

Prior Authorization Timeliness and Success at a Single Center Centralized Pharmacy

Deega Omar MPH,^{a,b} Jessica B. Brown-Korsah BS,^{b,c} Susan C. Taylor MD,^a Nicholas Mollanazar^a

^aDepartment of Dermatology, Perelman School of Medicine at the University of Pennsylvania, Philadelphia, PA

^bGeorge Washington University School of Medicine and Health Sciences, Washington DC

^cCase Western Reserve University School of Medicine, Cleveland, OH

INTRODUCTION

Prior Authorizations (PAs) are a mechanism used by insurance companies to manage coverage of prescribed procedures, services, and medications. Studies have demonstrated that PAs are a burden for providers and reduce access to dermatology medications for patients.^{2,3} Specific patient groups such as those with Medicaid may experience significant delays or fail to receive prescribed medications due to delays in the PA process and/or frequent changes in Medicaid formularies. Additionally, patients with complex medical conditions are particularly at risk for delays as specialty medications such as biologics often require a PA.

Previous studies have shown that a centralized pharmacy decreases delays in treatment.^{2,5} A centralized pharmacy was shown to decrease the time to PA submission to insurance companies, decrease the time to PA decision to pharmacy, and increase approval rates.⁴ We retrospectively examined the approval rates and timeliness of PAs at a single academic dermatology center's centralized pharmacy in Pennsylvania between August 2021 to February 2022. PA data including insurance type, medication prescribed, date PA request received

by the pharmacy, date PA was submitted by pharmacy, date PA response received by the pharmacy, and PA outcome were analyzed.

We identified 2215 PAs submitted to the centralized pharmacy between August 2021 to February 2022. Of those PAs submitted to insurance companies, 68.3% (n=1512) were 'approved', 18.0% (n=398) were 'denied', 3.4% (n=76) were 'not covered', and 9.0% (n=199) were 'not required'. Systemic dermatology medications represented the majority of the PA requests. Medications with the highest number of PAs included dupilumab (n=462), risankizumab (n=201), Retin-A (n=156), adalimumab (n=132), and guselkumab (n=101). The average time from which a PA request was received from the provider by the pharmacy and a PA was submitted to the insurance company was 0.25 days. The average time from a PA submission to response from the insurance company was 1.59 days. Medicaid patients represented the majority of PA requests (Table 1).

Overall, there was a higher average rate of PA approvals within our centralized specialty pharmacy compared to previous

TABLE 1.

Prior Authorization Characteristics				
Characteristics	Total Number (n)	Approval % (n)	Mean Time of Initial PA request to Pharmacy to when submitted to Insurance Company (Days)	Mean Time of PA submission to insurance company to decision notification (Days)
Total*	2215	1512	0.25	1.59
Top Medications				
Dupilumab	462	327	0.29	1.26
Risankizumab	200	148	0.24	1.46
Retin-A	157	142	0.11	1.46
Adalimumab	131	92	0.32	1.33
Guselkumab	102	78	0.32	1.53
Insurance Type**				
Medicaid	357	278/352	0.22	1.69
Medicare	224	177/221	0.22	0.65
Other	352	254/347	0.39	1.45

*Total reflects all prior authorizations examined; however, not all columns add up to total. Top five medications were selected.

**Insurance types do not add up to the total prior authorization claims as those with reported insurance types were examined.

This document contains proprietary information, images and marks of Journal of Drugs in Dermatology (JDD).

No reproduction or use of any portion of the contents of these materials may be made without the express written consent of JDD. If you feel you have obtained this copy illegally, please contact JDD immediately at support@jddonline.com

reports of PA rates prior to a pharmacy intervention (68.2% vs 63.9%).² The mean time to PA decision of 1.9 days was also lower compared to two other studies without a centralized pharmacy.^{2,4} In conclusion, this study suggests that a centralized pharmacy involvement in the PA process can be beneficial for increasing patient access to medications by streamlining the process through a centralized pharmacy.

This study was limited to data from August 2021 to February 2022 as the department has only been tracking PA data for a limited amount of time. Additionally, our pharmacy utilizes one system to manage and track PAs and a separate system to process prescriptions – therefore, we could not analyze time from initial PA to when a patient fills their prescription. There is a possibility that more data regarding amount of time spent per PA request and specific costs related to each can provide additional insight into how a centralized pharmacy such as this reduces the administrative burden and costs of the PA process.

DISCLOSURES

Dr Susan Taylor's advisory board, consultant, and/or investigator relationships: AbbVie, Arcutis Biotherapeutics, Beiersdorf, Concert Pharmaceuticals, Croma-Pharma, Eli Lilly, GloGetter, Johnson & Johnson, L'Oreal, Pfizer, Piction, Scientis US, and Vichy.

Dr Nicholas Mollanazar advisory board, consultant, and/or investigator relationships: Boehringer Ingelheim, Janssen, Novartis, Regeneron Pharmaceuticals, Inc., Sanofi, Trevi Therapeutics, Menlo Therapeutics Inc, Galderma.

The remaining authors have no conflicts of interest to declare.

REFERENCES

1. Guo LN, Nambudiri VE. Impact of prior authorizations on dermatology patients: A cross-sectional analysis. *J Am Acad Dermatol*. 2021;85(1):217-220. doi:10.1016/j.jaad.2020.07.095
2. Popatia S, Flood KS, Golbari NM, et al. Examining the prior authorization process, patient outcomes, and the impact of a pharmacy intervention: A single-center review. *J Am Acad Dermatol*. 2019;81(6):1308-1318. doi:10.1016/j.jaad.2019.05.024
3. Jew OS, Okawa J, Barbieri JS, McCaffrey J, Hayward E, Werth VP. Evaluating the effect of prior authorizations in patients with complex dermatologic conditions. *J Am Acad Dermatol*. 2020;83(6):1674-1680. doi:10.1016/j.jaad.2020.06.998
4. Hecht B, Frye C, Holland W, Holland CR, Rhodes LA, Marciniak MW. Analysis of prior authorization success and timeliness at a community-based specialty care pharmacy. *J Am Pharm Assoc (2003)*. 2021;61(4S):S173-S177. doi:10.1016/j.japh.2021.01.001
5. Bhakta K, Lee KC, Luke T, Bouw J. Impact of a pharmacist-run refill and prior authorization program on physician workload. *J Am Pharm Assoc (2003)*. 2022;62(3):727-733.e1. doi:10.1016/j.japh.2021.12.002

AUTHOR CORRESPONDENCE

Nicholas K. Mollanazar MD MBA

E-mail: Nicholas.mollanazar@pennmedicine.upenn.edu