Defining & Assigning Complexity Scale to Oncology Criteria Relating to Prior Authorization Policy Creation Based on Clinical, Operational & Risk/Compliance Complexities as Well as Impacts to Humana Members and Providers

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Background

•Prior authorizations are an integral part of cancer treatment as oncology drugs typically are associated with greater adverse events and treatment intricacies. Drug coverage policies, including prior authorizations, use clinical evidence and treatment guidelines to ensure the most cost-effective drugs are accessible.

•The goal of this project is to create a complexity scale for oncology, hematology, and related supportive care drug policies. Complexity can be defined in several ways: clinically, operationally and/or based on the member's experience. Creating a complexity scale using these viewpoints in an objective manner is helpful in two ways: (1) it makes internal review of oncology drugs and operationalization of drug policies more efficient, thus improving downstream clinical review for members' requests of such drugs, and (2) it creates a common language for internal Humana communication based on clinical, operational, and risk compliance complexities.

•Since oncology drugs fall into a protected class, they must be covered in the Part D program per the Centers for Medicare & Medicaid Services (CMS), and the timeline for review by pharmacy and therapeutics (P&T) committees is shortened in comparison to non-protected classes (i.e., 90 days vs. 180 days). Therefore, streamlining processes for oncology drug policies is particularly beneficial given the shortened timeline.

Objective

•Define and assign complexity scale to prior authorization policy creation based on intricacies and impacts on Humana members and providers. Use this scale to help determine prioritization, timing and level of expertise required for clinical, *operational and risk/compliance review*. By developing this type of complexity scale, it should improve team efficiency and clinical expediency to ensure quicker and easier provider and member access.

Methods

1. Review the primary and grey literature for reported changes in managed care policy assignments or utilization management (UM) based on clinical, operational and risk/compliance complexities.
2. Summarize common themes identified from the literature review and define all complexities/risks in terms of oncology, hematology, and related supportive care treatments.
3. Describe opportunities for future-state with a focus on the inclusion of complexity having a role in assignment within the managed care organization to develop drug coverage policies more efficiently.
4. Conduct interviews/listening tour to determine how oncology drug policies are developed, implemented, and refined for members to have clinically appropriate therapies.
5. Organize the information collected to create general and specific questions for clinical, operational and risk/compliance teams.
6. Operationalize and test a tool to help Humana categorize and prioritize drug policies by testing the tool on 25 marketed oncology drugs.

Results

Figure 1. Listening Tour and Interviews of Key Teams

Table 1. Examples of Survey Items to Assign Complexity

General	Strategy	Operation	Compliance
• Is this a First-in-class medication*? **Defined as new and unique mechanism of action for treating a medical condition* • How is the medication applied within in the benefit design? • Managed via pharmacy and/or medical benefit?	• How does this drug influence Standard of Care and how will this be clinically adopted based on available evidence? • What evidence is in label vs. compendia vs. clinical trials?	• How to ensure consistent clinical decision making while distilling down requested information from member/provider to minimum required? • Are there State specific rules that must be applied?	• Is the access to the medication without barriers and clinically consistent? • Are reviews happening in a timely manner to allow for appropriate care?

Figure 3. Common Characteristic of Complexity

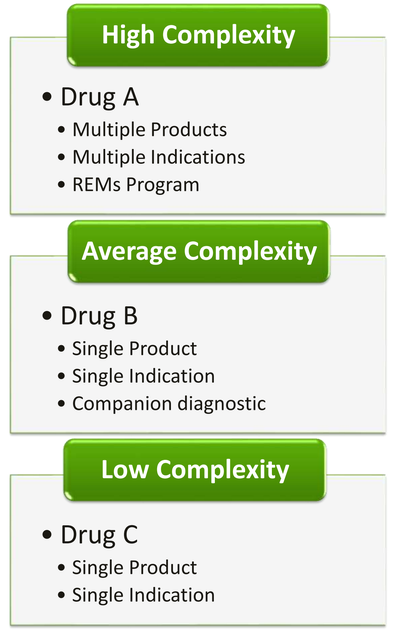
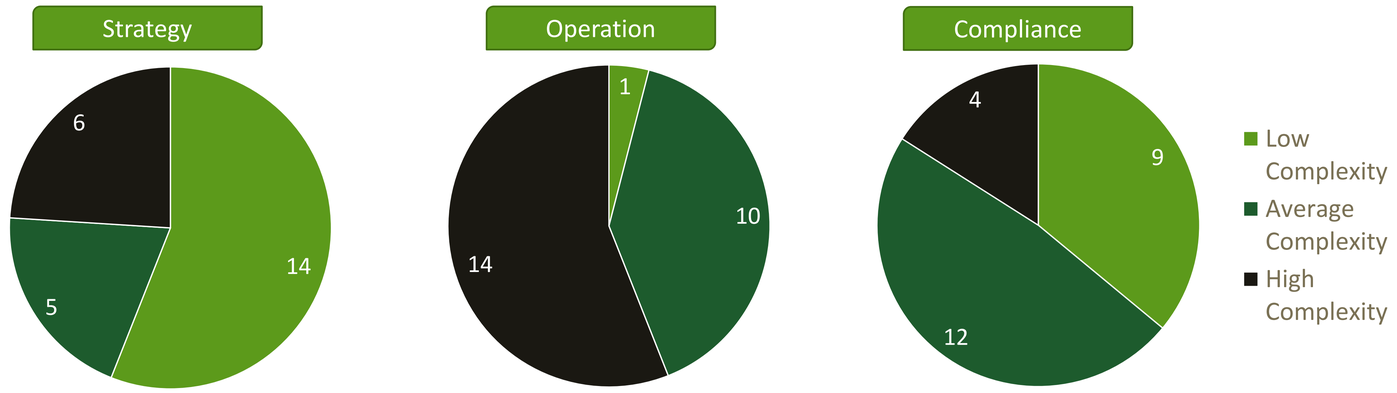


Figure 2. Survey Results of 25 Current Marketed Oncology Drugs



Conclusions

- The aspiration is that this tool can be used to classify complexity for new oncology drugs upon approval and expedite the creation, review, and approval of policies thus improving the member and provider experience. Next steps for the project are to refine and validate the complexity scale.
- Common characteristics for high complexity drugs for all teams were multiple indications and the necessity of multiple questions on the prior authorization form. This contrasts with drugs with only one indication, which more often led to a lower overall complexity score (figure 3). While consistency was noted in most cases, there were three cases where the clinical team and operations team assigned opposing complexities: high complexity by one team and low complexity by the other. Knowing the drug's potential place in treatment and number of indications are key when assigning a drug policy's complexity.
- A weakness of this project is that, despite defining the components of complexity, assigning complexity scores is still subjective. Also, this tool has only been applied to oncology drug policies thus far. A future goal is to expand the use of this tool to other drug classes. The tool should translate across to other classes outside of oncology based on the general nature of the question set.
- **Potential Business Impacts**: Currently, there is not a tool or public information about drug/policy complexity to inform best practices for management of oncology drug policies within the managed care setting. This tool hopes to fill that void. This will be valuable for Humana to determine staffing/resource needs, workflows, etc. The tool may lend itself helpful to other managed care organizations as they evaluate their own drug evaluation and policy development workflows.

Disclosures:

This work is an Intern non-reviewed abstract and copyright clearance is not required. All study authors are employed by Humana Inc.

References:

1. Ingrand I, Defossez G, Lafay-Chebassier C, Chavant F, Ferru A, Ingrand P, Pérault-Pochat MC. Serious adverse effects occurring after chemotherapy: A general cancer registry-based incidence survey. Br J Clin Pharmacol. 2020 Apr;86(4):711-722. doi: 10.1111/bcp.14159. Epub 2020 Jan 16. PMID: 31658394; PMCID: PMC7098859.
2. Agarwal A, Freedman RA, Goicuria F, et al. Prior Authorization for Medications in a Breast Oncology Practice: Navigation of a Complex Process. J Oncol Pract. 2017;13(4):e273-e282. doi:10.1200/JOP.2016.017756
3. Kim H, Srivastava A, Gabani P, Kim E, Lee H, Pedersen KS. Oncology Trainee Perceptions of the Prior Authorization Process: A National Survey. Adv Radiat Oncol. 2021;7(2):100861. Published 2021 Dec 3. doi:10.1016/j.adro.2021.100861
4. Psotka MA, Singletary EA, Bleser WK, et al. Streamlining and Reimagining Prior Authorization Under Value-Based Contracts: A Call to Action From the Value in Healthcare Initiative's Prior Authorization Learning Collaborative. Circ Cardiovasc Qual Outcomes. 2020;13(7):e006564. doi:10.1161/CIRCOUTCOMES.120.006564
5. Popatia S, Flood KS, Golbari NM, et al. Examining the prior authorization process, patient outcomes, and the impact of a pharmacy intervention: A single-center review. J Am Acad Dermatol. 2019;81(6):1308-1318. doi:10.1016/j.jaad.2019.05.024
6. Prescription Drug Benefit Manual | CMS. www.cms.gov. Accessed July 19, 2022. https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/PartDManuals