### Impact of Specialty Pharmacist Integration on Time to Pimavanserin Medication Access

Sabrina Livezey, PharmD,<sup>1</sup> Robert McCormick,<sup>2</sup> Nisha Shah, PharmD,<sup>1</sup> Josh DeClercq, MS,<sup>3</sup> Leena Choi, PhD,<sup>3</sup> Autumn Zuckerman, PharmD, BCPS, AAHIVP, CSP<sup>1</sup>

# **Quick Facts**





**33** Patients before VSP Integration



Patients after VSP Integration

# Over



Two Years of Patients Prescribed Pimavanserin



# **VSP Involvement Resulted in**

4 day average decrease in time to medication access

16% increase in pimavanserin approval

18% increase in pimavanserin initiation

### Impact of Specialty Pharmacist Integration on Time to Pimavanserin Medication Access

Age, years (mean + SD)

Gender (male)

Insurance

Yes

No

150

(skep)

50

2016-07 2017-01 2017-07 2018-01 2018-07

Race (Caucasian)

Commercial

Financial Assistance

Date unavailable

l e

Medicare/Medicaid

Sabrina Livezey, PharmD, Robert McCormick, 2 Nisha Shah, PharmD, Josh DeClercq, MS, 3 Leena Choi, PhD, 3 Autumn Zuckerman, PharmD, BCPS, AAHIVP, CSP

#### Background –

- Pimavanserin is the only FDA-approved treatment for Parkinson's Disease-related psychosis.<sup>1</sup>
- Pimavanserin can be difficult to access due to insurance authorization requirements and limited distribution network requirements.
- Safety and efficacy monitoring is needed to ensure adherence and clinical benefit once therapy is initiated.
- Objective: Determine the impact of specialty pharmacist integration on time to access for pimavanserin.





MD=prescribing physician; BI=benefits investigation; PA=prior authorization

Design: Singe-center, retrospective cohort

Table 1: Sample Demographics

Figure 2: Median Time from Treatment Decision to Access

30

(gala) 20

15

ime

SS

00 10 -

25 24.5

3

Before Integration

After Integration

74.9 <u>+</u> 8.8

79% (48)

98% (60)

16% (10)

84% (51)

70 5% (43)

14.8% (9)

14.8% (9)

21 day average

to medication

16% increase

18% increase

initiation

in nimavansorin

approval

in pimavanserir

arross

decrease in time

**Before integration** 

% (n)

N=33

70.4 ± 7.5

82% (27)

91% (30)

24% (8)

76% (25)

N/A

N/A

N/A

.

Date of Treatment Decision

Before Integration After Integration

- Sample: Patients prescribed pimavanserin through neurology clinic from May 2016 – July 2018
- Primary Outcome: Medication access time, defined as days between treatment decision and insurance approval

#### Results

Methods

#### Figure 3: Factors associated with time to access 23-fold increase in Male vs. female odds of experiencing a longer time to access Age (per 10 years) before integration. Commercial vs. government insurance Government insurance associated with shorter Pharmacist integration: No vs. Yes access time. 0.25 0.5 2.5 5 10 20 50 Odds Ratio (Log Scale)

#### Figure 4: Impact on approval and therapy initiation



#### **Table 2: Pharmacist Interventions**

Type of Intervention	Number
Insurance approval/financial assistance	135
Medication counseling	58
Coordination of care (Provider/caregiver communication)	57
Patient monitoring	56
Side effect* management	6
Medication adherence	1

\*Patient-reported side effects included confusion, nausea, peripheral edema, and combative behavior.

### - Conclusions -

- An integrated clinical pharmacist can expedite treatment access and initiation, while also providing monitoring for drug safety and efficacy.
- Further research is needed to assess clinic outcomes associated with faster access to pimavanserin.

#### Nuplazid (pimavanserin) tablets [package insert]. San Diego, CA: Acadia Pharmaceuticals Inc.; April 2016.

Disclosures: Nisha B. Shah receives research support from AbbVie Inc. Autumn D. Zuckerman receives research support from Sanofi Inc. and Gilead.

