

Exploring Healthcare Providers' Experiences with Specialty Medication and Limited Distribution Networks

Megan Peter, PhD; Autumn D. Zuckerman, PharmD, BCPS, AAHIVP, CSP; Elizabeth Cherry, PharmD, MMHC, CSP;
David G. Schlundt, PhD; Kemberlee Bonnet, MA; Nisha Shah, PharmD; Tara N. Kelley, PharmD, CSP, MMHC

Quick Facts

14 providers interviewed to explore experiences with LDNs and perceived impact of LDNs on clinic workflow, clinical practice, and patient outcomes

4 nurse practitioners
4 physicians

6 nurses

Identified Themes from Interviews



Communication

Access to LDDs can be impacted due to delayed and fragmented communication with external

parties (i.e., insurance, drug manufacturer, external pharmacy).

When IHSSPs manage the prescription, these barriers were reduced.



Clinic Workflow and Workload

Administrative barriers associated with LDDs can interfere with clinic workflow and other patient care responsibilities.

When IHSSPs manage the prescriptions, participants can spend more time counseling, educating, and supporting patients and their families.



Financial Aspects of Medication

Participants felt that the high cost of specialty medications impact patient outcomes.

When IHSSPs manage the prescription, participants were confident that the pharmacy team would assist the patient with financial aspects of access.



Advocating for Patients

If the external specialty pharmacy fails to provide support for enrolling in patient assistance programs,

participants work extra advocating for their patients which interferes with patient care.

When IHSSPs manage the prescription, the nursing staff can spend more time with patients.

When IHSSPs are included in a drug's LDN, healthcare providers report high satisfaction, more confidence in prescribing specialty medications, improved workflow efficiency, and better patient outcomes.

Abbreviations: IHSSP = integrated health-system specialty pharmacy;
LDN = limited distribution drug network; LDD = limited distribution drug

Exploring Healthcare Providers' Experiences with Specialty Medication and Limited Distribution Networks

Megan Peter, PhD; Autumn D. Zuckerman, PharmD, BCPS, AAHIVP, CSP; Elizabeth Cherry, PharmD, MMHC, CSP;
David G. Schlundt, PhD; Kemberlee Bonnet, MA; Nisha Shah, PharmD; Tara N. Kelley, PharmD, CSP, MMHC

Process for Patient to Access Medications

Select Quotes

Limited Distribution Drug Network

"Most of the drug companies have some sort of patient assistance programs, but they are very different from one medicine to the next. Even within one medicine, they change their programs. So, it is very hard for me I never know who has this co-pay card or who has that [copay card]" - Physician

"[There is a] patient I have who is on [an LDD], there has been times when that limited distribution pharmacy didn't have the medicine either. [The external pharmacy] had to order it and so it delayed it by another week... Because that specialty pharmacy didn't communicate with us that they were having a delay in shipment, and we were told that the LDD pharmacies had the medicine on hand, which isn't always accurate either. [The external pharmacy] didn't communicate back to the family or to us. It basically came down to where [the patient was] a week late for [an] injection that can cause this patient to have [a] flare and joint disease." - Nurse Practitioner

"[Paperwork] was affecting us because that nurse was not available...all the time, so I would have to ask the patient to be in a waiting room... Sometimes the patients can wait and sometimes they could not wait, and then all of this was happening over mail and faxes... So definitely much more inconvenient back then [before VSP integration]" - Physician

Integrated Health-System Specialty Pharmacy Access

"[The IHSSP] has given us so much more time back with the patients and that impacts the care they get. We have more time to talk about lots of different aspects of their care instead of spending extended amounts of time on hold with insurance companies, not even with talking with people who are able to make decisions for the patient." - Nurse

"By [the clinic] being able to use VSP [to dispense the medication], it has cut down on that communication gap. First, [VSP clinical pharmacists] are on the floor with us [in the clinic] so if there is a significant program, the [VSP clinical pharmacist] are able to use the message basket system and let us know immediately whether a patient's insurance has lapsed, if [the patient] can't get covered, if it's too soon to refill, if [the patient is] not refilling it appropriately, if the family has concerns or questions regarding the medication, we [clinic] are able to know that through VSP immediately." - Nurse Practitioner

[After deciding to prescribe a medication] I'll message [the clinic pharmacist]...she will look into patient assistance programs because she knows about them, so in those situations, I can say to a patient, "I'd like to try [a specific drug], but it's very expensive...so I'm going to send it to our specialty pharmacist, who knows about all that stuff, and she will let me know what the options are, and then you guys can decide if you're able to afford it." - Nurse Practitioner

Abbreviations: IHSSP = integrated health-system specialty pharmacy;
LDN = limited distribution drug network; LDD = limited distribution drug