

Impact of specialty pharmacist integration on time to medication access for pimavanserin

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ABSTRACT

Background: Patient access to pimavanserin treatment, an antipsychotic agent used to treat Parkinson's disease-related psychosis, is limited by insurance approval and navigating a limited distribution network. Once initiated, safety and efficacy monitoring is needed to ensure adherence and clinical benefit.

Aims: To determine the impact of specialty pharmacist integration on time to pimavanserin access. A secondary objective is to describe pharmacist interventions related to pimavanserin.

Methods: This was a single-center, retrospective cohort study with a pre-post design. Patients prescribed pimavanserin through the center's neurology clinic during May 2016 through July 2018 were included. An electronic chart review was performed to collect data for patient demographics (age, race, gender), insurance information (type, prior authorization process), and pharmacist interventions. The primary outcome was defined as time to medication access (in days) between the initial intent to treat and insurance approval. Univariate analysis and multiple logistic regression were performed to assess the associations between medication access time and pharmacist integration.

Results: Ninety-four patients met inclusion criteria. Patients were mostly male (80%) and Caucasian (96%). Median age was 74 years. Baseline demographics between the pre- and post-integration cohorts were similar. Pre-integration, 33 patients were prescribed pimavanserin, with 82% attaining insurance approval and 79% starting therapy. Post-integration, 61 patients were prescribed pimavanserin, with 95% attaining insurance approval and 93% starting therapy. Median time to access decreased following integration (3 days compared to 24.5 days). Patients prescribed pimavanserin pre-integration had a 23-fold increase in odds of experiencing a longer time to access compared to post-integration (OR = 23; 95% CI = 8–69; $p < 0.001$). In addition, patients with non-commercial insurance were more likely to have a shorter medication access time compared to patients with commercial insurance. The pharmacist performed at least one intervention for 85% of patients, including medication counseling ($n = 58$) and interventions to improve clinical care ($n = 120$) and medication access ($n = 135$).

Conclusions: Integration of a specialty pharmacist decreased time to pimavanserin access and facilitated pharmacy interventions to ensure safety and efficacy of use. Additional research is needed to evaluate the impact of faster medication access on clinical outcomes.

KEYWORDS

Pimavanserin; psychosis; Parkinson's disease; access

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Previous presentation: Poster presentation at CPNP annual meeting in Salt Lake City, UT (April 8, 2019)