

Improving Access to PCSK9-Modulating Therapy

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Dr. Birtcher has no financial interests to disclose.

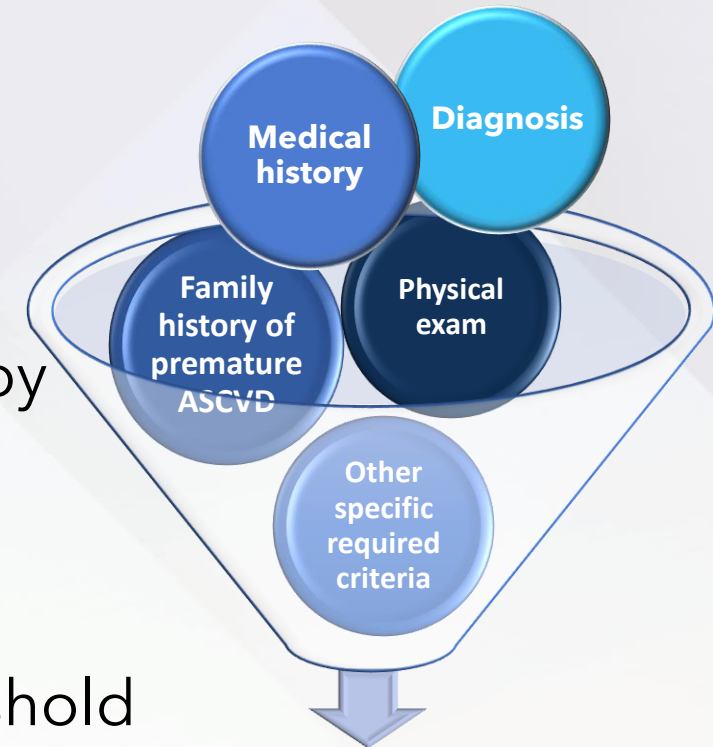
Objectives

- Provide steps for facilitating the prior authorization process
- Share the National Lipid Association, the American College of Cardiology, and the 2018 ACC/AHA Multisociety Cholesterol Guideline's position on team-based care
- Provide examples of how team-based care can improve patient outcomes
- Discuss innovative models of care, which include pharmacists, to provide patients with easy access to clinician administration of long-acting PCSK9-modulating therapy.

Progress Note – Include All Pertinent Information

1. Patient's FDA-approved indication
2. Recent lipid values, including LDL-C
3. Adherence with lifestyle modifications
4. Adherence with maximally tolerated statin therapy
5. Adherence with other LDL-C-lowering therapy
6. History of statin use and other agents
 - Include intolerances
7. Desired % LDL-C reduction goal and LDL-C threshold

Complete Documentation



Increased Likelihood of Approval

Leverage the Electronic Medical Record

Add Details to Problem List and Allergy/Intolerance Section

Add patient-specific information to the default problem list entries

- Premature CAD (ex. MI at 43 years; CABGx3 at 46 years)
- Familial hypercholesterolemia (ex. AHA criteria: Baseline LDL-C \geq 190 mg/dL + family history of premature CAD)
- Family history of premature CAD (ex. father, grandfather, paternal aunt)
- Statin intolerances (ex. daily atorvastatin, pravastatin, rosuvastatin - intolerable myalgia; interfered with normal daily activities; resolved when discontinued; recurred with rechallenge)
 - Also add to the allergy section

Leverage the Electronic Medical Record

Create smart phrases and snapshots to ease charting

- Create template/smart phrase for progress note
 - Will ease the documentation process
 - Ensures a complete note
- Create useful snapshots or summary pages
 - Name
 - Allergies
 - Problem list
 - Medication list
 - Lab history
- Send the snapshot or summary pages with the progress note + prior authorization form

NLA and ACC Support Team-Based Care (TBC)

- NLA and ACC Core Values
 - Promotes multidisciplinary approach to enhance outcomes
- ACC Health Policy Statement on Cardiovascular Team-Based Care and Role of Advanced Practice Providers
 - Advanced Practice Providers includes nurse practitioners, physician assistants, and pharmacists
 - TBC can transform care, improve heart health, and help meet the demands of the future
 - TBC improves care coordination and population health; lowers costs

2018 ACC/AHA Multisociety Cholesterol Guideline Recommends Team-Based Activities to Improve Adherence

COR	LOE	Recommendation for Implementation
I	A	Interventions focused on improving adherence to prescribed therapy are recommended for management of adults with elevated cholesterol levels, including telephone reminders, calendar reminders, integrated multidisciplinary educational activities, and pharmacist-led interventions, such as simplification of the drug regimen to once-daily dosing.

Multidisciplinary Lipid Clinic in Health-System

- Purpose: increase guideline-directed care for lipid conditions
- Background
 - Established in January 2019 within health-system (45 counties in central and northeast Pennsylvania)
 - Located centrally
 - Staff: cardiologist with board certification in lipidology; pharmacist; genetic counselor
 - Patient referrals from PCPs and cardiologists
 - Clinic met bimonthly

Multidisciplinary Lipid Clinic in Health-System

- Used pre/post-study design to evaluate outcomes at 1 year
- Results
 - Improved diagnosis of specific lipid condition
 - Increased prescribing of guideline-directed treatment
 - Significant improvement in lipid values
 - Familial hypercholesterolemia (n=12); LDL-C ↓ 79 mg/dL (p<0.001)
 - Uncharacterized dyslipidemia (n=21): LDL-C ↓ 48 mg/dL (p<0.001)
 - High rates of medication prior authorization approvals
- Transitioned from face-to-face visits to telehealth appointments to increase accessibility and usage of clinic

Engaging the Team - Designate a Prior Authorization Expert Within the Practice Site

- Designate specific team members to complete prior authorization forms
 - Become familiar with insurance plans, requirements
 - Allows expertise to develop
 - May save time
 - May increase approval rate
- Specialty pharmacy staff can sometimes help!

Central Pharmacist-Led PA Process:

	Pharmacist-Led (n = 47)	Usual Care (n = 77)
Mean processing time	0.53 days	7.02 days
Mean preparation time	15 min	64 min
Approval rate	93%	68%
Mean time to fill (days)	2.49 days	5.52 days
Pick-up rate	75%	52%
Labor cost per PA	\$11.50	\$37.50
All <i>P</i> <0.05.		

Pharmacist-Administered PCSK9 Service

Possible Solution to Improve Patient Access and Adherence

- Long-acting PCSK9-modulating therapy may improve adherence with lipid lowering therapy.
- Health-systems will need innovative models to provide patients with easy access to clinician administration of long-acting PCSK9-modulating therapy.
- Pharmacists associated with the health system or community pharmacists could:
 - Help navigate the prior authorization process;
 - Administer the long-acting PCSK9-modulating therapy to improve access to care and patient adherence; and
 - Provide point-of-care lipid testing to ensure efficacy over time.
- Adequate reimbursement will be needed to implement innovative models for clinician administered long-acting PCSK9-modulating therapy.

Conclusions

- In order to facilitate the prior authorization process for nonstatin therapy, the clinician should use appropriate patient selection, write a complete progress note, and leverage the electronic medical record.
- The National Lipid Association, the American College of Cardiology, and the 2018 ACC/AHA Multisociety Cholesterol Guideline support team-based care.
- Team-based care improves patient outcomes.
- Health-systems will need innovative models to provide patients with easy access to clinician administration of long-acting PCSK9-modulating therapy.
- Pharmacists associated with the health system or community pharmacists could improve access and adherence to PCSK9-modulating therapy, requiring clinician administration.