

Pharmacist Impact on Coverage Outcomes in Oncology

Young Kim, PharmD, BCMTMS;
Martha Stutsky, PharmD, BCPS;
Kate Smullen, PharmD, MSCS;
Jennifer L. Donovan, PharmD

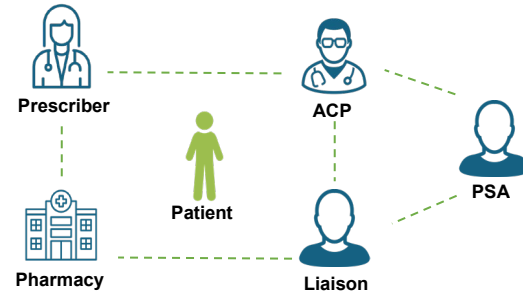


SCAN ME

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 oncologists,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 ease the administrative burden of PAs by providing ambulatory clinical pharmacist (ACP) support within oncology clinics at a large health system based in New York. The ACP provides remote support in collaboration with the prescribers, liaisons, and patient support advocates (PSA) in the clinics (Figure 1).
- Objective: To evaluate the impact of an ACP program on third party coverage determination outcomes for specialty oncology medications in cancer patients managed by a HSSP.

Figure 1: Ambulatory Clinical Pharmacist Workflow



METHODS

- Retrospective observational study comparing PA and appeal requests for oncology specialty medications prescribed from clinics in a large New York-based integrated health system without ACP support (comparator: September 2020 to May 2021) and with ACP support (intervention: June 2021 to February 2022).
 - Inclusion Criteria: Adult patients new to therapy and enrolled in the HSSP patient management program
 - Exclusion Criteria: Transfer patients on therapy previously
- Clinic specialties included genitourinary and thoracic solid tumors, lymphoma, leukemia, and bone marrow transplant.
- **Primary outcomes:** PA and appeal approval rates
- **Secondary outcomes:** number of PAs and appeals completed, and percentage of requests submitted with the ACP program

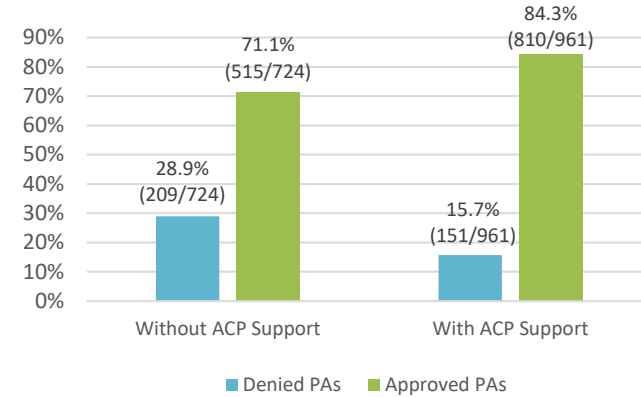
DISCLOSURES

The authors of this presentation have nothing to disclose concerning possible financial or personal relationships with commercial entities that may have a direct or indirect interest in the subject matter of this presentation

RESULTS

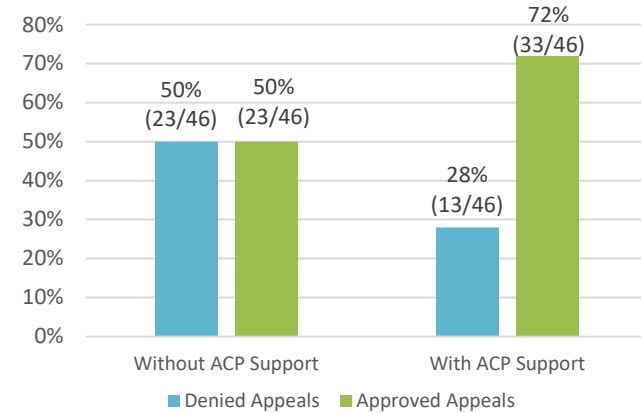
Out of the 1,685 total PA and appeal requests, 961 (57%) were submitted with ACP support. The top 5 medication classes were antiandrogen agents, Bruton Tyrosine Kinase (BTK) inhibitors, B-Cell Lymphoma 2 (BCL-2) inhibitors, BCR-ABL tyrosine kinase inhibitors, and Epidermal Growth Factor Receptor (EGFR) inhibitors.

Figure 2: PA Approval Rate in the Intervention and Comparator Cohorts



PA approval rate with ACP support

Figure 3: Appeal Approval Rate in the Intervention and Comparator Cohorts



APPEAL approval rate with ACP support

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 program was associated with a positive impact on approvals even with an increased number of PA and appeal requests submitted.
- These programs may benefit various other healthcare clinics and sites that prescribe a high volume of specialty medications that require PAs.

REFERENCES

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