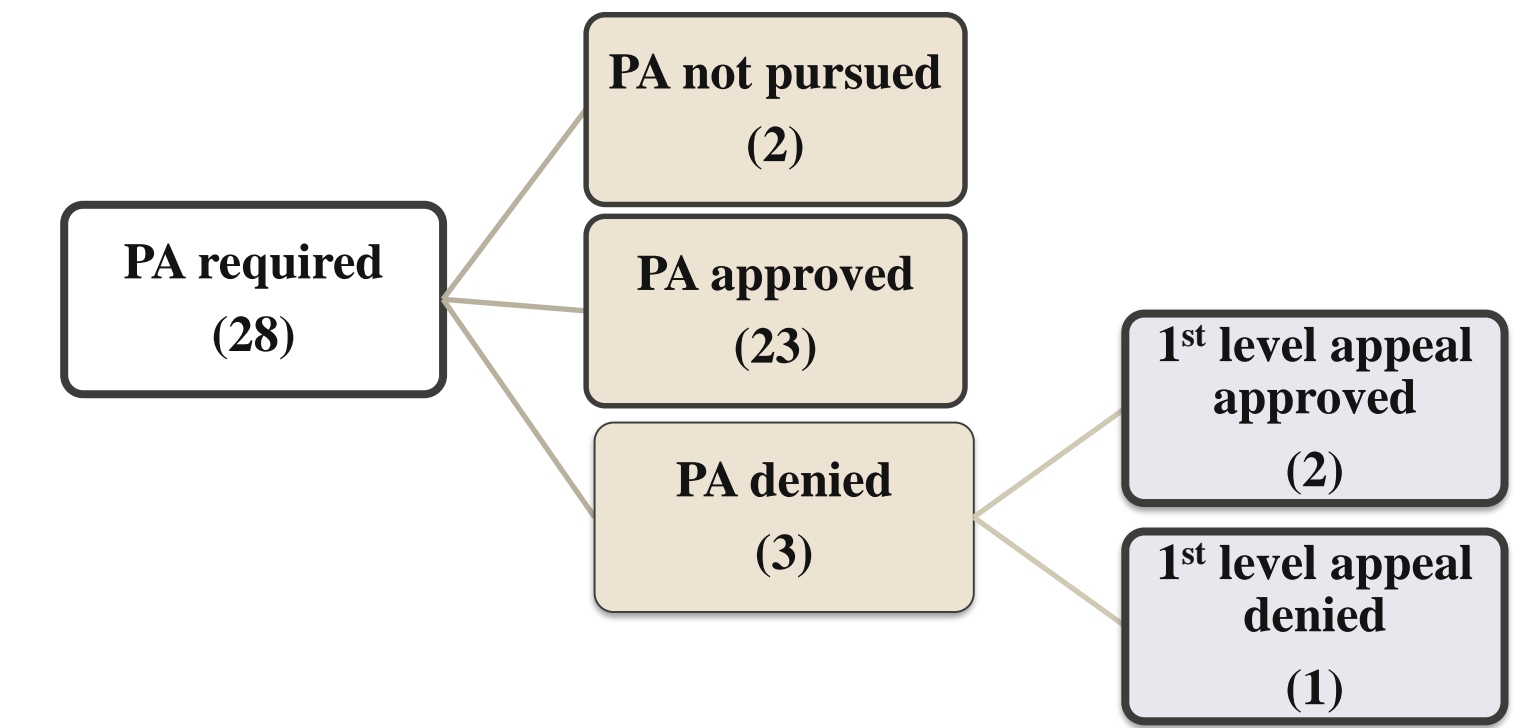
## RESULTS

**Table 1. Sample Demographics (n=28)**

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

## RESULTS

**Figure 4: Prescription Outcomes following Decision to Treat**

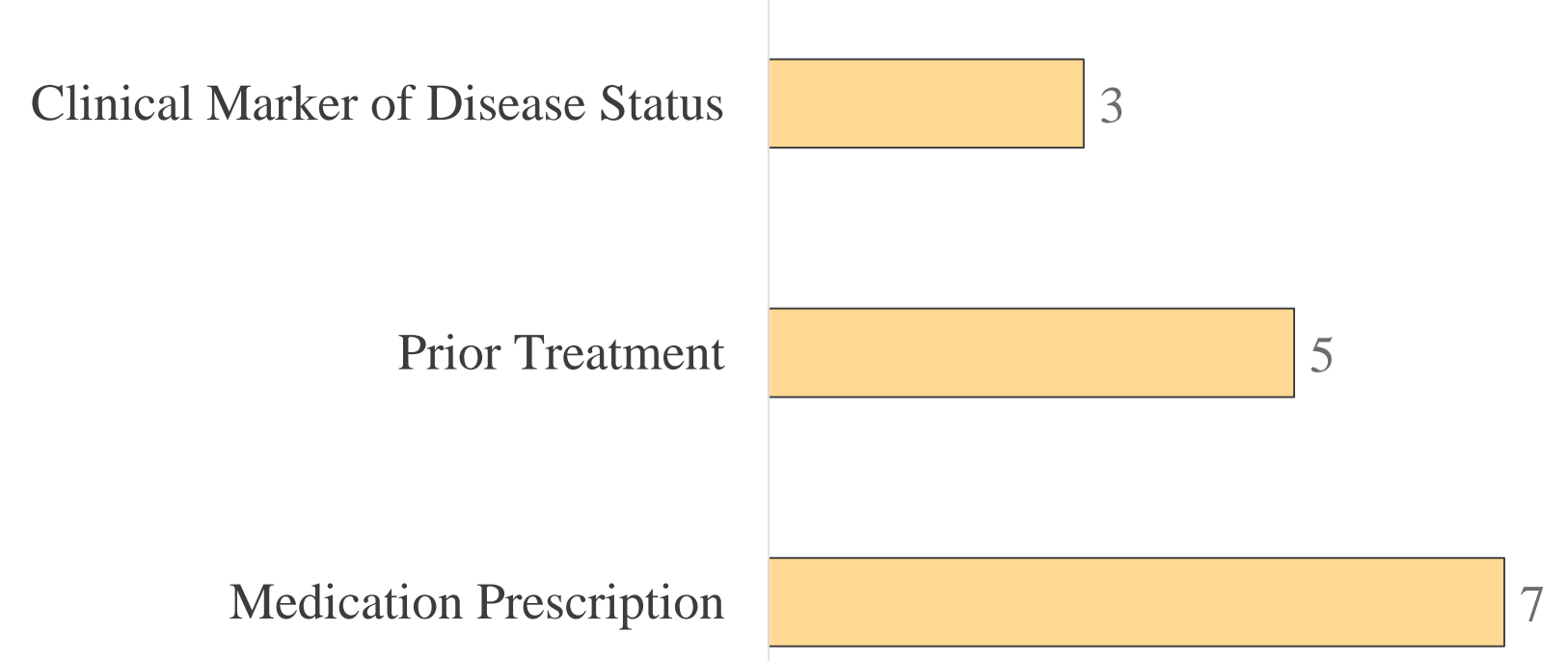


- PA not pursued in 2 instances due to step therapy requirements.
- 3 PAs were initially denied due to not trying formulary alternatives, methotrexate, or not meeting all PA requirements.
- The sole prescription for which the 1<sup>st</sup> level appeal was denied was changed to methotrexate.

**Table 2: Secondary Outcomes**

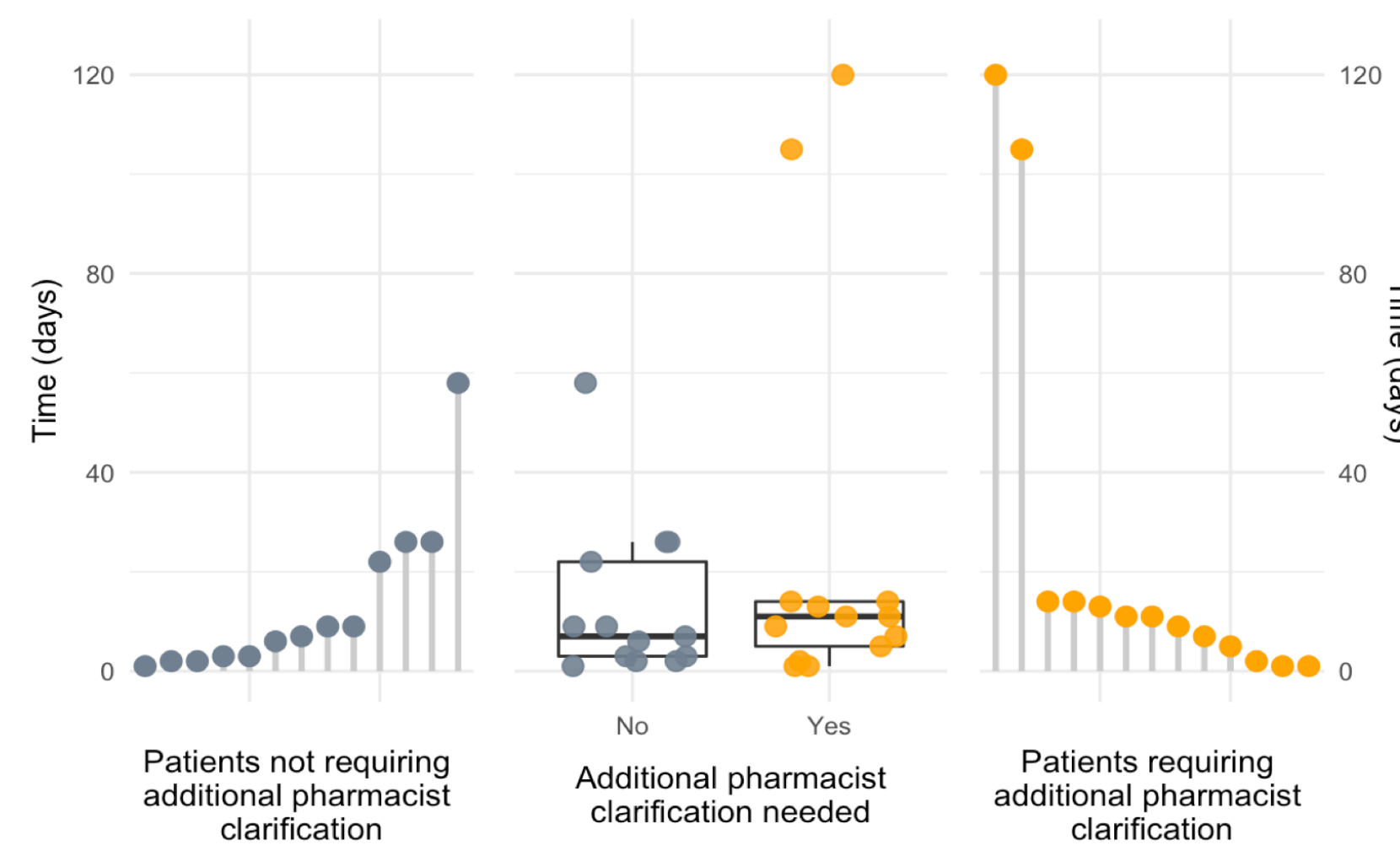
Outcome	N or Median (IQR)
<b>Time to approval, days</b>	9 (3-14)
<b>Treatment history</b>	
Topical agents	20
Oral agents	16
Phototherapy	4
<b>Objective disease assessment documented</b>	
% BSA involved	11 (AD:2, PsA:9)
Degree of severity	8 (AD:1, PsO:3, HS:4)
Location of disease	27
<b>Additional clarification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