

# Prior Authorization of Inflammatory Bowel Disease Prescriptions: A Single System Review of Current Practices and Adverse Events Associated with Delays

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## INTRODUCTION

- Since the introduction of the prior authorization (PA) process by health insurances and pharmacy benefit managers (PBM), it has become increasingly challenging for healthcare providers (HCPs) to ensure their patients receive appropriate treatment in a timely manner.
- HCPs often sacrifice time and resources appealing denials or redesigning management plans. More concerning is potential harm to the patient related to delays in care.
- While prior studies have looked at subjective HCP viewpoints on PA in Inflammatory Bowel Disease (IBD), there is limited literature in quantification of delays and direct adverse outcomes.

## OBJECTIVES

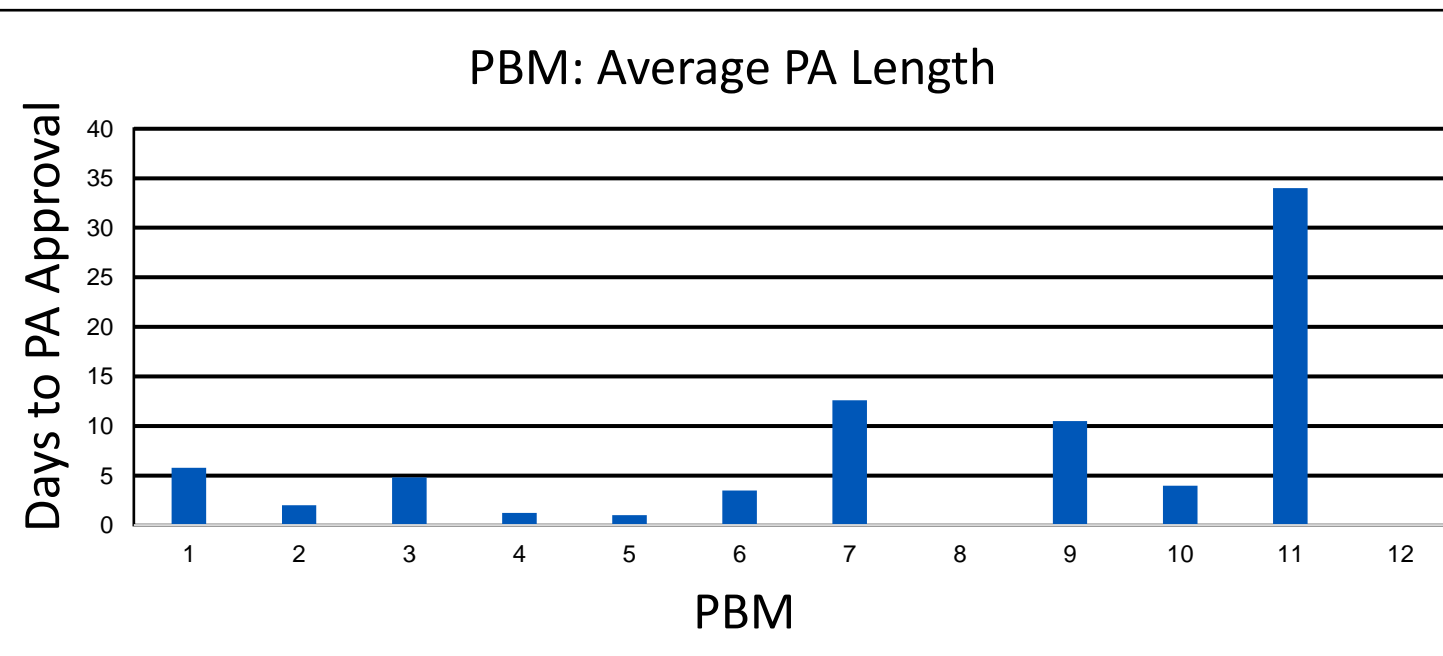
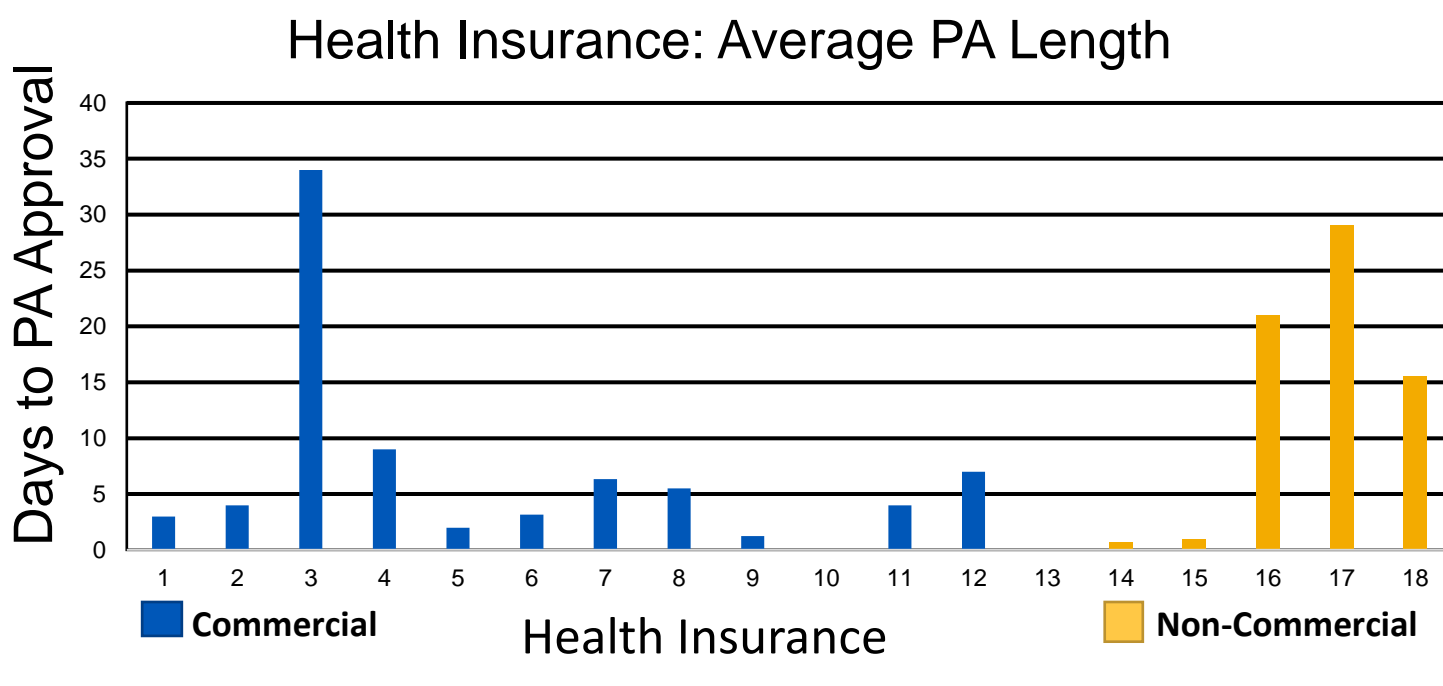
This study aims to evaluate practices in PA, potential delays, and adverse effects related to delays in approval for specialty therapy for IBD.

## METHODS

A retrospective review was performed at a single tertiary academic medical center for adult patients with IBD prescribed new IBD medication(s) requiring PA.

Data collected from each medical record included time from prescription to PA approval.

Primary outcomes assessed included hospital admission, steroid bridge to new prescription, or surgery.



## RESULTS

- Of 485 PAs submitted, a review was performed on 42 randomly selected IBD patients with IBD prescription requiring a PA between September 2021 and March 2022.
- Mean length of time from prescription to PA approval was 5.8 days (Range: 1-34 days).
- Of 42 patients, 11 (26%) patients waited longer than 2 business weeks for PA approval, 1 patient (3%) required hospitalization and 3 (7%) patients required steroids during windows of delay.
- Average time to PA approval for non-commercial vs commercial insurers was 22 vs 6 days, respectively.

## CONCLUSIONS

Over 25% of patients waited greater than 2 business weeks for PA approval. These results show the PA process for patients with IBD can benefit from closer, data driven investigation.

Further analysis is planned for continuation and dosage changes requiring PA with the goal of identifying the best practices that can be widely adopted to minimize delays and improve patient care.