VANDERBILT HEALTH | Specialty Pharmacy

Insurance changes among patients taking specialty medications for inflammatory bowel disease: frequency and challenges

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PURPOSE

Describe the frequency of insurance changes and prior authorization (PA) burden during the 2024 calendar year in adults receiving specialty medications for inflammatory bowel disease (IBD) through an integrated health system specialty pharmacy (HSSP).

STUDY DESIGN

Single-center retrospective cohort study with data collected from the electronic health record (EHR), specialty patient management system, and fulfillment software between January 2024 – December 2024

STUDY POPULATION

Inclusion criteria

Adults ≥18 years, prescribed specialty IBD therapy by Vanderbilt IBD clinic providers, established on therapy at the start of 2024 (defined as ≥2 fills September–December 2023 or 1 fill in September–December 2023 plus 1 fill in January–March 2024)

Exclusion criteria

Patients who transferred care, did not fill a prescription with the HSSP, or died in 2024

OUTCOMES

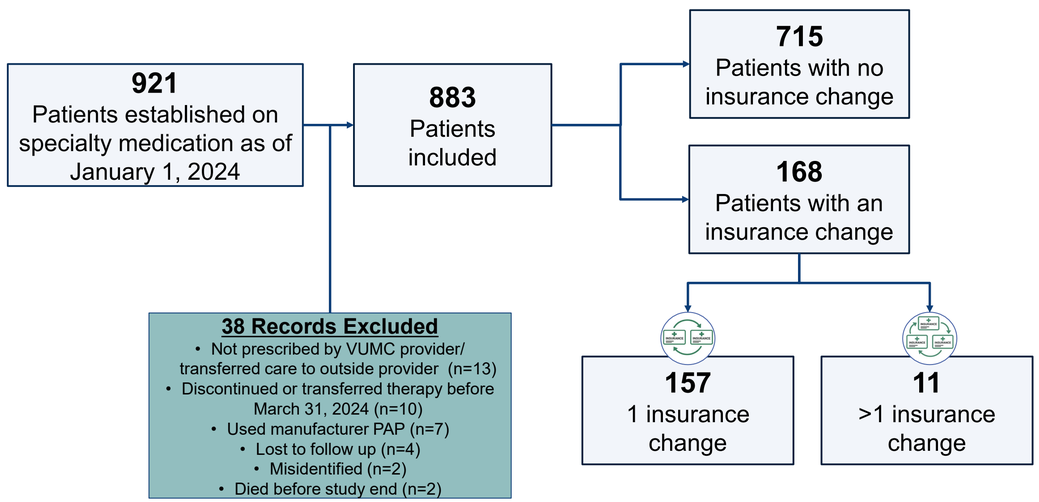
Primary outcome

Frequency and timing of insurance changes

Secondary outcomes

Number of PAs, medication discontinuations or changes, need to transfer to patient assistance programs or change pharmacy, samples use and gaps in therapy, and the occurrence of pharmacist-documented patient reported distress in the EHR

Figure 1. Study Attrition



PAP, patient assistance program; VUMC, Vanderbilt University Medical Center

CONCLUSION

- Insurance changes impacted about 1 in 5 patients with the majority of changes occurring in January.
- There was a higher PA burden in patients with insurance changes.
- Patients were more likely to need samples or experience a gap in therapy and report distress if insurance mandated a pharmacy change.

RESULTS

Table 1. Demographics

Characteristic	Insurance change N=168	No insurance change N=715	P-value
Age, years, median (IQR)	39.5 (29.5, 52.0)	43.0 (33.0, 55.0)	0.042
Sex			0.089
Female	110 (65.5%)	417 (58.3%)	
Male	58 (34.5%)	298 (41.7%)	
Race			0.130
White	148 (88.1%)	640 (89.5%)	
Black or African American	15 (8.9%)	39 (5.5%)	
Other	4 (2.4%)	16 (2.2%)	
Unknown	1 (0.6%)	20 (2.8%)	
Insurance Type			<0.001
Commercial	112 (66.7%)	546 (76.4%)	
Medicare	35 (20.8%)	131 (18.3%)	
Medicaid	16 (9.5%)	38 (5.3%)	
Uninsured	5 (0.6%)	0 (0%)	
Index Diagnosis			
Crohn's Disease	126 (75.0%)	568 (79.4%)	0.085
Ulcerative Colitis	41 (24.4%)	147 (20.6%)	
Small Bowel Enteropathy	1 (0.60%)	0	
Baseline Dosing			0.9
Standard dosing	89 (53%)	383 (53.6%)	
Off-label dosing*	79 (47%)	332 (46.4%)	

*off-label dosing=dosing not approved by the FDA, use for a non-approved indication, and dual advanced therapy use

Figure 2. Percent of Insurance Changes By Month

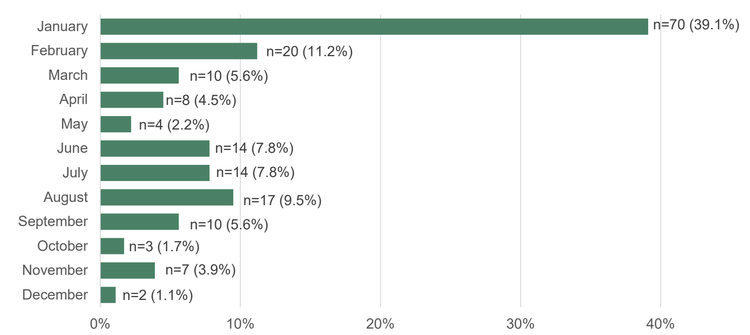
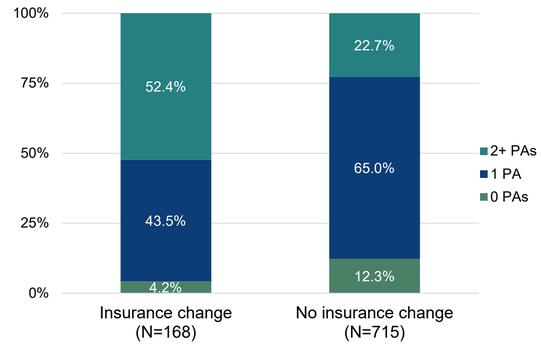


Figure 3. Number of Prior Authorizations Completed



Patients with insurance changes had a **3.7x** greater odds of requiring more PAs than those without changes **(OR 3.7, 95% CI 2.6–5.2; p<0.0001)**

Figure 4. Medication Discontinuations and Changes

Insurance change N=168

3 medication discontinuations

2 directly related to insurance change

9 (5.4%) insurance-mandated biosimilar changes

No insurance change N=715

NO medication discontinuations

45 (6.3%) insurance-mandated biosimilar changes

Table 2. Insurance Change Outcomes N=179

	Insurance-mandated pharmacy change n=40	No pharmacy change n=137	p-value
Sample use or gaps in therapy	13 (32.5%)	16 (11.5%)	0.001
Patient-reported distress	21 (52.5%)	14 (10.1%)	<0.001

Insurance-mandated pharmacy change **n=40 (22.3%)**

Patients with **insurance-mandated pharmacy change** were **more likely** to have **sample use** or **gaps in therapy** and **report distress**.

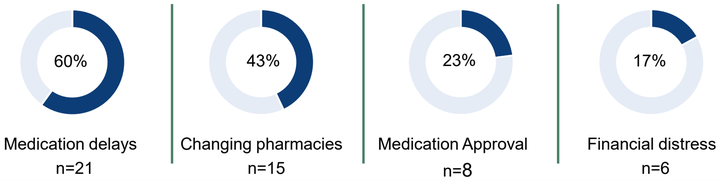



Figure 5. Types of patient reported distress N=35