SHIELDS HEALTH SOLUTIONS

Ambulatory Clinical Pharmacist Impact on Coverage Outcomes for Specialty Oncology Medications

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Background

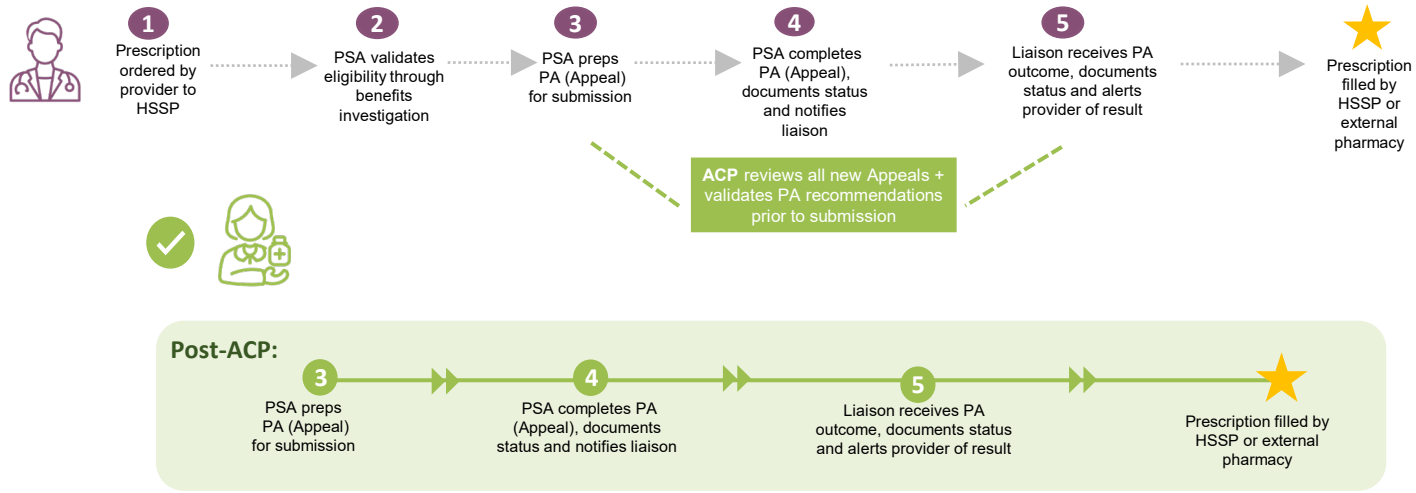
Many third-party insurance plans have implemented prior authorization (PA) requirements on specialty oncology medications due to the increasing cost and complexity of treatment.[1] These PAs, coverage denials, and appeals are the most cited sources of administrative burden faced by oncology practices,[2] with 88% of physicians describing the burden associated with PA as high or extremely high.[3]

A centralized, pharmacy-led PA process displayed a higher PA approval rate, faster time to fill, shorter time to process, and reduced staff time versus a clinic-led process.[4] An integrated Health System Specialty Pharmacy (HSSP) clinical program was implemented to address these PA challenges by providing ambulatory clinical pharmacist (ACP) support within oncology clinics at a large health system based in New York. The ACP provided remote support in collaboration with the prescribers, liaisons, and patient support advocates (PSA) in the clinics (Figure 1). The objective was to evaluate the impact of an ACP program on third party pharmacy coverage determination outcomes for specialty oncology medications prescribed from these clinics.

Methods

- Retrospective observational study comparing PA and appeal requests for oncology specialty medications prescribed from six clinics in a New York-based health system without ACP support (Pre-ACP: September 2020 to May 2021) and with ACP support (Post-ACP: June 2021 to December 2024). Adult patients who were new to therapy were included, while transfer patients previously on therapy were excluded. Clinic specialties included genitourinary and thoracic solid tumors, bone marrow transplant, lymphoma, and leukemia.
- **Primary outcomes:** PA and appeal approval rates
- **Secondary outcomes:** number of PAs and appeals completed with the ACP program, and the average prescription turnaround time, defined as the time from prescription receipt to the time of prescription fill by the HSSP.

Figure 1: ACP Workflow



Results

In the Post-ACP cohort, the average prescription turnaround time was 1.1 days. The top 5 medication classes were androgen receptor pathway inhibitors (ARPIs), Bruton tyrosine kinase (BTK) inhibitors, B-cell lymphoma-2 (BCL-2) inhibitors, BCR-ABL tyrosine kinase inhibitors, and Janus kinase (JAK) inhibitors in both groups.

Figure 2: PA Approval Rate in the Pre-ACP and Post-ACP Cohorts

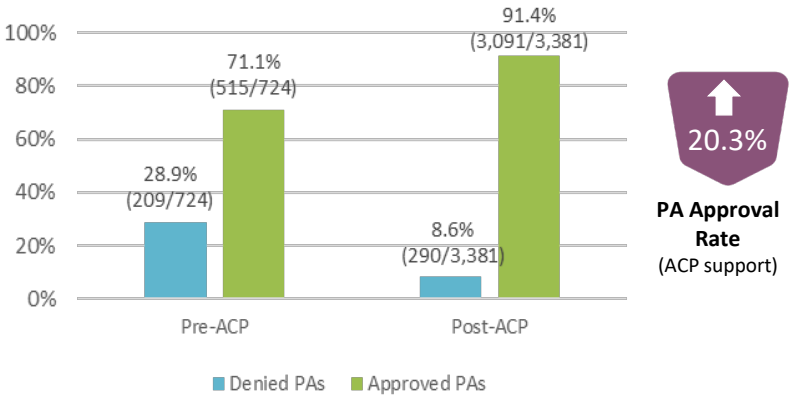
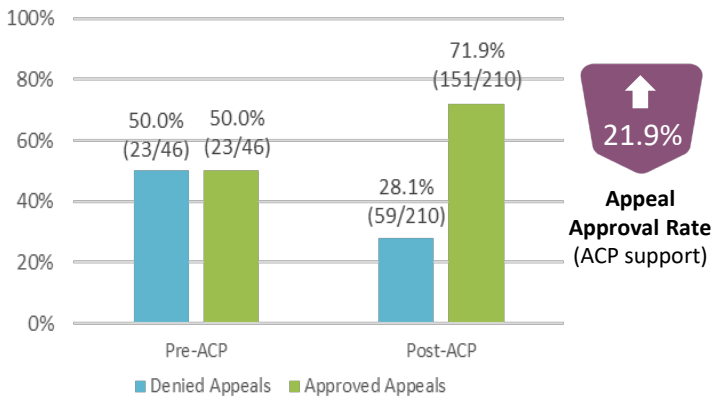


Figure 3: Appeal Approval Rate in the Pre-ACP and Post-ACP Cohorts



Conclusions

- An ambulatory clinical pharmacist, placed in the clinic remotely alongside pharmacy liaison, improved the approval rates of both PAs and appeals for specialty oncology medications.
- The higher approval rates can increase patient access and decrease time to therapy, enabling a HSSP to positively impact patient healthcare and clinical outcomes.
- This type of program may benefit various other healthcare clinics and sites that prescribe a high volume of specialty medications that require PAs.

REFERENCES
1. Mariotto AB, Yabroff KR, Shao Y, et al: Projections of the cost of cancer care in the United States: 2010-2020. J Natl Cancer Inst 103:117-128, 2011; 2. Kirkwood MK, Hanley A, Bruinooge SS, et al. The State of Oncology Practice in America, 2018: Results of the ASCO Practice Census Survey. J Oncol Pract. 2018;14(7):e412-e420. doi:10.1200/JOP.18.00149; 3. American Medical Association: 2021 AMA Prior Authorization Physician Survey. https://www.ama-assn.org/system/files/prior-authorization-survey.pdf; 4. Cutler T, She Y, Barca J, et al. 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. doi: 10.18553/ jmcp.2016.22.10.1167