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doi:10.36849/JDD.9278e

Reducing Administrative Burden in Dermatology Through Compounding Alternatives

Olivia M. Burke BS,[a] Jeffrey N. Li MD,[a] Guillermo Andrés Rodríguez Rondón MD,[b] Andrea Maderal MD[a]

[a]Dr. Phillip Frost Department of Dermatology and Cutaneous Surgery, University of Miami Miller School of Medicine, Miami, FL
[b]Florida International University, Miami, FL

Letter to the Editor:

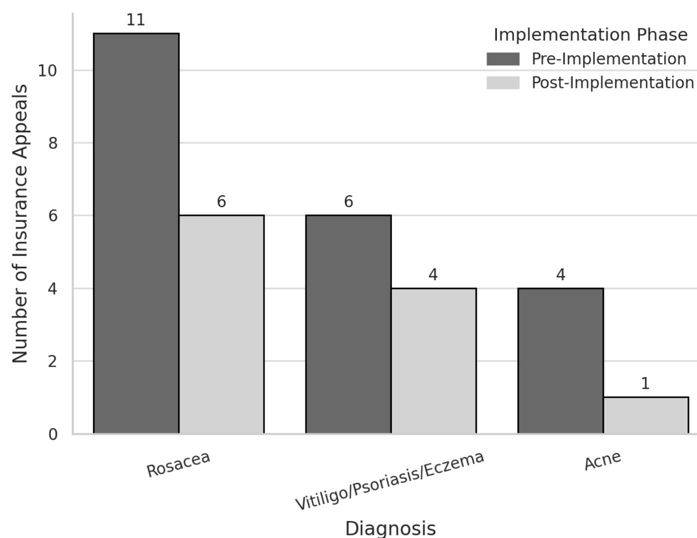
Administrative burdens, particularly prior authorization (PA) requirements and appeals, remain a significant barrier to timely dermatologic care. On average, physicians complete 39 PAs per week, dedicating 13 hours of staff and clinician time.[1] Nationally, 93% of physicians report that PAs delay access to necessary treatment, with one study reporting a median delay of 12 days to initiate care.[1,2] As a result, patients frequently arrive to clinic without having started any treatment due to the inability to obtain prescribed medications. In a 2024 national survey, 82% of physicians noted that PA can lead to treatment abandonment and 89% indicated that PAs contribute to burnout.[1] These data underscore the urgency of addressing administrative inefficiencies in dermatology. In response, we implemented a quality improvement initiative to increase provider awareness and use of compounded medications as alternatives when standard therapies were denied.

Dermatology residents and attending physicians at an academic medical center participated in targeted educational sessions covering the risks and benefits of compounded medications, appropriate clinical indications, ordering procedures, and patient counseling. Physicians were encouraged to offer compounded alternatives when a PA for a prescribed medication was denied in lieu of proceeding to an appeal.

To evaluate the intervention's impact, we compared the frequency of appeals three months before and after training using a chi-square test. The distribution of public vs private insurance did not differ significantly between groups. Following implementation, the proportion of appeals decreased from 6.7% to 2.5% (P=0.0081), suggesting that increased provider familiarity with compounding options may reduce administrative workload without compromising care (Figure 1). Informal feedback also indicated greater provider confidence in navigating compounded alternatives.

This initiative represents a scalable strategy to improve access to dermatologic treatment and reduce administrative burden. Incorporating compounding education into dermatology training may enhance efficiency and promote patient-centered care, particularly when insurance barriers preclude timely

FIGURE 1. Number of insurance appeals by dermatologic indication before and after intervention. The number of appeals is stratified by condition (rosacea, vitiligo/psoriasis/eczema, and acne) and by timepoint (pre-intervention in dark grey, post-intervention in light grey).



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access to standard therapies.[3] Additionally, reducing the need for appeals when PAs are denied may mitigate physician frustration and burnout, growing concerns in dermatology practice.[4]

While these results suggest a potential reduction in administrative workload, several limitations must be acknowledged. First, compounding pharmacies are not regulated to the same degree as commercial pharmaceutical manufacturers, raising safety concerns regarding consistency, sterility, and dosing accuracy.[5] Second, compounded medications are often not covered by insurance and require patients to pay out of pocket. While the formulations used in our clinic typically cost $35-45, comparable to standard co-pays, they do not contribute toward deductibles. This initiative was conducted at a single academic institution, which may affect generalizability. We used the frequency of PA appeals as a proxy for administrative burden and did not assess patient outcomes or satisfaction with compounded therapies. We also were unable to compare time to medication receipt between standard and compounded prescriptions.

This initiative demonstrates that structured provider education on compounded medications can reduce the frequency of PA appeals, offering a pragmatic solution to an increasingly burdensome aspect of dermatologic care. Future efforts should evaluate patient outcomes, satisfaction, and time to treatment when compounded alternatives are used. Multi-institutional studies are also warranted to assess generalizability and long-term impact. Integrating compounding education into residency curricula may represent a sustainable strategy to enhance care delivery and reduce physician burnout across practice settings.

DISCLOSURES

The authors have no conflict of interest to declare.
IRB approval status: Approved (IRB ID: 20240644)

REFERENCES

1. American Medical Association. 2024 AMA prior authorization physician survey. Published February 2025. Accessed April 16, 2025. https://www.ama-assn.org/system/files/prior-authorization-survey.pdf
2. Jew OS, Okawa J, Barbieri JS, et al. 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.
3. Quertermous J, Desai S, Harper J, et al. The practice of compounding, associated compounding regulations, and the impact on dermatologists. *J Drugs Dermatol.* 2018;17(7):s17-s22.
4. Nelson MN, Akpek E, Margolis DJ, et al. A mixed methods study on factors that promote and ameliorate burnout in academic dermatologists. *Arch Dermatol Res.* 2023;315(4):859-868. doi:10.1007/s00403-022-02441-0.
5. U.S. Food and Drug Administration. Compounding and the FDA: questions and answers. FDA. Published December 18, 2024. Accessed May 4, 2025. https://www.fda.gov/drugs/human-drug-compounding/compounding-and-fda-questions-and-answers.

AUTHOR CORRESPONDENCE

Olivia Burke BS
E-mail:.. Omb26@med.miami.edu

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JO10225