

Impact of an Integrated Specialty Pharmacy Model on Patient Access to Dalfampridine

Gabrielle Givens, PharmD Candidate, Aimee Banks, PharmD, BCPS, MSCS, Josh DeClercq, MS, Leena Choi, PhD, Autumn Zuckerman, PharmD, BCPS, AAHIVP, CSP, Megan Peter, PhD

Quick Facts

Evaluated



262

Patients prescribed dalfampridine



290

Prescriptions (260 Pre-Vanderbilt Specialty Pharmacy and 30 Post-Vanderbilt Specialty Pharmacy)

Results

Insurance approval rate

97%

Pre-Vanderbilt Specialty Pharmacy

100%

Post-Vanderbilt Specialty Pharmacy

Patient starting therapy

93%

Pre-Vanderbilt Specialty Pharmacy

100%

Post-Vanderbilt Specialty Pharmacy

Median time to medication access decreased from



22

Days to

1

Day

VSP inclusion in the dalfampridine distribution network enabled all patients to start prescribed dalfampridine and the time to access dalfampridine was faster.

Background

Dalfampridine, an oral specialty medication, increases walking speed and duration in patients with multiple sclerosis (MS).

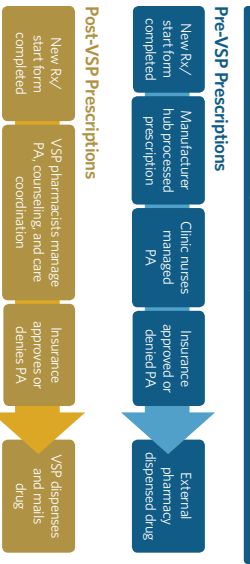
Patients often struggle to access specialty medications due to:

- Limited distribution networks (LDNs), which restrict which pharmacies can dispense a drug
- Requiring patients to fill medication from select pharmacies
- Insurance restrictions, costs, or challenges navigating specialty pharmacies²
- Integrated specialty pharmacies embed pharmacists in clinics and dispense drugs from the internal pharmacy.²

Objective

To assess the impact of LDNs on patient access to dalfampridine by comparing patient access before and after Vanderbilt Specialty Pharmacy (VSP) gained access to dispense the medication.

Figure 1: Prescription Timeline



Post-VSP Prescriptions

New Rx/ start form completed

VSP pharmacist manage PA, counseling, and care coordination

Insurance approves or denies PA

VSP dispenses and mails drug

Rx=Prescription; PA=Prior Authorization; VSP = Vanderbilt Specialty Pharmacy

Methods

Design	Single center retrospective cohort study
Sample	Inclusion: Adult patients with MS, prescribed dalfampridine by a VUMC provider from 3/2010 to 12/2018 Exclusion: Prescriptions initiated at an external pharmacy or from VUMC provider, transferred to VSP without need for new PA, or without documentation of the original prescription
Outcomes	1. Insurance approval 2. Medication access time: Time from decision to treat to insurance approval 3. Rate of therapy initiation

Results

Figure 2: Median Time from Decision to Treat to Insurance Approval

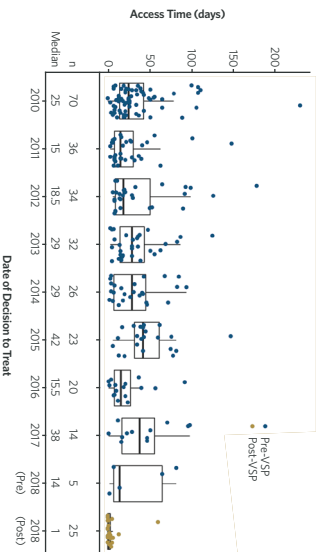


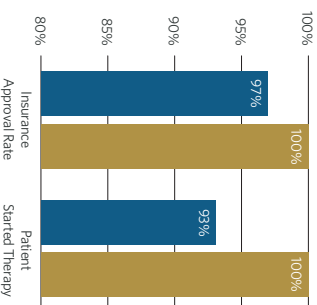
Table 1: Sample Characteristics

Characteristic	Mean [SD] or n (%)
Patient characteristics (n=258)	
Age, years	52 (11)
Gender, female	174 (67%)
Race, Caucasian	228 (88%)
Prescription characteristics (n=285)	
Patient diagnosis	
Relapse Remitting MS	118 (41%)
Secondary Progressive MS	107 (38%)
Primary Progressive MS	58 (20%)
Transverse Myelitis	2 (<1%)
Patient ambulation status	261 (92%)
Concurrent DM/T use	144 (51%)

MS=Multiple Sclerosis

DM=T-Diabetes; Myelitis=Therapy

Figure 3: Prescription Outcomes



■ Pre-VSP (n=260) ■ Post-VSP (n=25)

Prescriptions

- Twenty-six patients had more than one prescription due to prior discontinuation or lapse in therapy, resulting in 285 dalfampridine prescriptions from 258 patients.
- Most (84%) prescriptions were new starts, 16% were restarts after a prior lapse or discontinuation.

Post-VSP rates of insurance approval and number of patients starting therapy increased to 100%. (Figure 3)

Post-VSP, median access time decreased to 1 day (IQR 0-3). (Figure 2)

Conclusions

- After VSP gained access to dispense dalfampridine,



- When LDNs are removed, integrated specialty pharmacies can provide medication monitoring, counseling and safety interventions after patients initiate treatment.

References

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2. Korns L, Sherman KM, Proctor C, et al. Limited distribution networks stillie competition in generic anti-bioinfective drug industries. Am J Manag. 2018 Apr 12;44(4):e222-e227
3. Rogwell A, Kelly T, Corver A, et al. Advancing Patient Care Through Specialty Pharmacy Services in an Academic Health System. J Manag Care Spec. Pharm. 2017;23(8):815-820.