Impact of an Integrated Specialty Pharmacy Model on Patient Access to Dalfampridine



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BACKGROUND

Dalfampridine, an oral specialty medication, improves walking speed in patients with multiple sclerosis (MS).1

Access to specialty medications can be hindered by:

- Limited Distribution Networks (LDNs) imposed by manufacturers, which restrict procurement and dispensing of medications to only one or a few pharmacies, often excluding health-systems specialty pharmacies (HSSP).
- Insurance restrictions, high costs, and challenges navigating specialty pharmacies.²

Integrated HSSPs often embed pharmacists within clinics and dispense medications from their internal pharmacy.³

OBJECTIVE

To assess the impact of an integrated HSSP model on access to dalfampridine by comparing access to therapy before and after Vanderbilt Specialty Pharmacy (VSP) gained admission to the limited distribution network (LDN).

Figure 1. Prescription Timeline **Pre-VSP Prescriptions** External Manufacturer Clinic nurses Insurance Rx submitted pharmacy managed PA approved or processed dispensed denied PA as needed enrollment manufacturer **Post-VSP Prescriptions VSP** pharmacists Insurance Start form and Rx VSP dispenses and proactively manage submitted to approves or mails drug PA, counseling, & manufacturer denies PA care coordination Rx=Prescription, PA=Prior authorization, VSP = Vanderbilt Specialty Pharmacy

	METHODS
DESIGN	Single center retrospective cohort study
SAMPLE	Inclusion: Adult patients with MS starting or restarting dalfampridine by a VUMC provider from March 2010 to December 2018 Exclusion: Prescriptions initiated with an external pharmacy by a non-VUMC provider and those without documentation of the original prescription in the eMR
OUTCOMES	 Insurance approval Medication access time: time from decision-to-treat to insurance approval Rate of therapy initiation

RESULTS

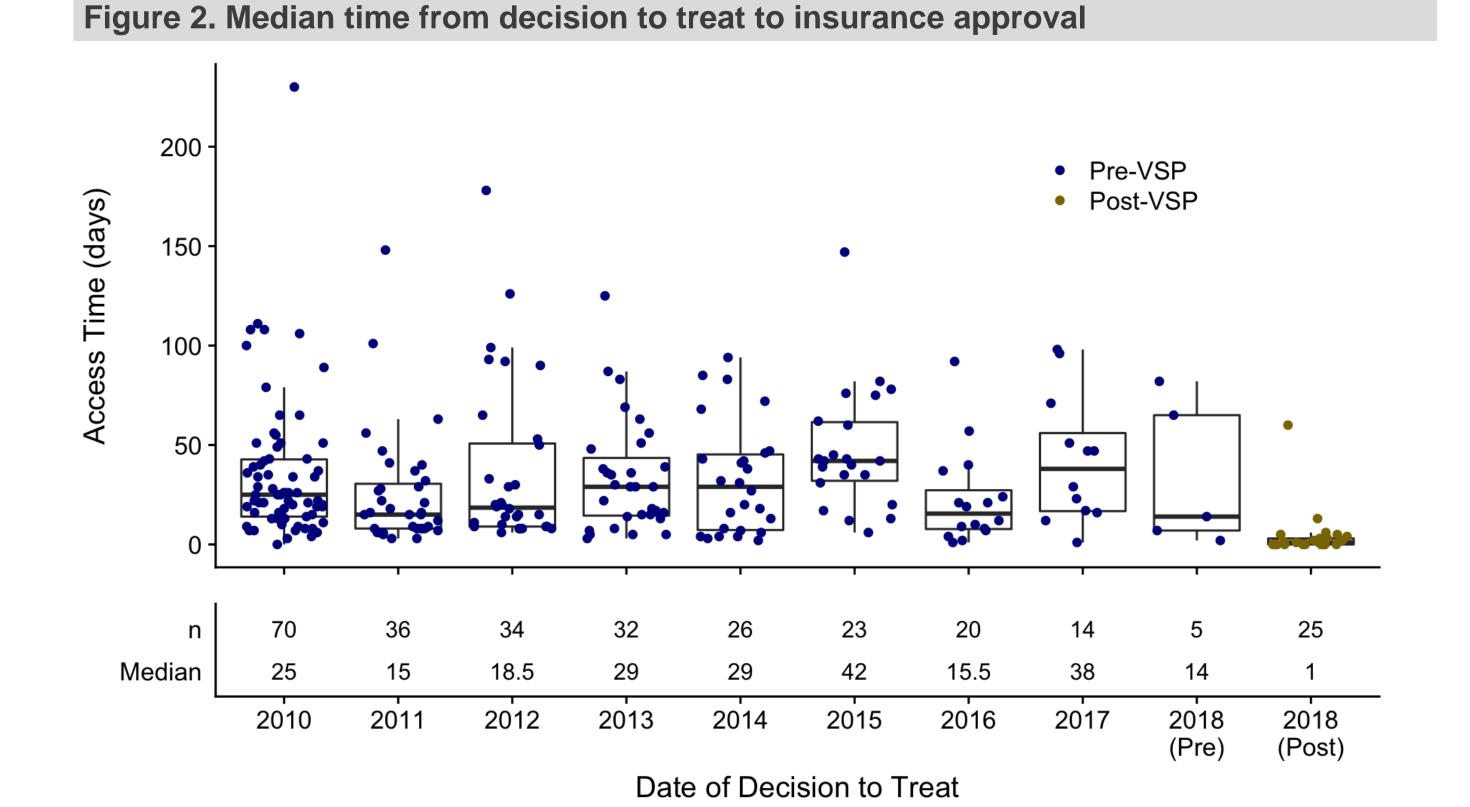


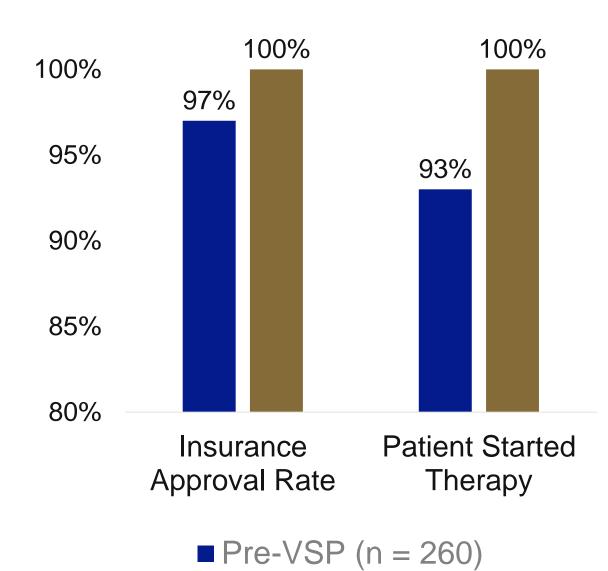
Table 1. Sample Characteristics

MS=multiple sclerosis

DMT=Disease Modifying Therapy

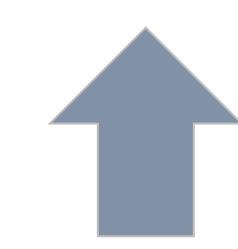
Characteristic	Mean [SD] or n (%)	
Patient characteristics (n=258)		
Age, years	52 [11]	
Gender, female	174 (67%)	
Race, Caucasian	228 (88%)	
Prescription characteristics (n=285)		
Patient diagnosis		
Relapse Remitting MS	118 (41%)	
Secondary Progressive MS	107 (38%)	
Primary Progressive MS	58 (20%)	
Transverse Myelitis	2 (<1%)	
Patient ambulatory status	261 (92%)	
Concurrent DMT use	144 (51%)	

Figure 3. Prescription Outcomes



 \blacksquare Post-VSP (n = 25)

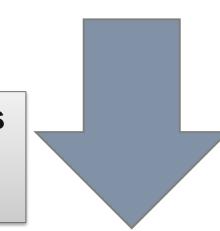
- Twenty-six patients had more than one prescription due to prior discontinuation or lapse in therapy, resulting in 285 dalfampridine prescriptions from 258 patients.
- Most (84%) prescriptions were new starts, 16% were restarts after a prior lapse or discontinuation.



Prescriptions

Post-VSP, rates of insurance approval and number of patients starting therapy increased to 100%. (Figure 3).

Post-VSP, median access time decreased to 1 day (IQR 0 - 3) (Figure 2).



CONCLUSIONS

• After VSP gained access to dispense dalfampridine:

All patients successfully initiated therapy

Time to therapy access was reduced

 Limited Distribution Networks (LDNs) may delay or inhibit access to specialty medications for patients of health systems with integrated specialty pharmacies.

REFERENCES

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- 3. Bagwell A, Kelley T, Carver A, et al. Advancing Patient Care Through Specialty Pharmacy Services in an Academic Health System. J Manag Care Spec Pharm. 2017;23(8):815-820.