

## Background

- University Hospitals Specialty Pharmacy (UHSP) is an integrated specialty pharmacy model and employs both centralized and decentralized Clinical Specialty Pharmacists. After prior authorization (PA) denial, these pharmacists with subject matter expertise complete an appeal letter to the insurance company, with the goal of obtaining medication authorization.
- The 2021 American Medical Association (AMA) Prior Authorization Physician Surveys showed that the majority of providers reported the current insurance prior authorization process can cause delays in access to care, treatment abandonment and adverse events.<sup>1</sup> In 2016, physicians reported only 7% of PA requests were approved on appeal.<sup>2</sup>
- Currently, no data exists to show the impact of a pharmacist-lead appeal initiative at an integrated healthy-system specialty pharmacy.

## Objectives

The objective of this study is to determine the appeal approval rating of UHSP Clinical Specialty Pharmacists and the direct impact on medication access and patient outcomes.

### Primary Objective:

- Determine overall appeal approval rating during the study period

### Secondary Objectives:

- Determine appeal approval rating per appeal level
- Describe common prior authorization denial reasons
- Identify time in business days from PA denial to appeal approval
- Document overall patient outcomes as result of appeal

## Methods

### Study Design:

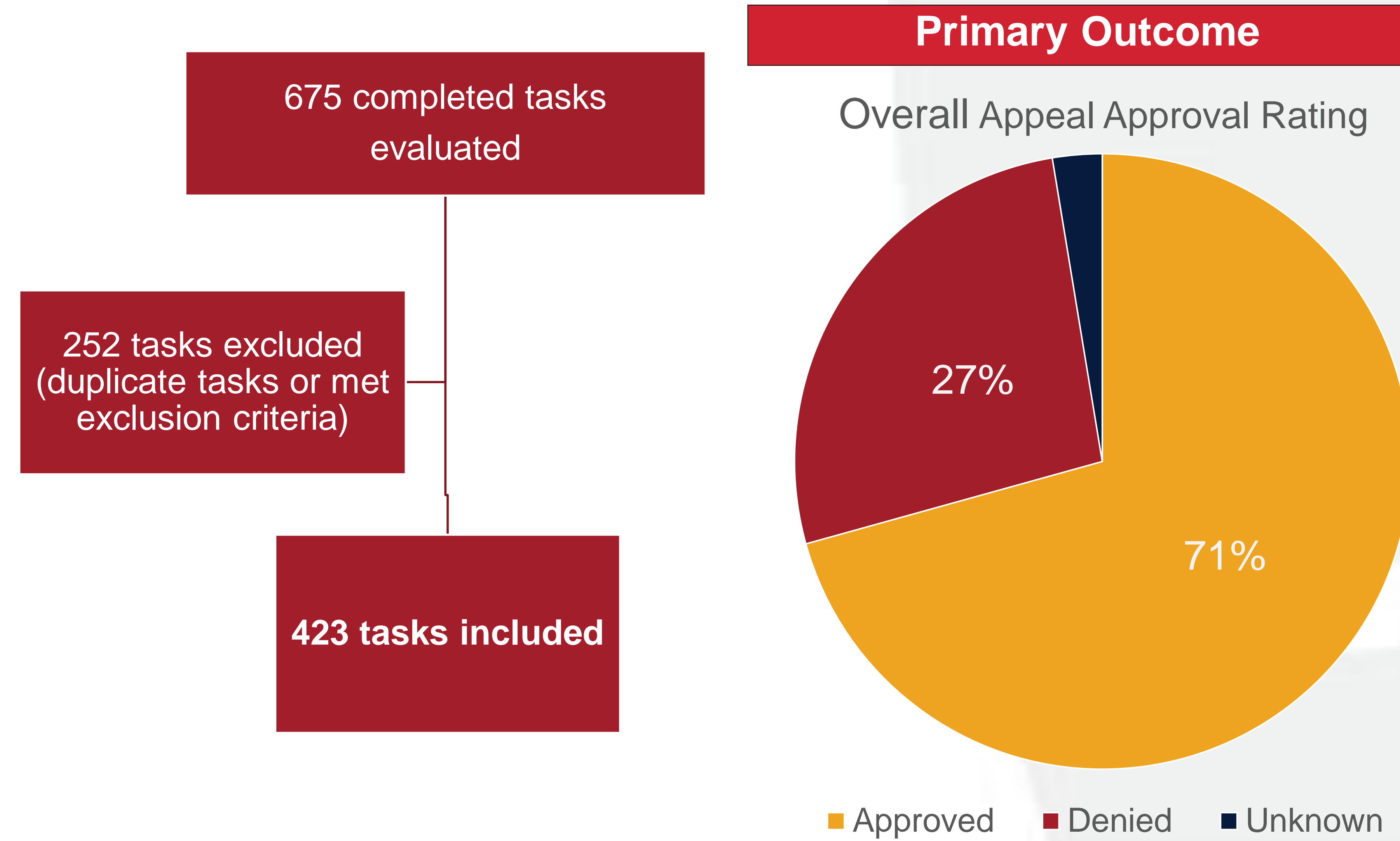
- Approved by the Institutional Review Board (IRB) at University Hospitals
- Retrospective chart review of appeal tasks completed by Clinical Specialty Pharmacists in the internal clinical monitoring program utilized by UHSP
- Completed tasks included: appeal, appeal follow-up, appeal letter assistance, appeal infusion, letter of medical necessity (LOMN)

Inclusion Criteria	Exclusion Criteria
Appeal letter or LOMN written and submitted to insurance by UHSP Clinical Specialty Pharmacists	PA resubmissions or appeal submitted by any other healthcare provider
Patient age 1-99 years old	Patient/provider consent not obtained
	Appeal never submitted or cancelled by insurance for any reason

## Results

Basic Demographic Information (n=423)		
Type of Medication (#, %)	Specialty	306 (72.3)
Service Line (#, %)	Centralized Pharmacists	115 (27.2)
Medication (#, %)	Adalimumab	36 (8.5)
Fills with UHSP? (#, %)	No	243 (57.5)

## Results

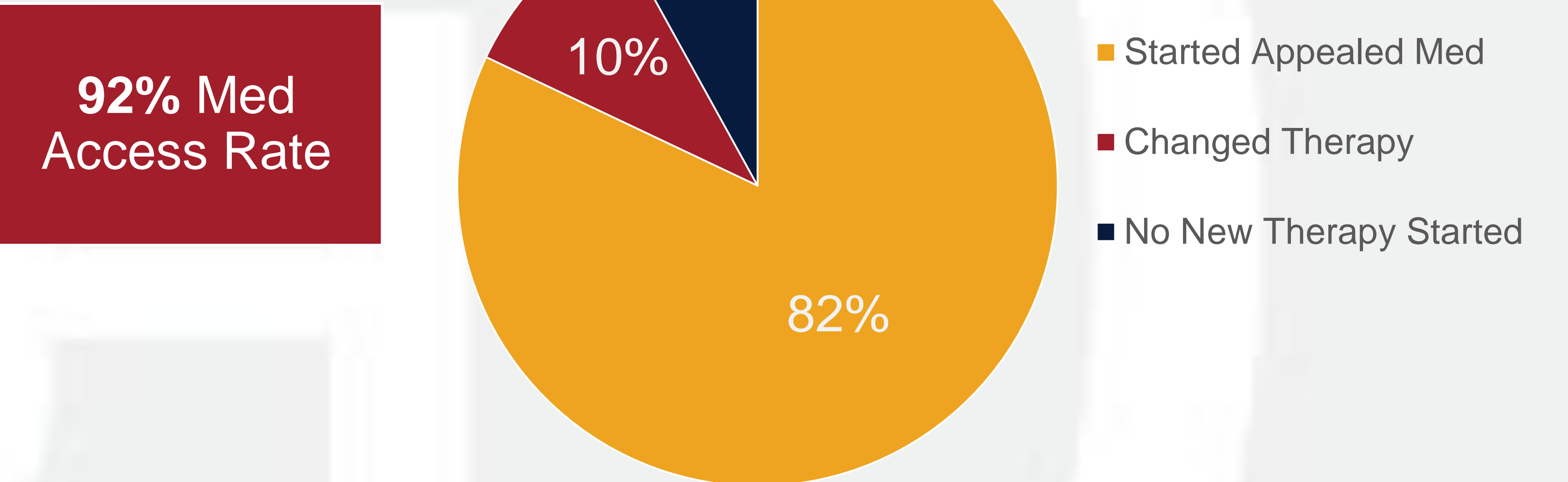


## Primary Outcome

Overall Appeal Approval Rating

## Secondary Outcomes Continued

Overall Patient Outcomes



## Secondary Outcomes

Appeal Approval Rating per Appeal Level	
1 <sup>st</sup> Appeal	67.6% (286/423)
2 <sup>nd</sup> Appeal	27.3% (9/33)
3 <sup>rd</sup> Appeal/Peer-to-Peer	30.8% (4/13)

Common PA Denial Reasons (#, %)	
Non-preferred/Non-formulary	106 (25)
Off-label	77 (18.2)
Failure to Meet Qualifying Criteria	68 (16.1)
Step Therapy	59 (14)
Missing Clinical Information	47 (11.1)
Frequency or Dose	22 (5.2)
Unknown	21 (5)
LOMN Needed	13 (3.1)
Question Response	10 (2.4)

## Median Time (Business Days) to Approval per Appeal Level

Overall (n = 281)	8.5 (Interquartile Range: 4 – 15)
1 appeal (n = 268)	8 (Interquartile Range: 4 – 15)
More than 1 appeal (n = 13)	33 days (Interquartile Range: 14.5 – 38.5)

## Strengths & Limitations

- Strengths:**
  - Access to patient medical records
  - Year-long study period
  - All appeals of record included
- Limitations:**
  - Small, single-center study
  - Retrospective chart review
  - Inconsistent documentation across EMR systems and UHSP team members

## Discussion & Conclusions

- In 2021, a vast majority of appeals written by UHSP Clinical Specialty Pharmacists were approved with quick turn-around time from denial to approval, resulting in high medication access rates among patients.
- Systemic barriers within the insurance PA and appeal process still present challenges in obtaining medication approval in a timely manner, even in the specialty pharmacy setting.

## Future Opportunities

- An appeal letter template was created to standardize appeals written by Clinical Specialty Pharmacists. With the standard template, technicians help with completing non-clinical parts of appeals, which will save pharmacist time and allow for quicker appeal submission.
- A quality improvement project (QIP) is currently under way for standardizing documentation in the internal clinical monitoring program and EMR systems.
- University Hospitals is switching to Epic, which will provide several innovative features to keep providers engaged in the PA process.

## References

- American Medical Association. 2021 AMA Prior Authorization Physician Survey. <https://www.ama-assn.org/system/files/prior-authorization-survey.pdf>. Published 2022. Accessed February 16th, 2022.
- American Medical Association. 2016 AMA Prior Authorization Physician Survey. <https://www.ama-assn.org/sites/ama-assn.org/files/corp/media-browser/public/government/advocacy/2016-pa-survey-results.pdf>. Published 2017. Accessed February 16th, 2021.

## Disclosures

- Alexis Mod - Nothing to disclose
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