

Formulary Management: Incorporating a Framework for Health Equity

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Background

Healthcare disparities persist throughout the United States health-system and are in part driven by structural racism, social determinants of health, and other inequalities and barriers. Addressing healthcare disparities is crucial to ensure all patients have equal opportunities to achieve optimal health outcomes. Integrating proactive strategies within formulary management is one component in evaluating, understanding, and prioritizing health equity for all patients.

A large national healthcare provider, Humana, is creating a forward-looking framework within formulary management to identify potential barriers affecting drug access, to understand cost related factors, and to develop strategies to overcome health disparities. While there are several types of healthcare disparities (e.g., race/ethnicity, gender), Humana utilized the Academy of Managed Care Pharmacy (AMCP) Partnership Forum: "Racial Health Disparities: A Closer Look at Benefit Design" as a guide and began to focus on racial/ethnic disparities in late 2021. Early on in the process, it was evident an industry guidance template was not available and accessible; thus, Humana aspired to create a process outline that would serve as a steppingstone for other organizations also focused on health equity within formulary management.

Objectives

- To create and implement a framework to identify opportunities to mitigate racial/ethnic disparities within formulary management.
- To bring awareness to and collaborate with internal and external stakeholders.

Methods

- IDENTIFY** prioritized disease states. Determine prevalence of racial/ethnic populations affected by the disease states being studied and drugs involved in management.
- REVIEW** literature and guidelines involved in chosen drugs/disease states to collect information about identifying racial/ethnic disparities. Evaluate real-world data to understand the role of health equity, drug access, and the impact on patient outcomes for selected disease states. Acknowledge limitations of guidelines, potential barriers, and lack of available data.
- SUMMARIZE** racial/ethnic disparities identified. Define the drug/class/population involved. Understand the impact on patients and the healthcare system.
- ASSESS** formulary coverage for impacted drug/class. Review current formulary coverage and draft potential interventions to mitigate racial/ethnic health disparities.
- CONSULT** with key stakeholders to determine if proposed change or action is appropriate.
- DEVELOP** plan of actionable items to support interventions. **IMPLEMENT** proposed changes and actions with consideration to process and operational functions.
- SOCIALIZE** to bring awareness to stakeholders or those affected by changes.
- MEASURE** and interpret outcomes by determining appropriate parameters for tracking efficacy and continue to repeat process.

Methods

Figure 1. Drug and Disease State Evaluation Framework

This general framework is intended for use when evaluating any issue/process related to health equity.

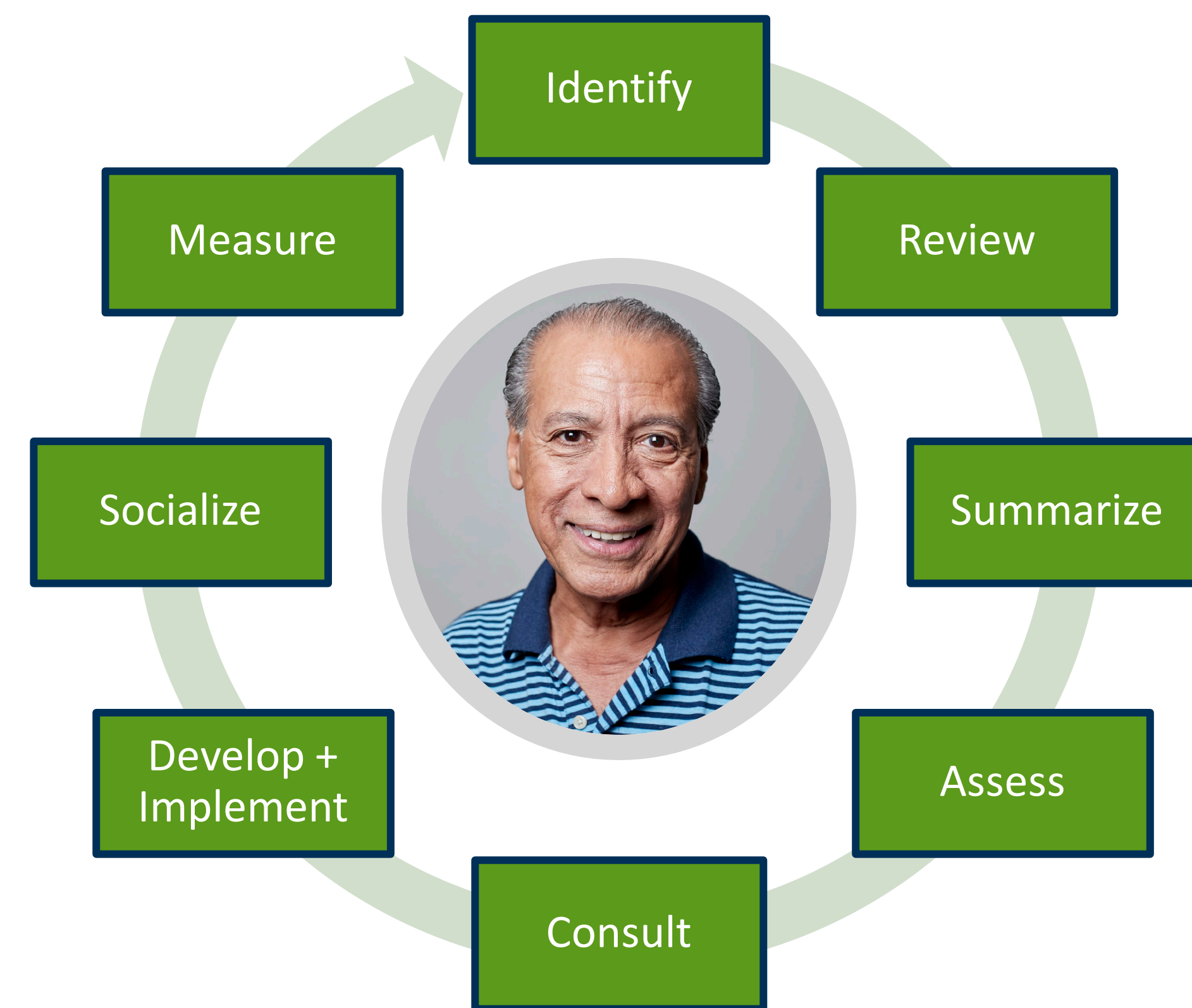


Table 1. Disease State Evaluation

A survey was distributed to internal and external key stakeholders of a large national healthcare provider to assess understanding of health equity knowledge and guide prioritization of disease states and health equity barriers. Survey findings guided the subsequent process outline (see Figure 1). In tandem, a Pharmacy and Therapeutics Health Equity Subcommittee was formed to provide governance and formalize health equity related formulary decisions.

Disease States Evaluated

- Cardiovascular
- Endocrinology
- Gastroenterology
- Infectious Disease
- Neurology
- Non-Malignant Heme
- Renal
- Respiratory
- Oncology

While these areas are broad, the intent was to focus on disease states with increased prevalence and/or incidence within the covered population. Additionally, some disease states were evaluated based upon recent drug management updates.

Discussion

These evidence gaps highlight the crucial need to cross-collaborate through internal and external partnership in the form of guideline updates and expansion of real-world evidence with an emphasis on health equity, educational impacts, and health equity initiatives to better support formulary decision-making.

Healthcare disparities have long been a barrier to achieving health equity for patients in the United States. Incorporating a health equity framework into formulary management demonstrates a step towards improving health access and outcomes through the use of evidence-based practice. As Humana continues to align its efforts with broader public health objectives, the large national healthcare provider continues to remain engaged with organizations such as AMCP. The ultimate aspiration is to engage both internal and external stakeholders to commit to prioritizing areas of health equity evaluation while promoting transparency and accountability while demonstrating a collective effort in committing to health equity for all patients.

Limitations: Potential limitations stemming from availability and integrity of data (i.e., patient demographic data) should be considered in regards to accuracy and comprehensiveness of the insights drawn from the data analysis. Cautious interpretation is warranted as publicly available data may not represent the entire scope of healthcare disparities.

Potential patient impacts: By ensuring patients have access to necessary drugs, the hope is to improve patient satisfaction and build trust across the continuum of the patient journey. Addressing healthcare disparities may lead to more effective drug utilization and reduced healthcare costs over time. By integrating this framework into the foundation of our core practice, Humana is better positioned for long term sustainability and can continue to align with evolving societal expectations.

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Findings

Once disease state focused areas were ranked, evaluation of available primary literature, guidelines, and other resources repeatedly provided insight into the magnitude of evidence gaps and paucity of health equity within existing literature resources.



FORMULARY CHANGES refers to positive changes (e.g., tier down, add coverage) that could be made to the formulary during the year.

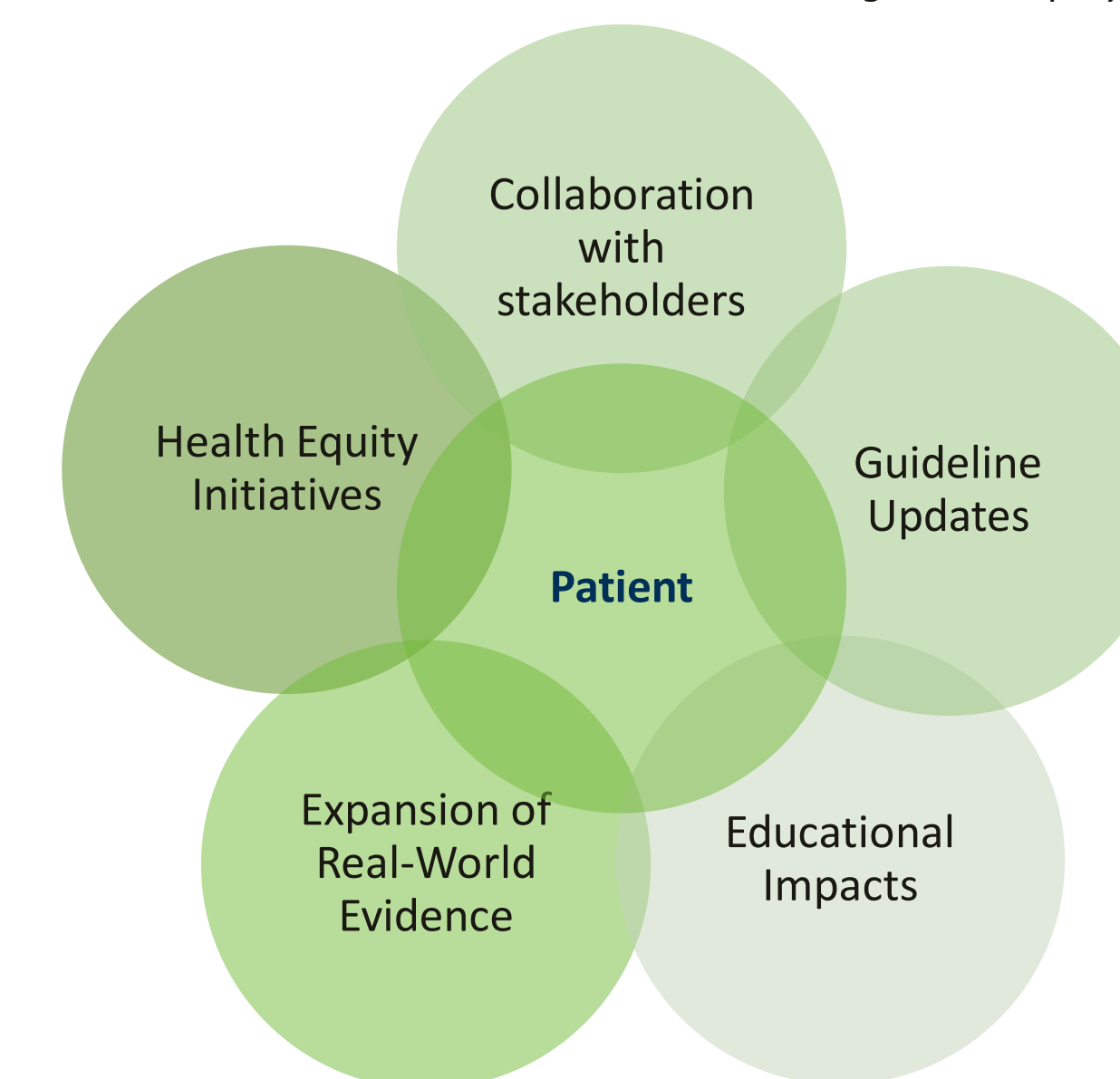
CLINICAL HAND-OFFS refers to the opportunity to pass information to internal stakeholders to evaluate findings further in clinical areas outside formulary management (e.g., clinical program partners to consider medication adherence programs).

EDUCATION refers to providing common terminology across Humana through various forms of training. Because this area continues to evolve, it is important to find ways to keep all stakeholders up to date.

CLINICAL TRIAL DIVERSITY refers to assessing whether the clinical trial population represents diversity as seen within the disease for either a marketed drug receiving a label expansion and/or newly launched drug.

Potential Opportunities

Cross collaboration is critical when advancing health equity.



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