

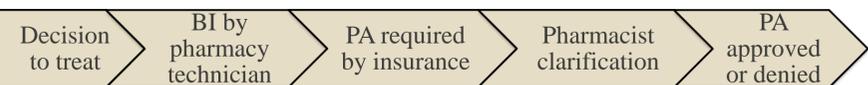
## BACKGROUND

- 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:<br>• Indication (ICD10)<br>• Disease severity | Previous therapies prescribed and failed:<br>• Name<br>• Duration<br>• Outcome | Clinical markers of disease status:<br>• Percent of body surface area (BSA) involved<br>• Exact location of disease |
|--|--|---|

**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   |

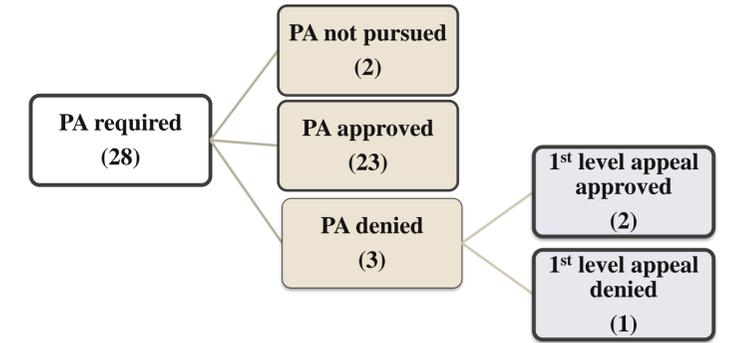
## RESULTS

**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**

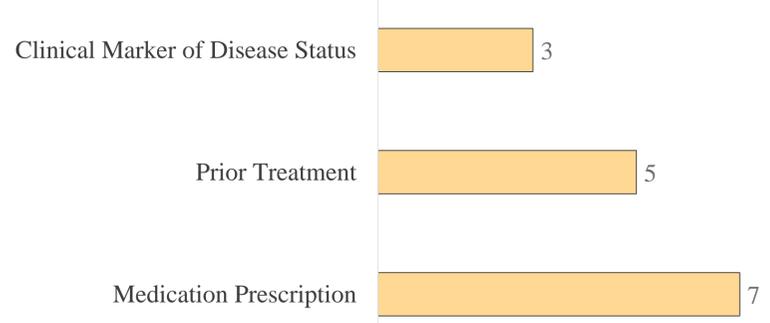


- PA not pursued in 2 instances due to step therapy requirements.
- 3 PAs were initially denied due to not trying formulary alternatives, methotrexate, or not meeting all PA requirements.
- The sole prescription for which the 1<sup>st</sup> level appeal was denied was changed to methotrexate.

**Table 2: Secondary Outcomes**

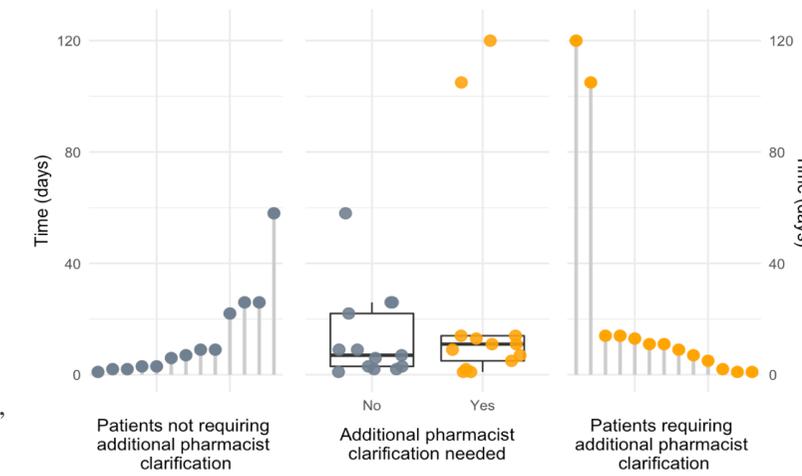
| Outcome  | N or Median (IQR)     |
|--|-----------------------|
| <b>Time to approval, days</b>                  | 9 (3-14)              |
| <b>Treatment history</b>                       |                       |
| Topical agents                                 | 20                    |
| Oral agents                                    | 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:<br>Median: 7 days<br>IQR 3-22 | Clarification required:<br>Median: 11 days<br>IQR 5-14 |
|---|--|

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.