

## **Analysis of Prior Authorization Success and Timeliness at a Community-based Specialty Care Pharmacy**

### **Background**

It is predicted that specialty pharmacy in the United States will be a \$500 billion industry and increase the cost of drug spending by 50% by the end of 2020.<sup>1</sup> Express Scripts reported that 47.7% of their drug spend in 2019 came from specialty medications, although these medications were received by only 2% of their patient population.<sup>2</sup> Dermatological skin conditions such as plaque psoriasis or atopic dermatitis are often treated with specialty medications. A 2015 study reviewed psoriasis treatment statistics in a Medicare population. Of the 1,267 people studied with moderate to severe plaque psoriasis, 37.2% of patients were receiving a specialty biologic medication for their treatment.<sup>3</sup> In 2013, the American Academy of Dermatology (AAD) estimated that \$75 billion was spent on dermatologic skin conditions, with \$46 billion spent on treatment and medical cost.<sup>4</sup> Additionally, the AAD reported that 85 million Americans have a skin disease, and nearly 50% of people older than 65 years have a skin disease.<sup>4</sup>

Specialty pharmacy, due to its high cost disease-specific medications, often requires the initiation of a prior authorization for insurance coverage of medication therapy. Completing a prior authorization involves presenting the patient's insurance company with clinical notes, answering clinical questions, and providing follow up information if needed to determine the patient's eligibility to receive the medication requested. Successful processing of the PA requires partnership between the filling pharmacy and prescriber to intervene on behalf of the patient with the insurance provider. Either the pharmacy staff or prescriber's office staff can be primarily responsible for an individual patient's PA." The ability to complete this task accurately, and in a timely manner, is paramount to a patient's experience when receiving a new specialty medication. Individuals who endure a long and arduous prior authorization waiting period may decide that the medication is not worth the possible benefit. In 2017, the American Medical Association surveyed 1,000 providers (40% primary care, 60% specialist) regarding patient impact and time spent with prior authorizations.<sup>5</sup> Of these providers, 64% reported waiting at least one business day waiting for a response from the plan, while 30% reported waiting an average of at least 3 days.<sup>5</sup> Of these providers, 78% report that the prior authorization can sometimes lead to treatment abandonment by the patient.<sup>5</sup> Additionally, 92% of providers feel that the process can have a negative impact on clinical outcomes.<sup>5</sup> These factors showcase a need to navigate the prior authorization process in a timely manner in order to provide successful care initiation.

Turnaround time for receiving a PA decision varies significantly in specialty pharmacy due to detailed criteria that must be met for the insurance plan to approve a patient's medication. For example, Blue Cross Blue Shield of North Carolina offers a timeframe of 3 to 15 days to communicate a prior authorization decision, which may be extended one time for an additional 15 days.<sup>6</sup> However, some electronic PA's can be approved instantly by the insurance. The timeframe to process these requests can depend on the complexity of the request, as well as the volume of requests received by the plan.

Skilled submission and follow-up of the prior authorization process may expedite patient access to medication. In a study examining proprotein convertase subtilisin/kexin type 9 (PCSK9) inhibitor prior authorization using a specialty pharmacy integrated in the hospital system, the average turnaround time from receiving the prescription until first fill was 8 days.<sup>7</sup> A 2016 study detailed a collaboration between a local specialty pharmacy and provider clinic for prior authorizations to increase patient

access to hepatitis C medications. The study reported 94% of patients gained access to medication with an average time to initial prescription fill of 12 days, and a 4 day median time to treatment.<sup>8</sup>

Regardless of a medication's preferred formulary status, offices and patients have to navigate a prior authorization to ensure that the proper medication was selected for the patient. It can be costly for a medical practice to dedicate staff to focus exclusively on initiating and following up on prior authorizations due to time and budget constraints. Health professionals with experience in specialty pharmacy processes and the ability to recognize unique criteria for treating these disease states is paramount for successful prior authorizations.

### **Objectives**

The primary objective of this study is to evaluate the time to first prior authorization decision (approval or denial) for dermatological medications processed by an independent community-based specialty pharmacy. Secondary objectives include a comparison of time to prior authorization approval, and the time to first medication fill, between the specialty pharmacy and a local dermatology office.

### **Practice Description**

Realo Drugs is a group of 18 independent community pharmacies in eastern North Carolina including retail, specialty, veterinary, and extended care locations that share a common owner. Within this organization, Realo Specialty Care was established in June 2015 to provide patient-centered care to those with complex and chronic conditions requiring the use of specialty medications. Realo Specialty is Utilization Review Accreditation Committee (URAC) - accredited and employs two Certified Specialty Pharmacists, one Postgraduate Year One (PGY1) Community-based Pharmacy Resident, 5 certified pharmacy technicians, and one shipping specialist.

Realo Specialty is located in Morrisville, North Carolina and currently provides specialty services across 10 states, including but not limited to, North Carolina, South Carolina, Georgia, Virginia, West Virginia, Florida, Mississippi, and Tennessee. With comprehensive patient care as its focus, Realo Specialty provides a patient-centered care approach to patients with chronic conditions such as atopic dermatitis, psoriasis, HIV/AIDS, hepatitis, and rheumatoid arthritis. Services provided by the pharmacy include medication therapy management, patient education, prior authorization assistance, adverse drug reaction monitoring, prescription delivery, and an adherence program. The Patient Management Program encompasses these services and provides specific and individual services based on patient need and disease state. Patient management services are offered both telephonically and electronically and begin with an initial patient consultation with a pharmacist, assessing the appropriateness of drug therapy as well as a comprehensive medication review of all current medications. Monthly refill calls keep the patient involved by addressing adherence, changes in therapy, adverse reactions, and therapeutic benefit.

Prior authorization workflow is completed by both pharmacists and technicians. Realo specialty handles prior authorizations for the majority of its prescriber practices, however there are no formal agreements necessitating this service. Standard PA workflow includes a number of smaller steps which are managed by the pharmacists and technicians. When a new prescription is received it is adjudicated, and if a PA is needed then the technician creates a PA task. If clinical documents are included they are placed into the patient profile, otherwise the technician reaches out to the doctors office for notes. Next the pharmacist reviews the documentation and starts the prior authorization. These are often done electronically, but some plans still require paper forms. After submitting the demographic information, the pharmacist

answers a series of clinical criteria questions to determine coverage eligibility and submits the information to the insurance. After submission the pharmacist faxes confirmation to the physician office and the PA is logged into a PA task on the patient's profile. This is checked for a status update daily by a technician. Once approval is received the technician faxes a notice to the doctor's office, and contacts the patient to schedule delivery. At the end of the delivery call a pharmacist completes a comprehensive medication review with the patient to ensure appropriate education before sending the medication. and patient clinical documents, completion of the PA by a pharmacist using electronic or paper PA forms, receipt of an approval or denial notice, and scheduling of prescription delivery along with a comprehensive medication review with the patient conducted by a pharmacist.

### **Practice Innovation**

This research was conducted at an independent community-based specialty pharmacy in North Carolina. Data was included for patients 18 years or older with a new prescription, or an existing prescription requiring reauthorization, for a dermatologic condition as confirmed by provider diagnosis codes. Data for PA tasks completed by Realo Specialty Care were dated between January 1, 2017 and June 30, 2019. Data for PA tasks completed by the dermatology office were dated between January 1, 2019 and June 30, 2019. Realo Specialty did not track the PA tasks completed by the provider's office prior to 2019.

As a part of the prior authorization task workflow, Realo Specialty Care created notes within the dispensing software as an internal "PA Task" visible to pharmacy employees. Faxes were sent to providers to communicate confirmation of prescription receipt, initiation of the PA task, notice of a PA decision (approval or denial), and prescription fill confirmation.

The time to the first PA decision was the difference between the date of initial receipt of the prescription and the date for notification of the PA decision, in days. Time to PA approval was calculated the same as time to first PA decision, but excluded any denied claims to remove potential outliers. PA's that are completed online may receive instant approval if a member meets criteria set by the plan within the questionnaire. However, if a PA staff member reviews the claim, then it may extend the time to a decision. Exclusion of denials in this second statistic helps remove external human factors that may otherwise skew the data.

The time between prescription receipt to prescription fill included the days from when the prescription was confirmed as received by the pharmacy, until the prescription fill date, which is represented on the prescription. In total this time began with receipt of the prescription, and ended on the day the pharmacy filled the prescription. Any PA's that were completed, but transferred to another pharmacy, were excluded from that data set due to lack of information regarding prescription fill date.

Lastly, time from PA approval to fill examined the time between the pharmacy receiving the approval notification until the prescription fill date. This was included to examine if the pharmacy was expediting the fill process, and appropriately integrating approval notifications from the dermatology office once notified. The time began on the day the pharmacy received notice of the PA approval, and ended on the day that the pharmacy filled the prescription.

### **Evaluation**

Out of the 4260 prior authorizations completed at Realo Specialty during the research time frame, 677 patients were eligible for inclusion in the data evaluation (Figure 1). For the dermatology office 66 out of 89 patient's prior authorizations were eligible for inclusion (Figure 1). The patient populations were all similar with respect to age and gender, as shown in figure 1.

Realo Specialty received approval for 630 of the 677 PA's completed, while the dermatology office had 50 out of 66 approvals (Figure 2). This works out to 93% of PA's being approved for Realo Specialty, and 76% for the dermatology office (Figure 2). Once approved Realo Specialty was able to fill 296 of its approvals and 27 approvals from the office, averaging a 44% and 41% capture rate respectively (Figure 2).

Realo Specialty reported an average time to PA decision and approval of 1.9 days, and an average time of 6.6 days from receipt of the prescription until the date of filling for the patient (Figure 3). The comparator office averaged 20.9 days for a mean time to PA decision, 16.4 days for mean time to PA approval, and an average of 16.2 days from receipt of the prescription until the fill date of the medication (Figure 3). Prior authorizations originating at Realo Specialty and the office had a similar time for mean time from approval to fill, reporting at 3.5 and 3.7 days respectively (Figure 3). This statistic showcases that the fill time is not a rate-limiting factor in the PA process, and that Realo Specialty is properly integrating approvals that originate outside of its task system.

### **Discussion**

The pharmacists at Realo Specialty Care were able to successfully complete prior authorizations, and expedite patient prescription filling. Realo Specialty was able to complete prior authorizations faster, with higher approval ratings, and fill prescriptions faster when compared to the dermatology office. The study suggests that pharmacist involvement in the prior authorization process can be beneficial to patient medication access. Further study would be necessary to determine if there is a clinical impact associated with the expedited medication access for patients.

One limitation to this data analysis is a lack of insight into the way the comparator office submitted their prior authorizations. Realo Specialty Care primarily utilizes electronic prior authorizations, however there is a possibility that the office comparator could use other methods such as paper submissions. Additionally, the office was limited to data collection from January 1, 2019 to June 30, 2019. This is because prior to 2019, Realo Specialty did not track the office PA timeline. There is a possibility that with more data points the office may have had shorter times to first PA decision and prescription fill. Realo Specialty Care had two certified specialty pharmacists completing prior authorizations, and a team of technicians to aid in organization. The amount of staff that works on PA management at the dermatology office is unknown. However, the division of roles to members of the pharmacy team may also show the advantage to utilizing this service as a prospective prescribing office.

Future research into this topic could include determining pharmacist effectiveness in other specialty disease states such as rheumatology. By utilizing average pharmacist salary, time spent on PA's, prescription capture rate, and average reimbursement, a researcher could provide cost effectiveness information. This data could include the amount of prior authorizations a pharmacist would need to complete to make the task worthwhile to complete all PA's in the pharmacy setting. Additionally, there is interest to determine if certified technicians can be beneficial in various steps of prior authorization submission. This includes a spectrum of tasks from standard data entry, to the entry of patient clinical information. If trialed, the technician data could be compared with pharmacist run tasks to determine effectiveness.

## Conclusion

Realo Specialty Care Pharmacy effectively completed prior authorizations and expedited the prescription process for patients needing specialty dermatological medications, which is meaningful data to share with collaborating providers. This study supports faster approvals and shorter time to treatment initiation when PA's are managed by Realo Specialty Care as compared to a doctor's office.

## References

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**Figure 1**

	<b>Realo Specialty Care n=677</b>	<b>Dermatology Office n=66</b>
<b>Age</b> in years, mean (SD)	51 (16)	52 (16)
<b>Male</b> , n (%)	261 (39)	28 (42)
<b>Female</b> , n (%)	416 (61)	38 (58)

**Figure 2**

	<b>Realo Specialty Care n=677</b>	<b>Dermatology Office n=66</b>
<b>PA by Medication</b> , n (%)		
Adalimumab (Humira®)	196 (29)	9 (14)
Apremilast (Otezla®)	148 (22)	2 (3)
Dupilumab (Dupixent®)	141 (21)	18 (27)
Secukinumab (Cosentyx®)	54 (8)	7 (11)
Ustekinumab (Stelara®)	49 (7)	4 (6)
Other	89 (13)	26 (39)
<b>PA Approved</b> , n (%)	630 (93)	50 (76)
<b>Rx Filled Post-Approval</b> , n (%)	296 (44)	27 (41)

PA = prior authorization, Rx = prescription

**Figure 3**

