Evaluating Prescription Outcomes for Specialty Agents used to treat Dermatologic Conditions: A Quality Improvement Initiative

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BACKGROUND

• Specialty medications can improve quality of life and reduce disease symptoms in patients with advanced dermatologic disorders.1
• Medication access hinges on navigating an insurance approval process involving extensive documentation and time.2 (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

<table>
<thead>
<tr>
<th>Medical justication including:</th>
<th>Previous therapies prescribed and failed:</th>
<th>Clinical markers of disease status:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indication (ICD10)</td>
<td>Name</td>
<td>Percent of body surface area (BSA) involved</td>
</tr>
<tr>
<td>Disease severity</td>
<td>Duration</td>
<td>Exact location of disease</td>
</tr>
</tbody>
</table>

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

RESULTS

Table 1. Sample Demographics (n=28)

<table>
<thead>
<tr>
<th>Gender</th>
<th>Age, years</th>
<th>Race,</th>
<th>Diagnosis</th>
<th>Specialty medication</th>
<th>Additional clarification needed for PA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>55±15</td>
<td>Caucasian</td>
<td>Atopic dermatitis (AD)</td>
<td>Adalimumab</td>
<td>11 (AD:2, PsA:9)</td>
</tr>
<tr>
<td></td>
<td>16 (57)</td>
<td></td>
<td>Psoriasis (PsO)</td>
<td>Secukinumab</td>
<td>8 (AD:1, PsO:3, HS:4)</td>
</tr>
<tr>
<td></td>
<td>24 (86)</td>
<td></td>
<td>Psoriasis-related (PsR)</td>
<td>Dupilumab</td>
<td>27</td>
</tr>
</tbody>
</table>

Table 2: Secondary Outcomes

<table>
<thead>
<tr>
<th>Outcome</th>
<th>N or Median (IQR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time to approval, days</td>
<td>9 (3-14)</td>
</tr>
<tr>
<td>Treatment history</td>
<td>Topical agents: 20, Oral agents: 16, Phototherapy: 4</td>
</tr>
<tr>
<td>Objective disease assessment documented</td>
<td>% BSA involved: 11 (AD:2, PsA:9), Degree of severity: 8 (AD:1, PsO:3, HS:4)</td>
</tr>
</tbody>
</table>

Figure 4: Prescription Outcomes following Decision to Treat

PA not pursued (28)
PA approved (23)
PA denied (3)
1st level appeal approved (2)
1st level appeal denied (4)

Figure 6: Time to Insurance Approval

Clarification NOT required: Median: 7 days IQR 3-22
Clarification required: Median: 11 days IQR 5-14

CONCLUSIONS

• Pharmacist-driven management of the prior authorization process for dermatologic specialty medications can achieve a high rate of success.
• 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: