

# Delphi study to elicit consensus on best practice for prior authorization in pulmonary arterial hypertension

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### Purpose

A Delphi panel with healthcare providers (HCPs) was proposed to explore the existing challenges and potential solutions to optimize the prior authorization (PA) process in pulmonary arterial hypertension (PAH).

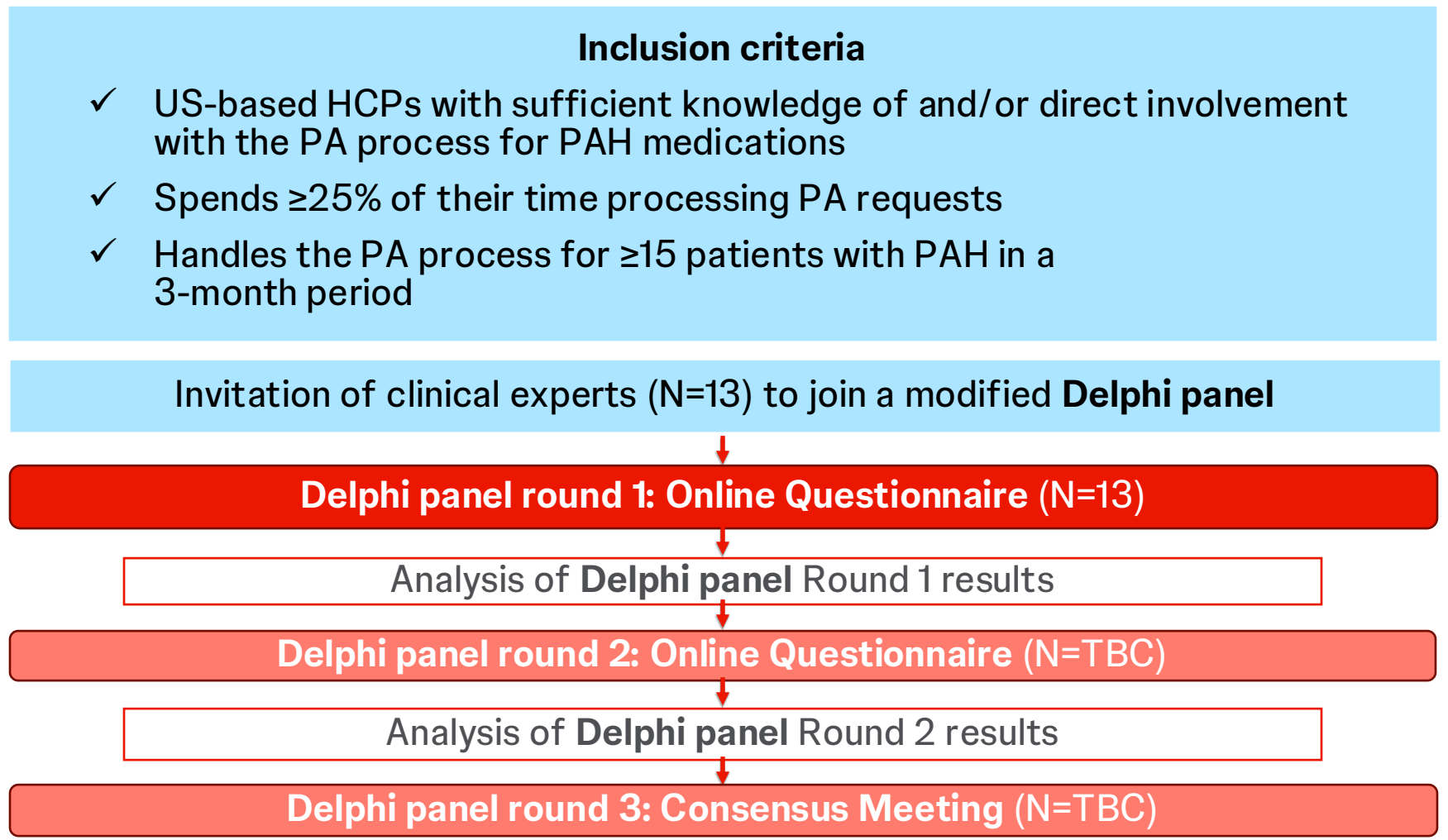
### Background

- In the United States (US), specialty medications, including those for PAH, often require PA before patients can access therapy. The PA process places a substantial burden on HCPs and can have a considerable impact on patients by delaying access to medications.<sup>1–3</sup>
- The 2023 American Medical Association PA physician survey identified that 93% of physicians think the PA process has a negative impact on patients’ clinical outcomes.<sup>4</sup>
- The aim of this Delphi study is to collate and develop consensus of HCP opinion on the best practices to overcome barriers in the PA process in PAH, strategies for successful PA requests and ways to manage appeal of PA denials to expeditiously obtain therapies for patients.

### Methods

- A double-blinded modified-Delphi panel (including a virtual consensus meeting following two survey rounds, Figure 1) is being conducted among clinicians.

FIGURE 1: Modified Delphi panel process.



- Consensus was defined as ≥80% of panelists in disagreement or agreement within a 3-point range at either end of a 9-point Likert scale (1–3 and 7–9, respectively).
- The data captured is quantitative and qualitative, which was analyzed using measures of central tendency (means, median and mode) and thematic analysis, respectively.

### Results

The results presented are following completion of the first round of the Delphi panel by 13 experts. The study is ongoing with final results expected by December 2025.

TABLE 1: Overview of the participants.

Criteria	Total number of experts (N=13)	Criteria	Total number of experts (N=13)
Role		Proportion of time spent on PA-related tasks per week	
Nurse practitioner	10	25–50%	11
Pharmacist	3	>50–70%	2
Healthcare area(s) of practice			
Pulmonology	8		
Cardiology	5		
Experience level		Number of patients they submit PA requests for in a 3-month period	
>2–5 years	5	0–14	1
>5–10 years	3	15–29	5
>10–30 years	5	30–49	4
>30 years	0	≥50	3
Region		Practice type*	
Midwest	3	Academic medical centre (including outpatient clinics)	6
Northeast	5	Accredited pulmonary hypertension centre	7
West	1	Private practice	1
Southeast	2	Community hospital	1
Southwest	2	Specialty pharmacy	2

\*Participants selected multiple options (n=4/13)

### Panelist experience with prior authorization

- The median proportion of participants’ working time per week spent submitting PA requests was 16% (range 2–40%), of which 75% (range 3–100%) was for patients with PAH.
- Most participants (n=8) submitted ≤20 PA requests per week, of which over half were for PAH treatments (n=9).

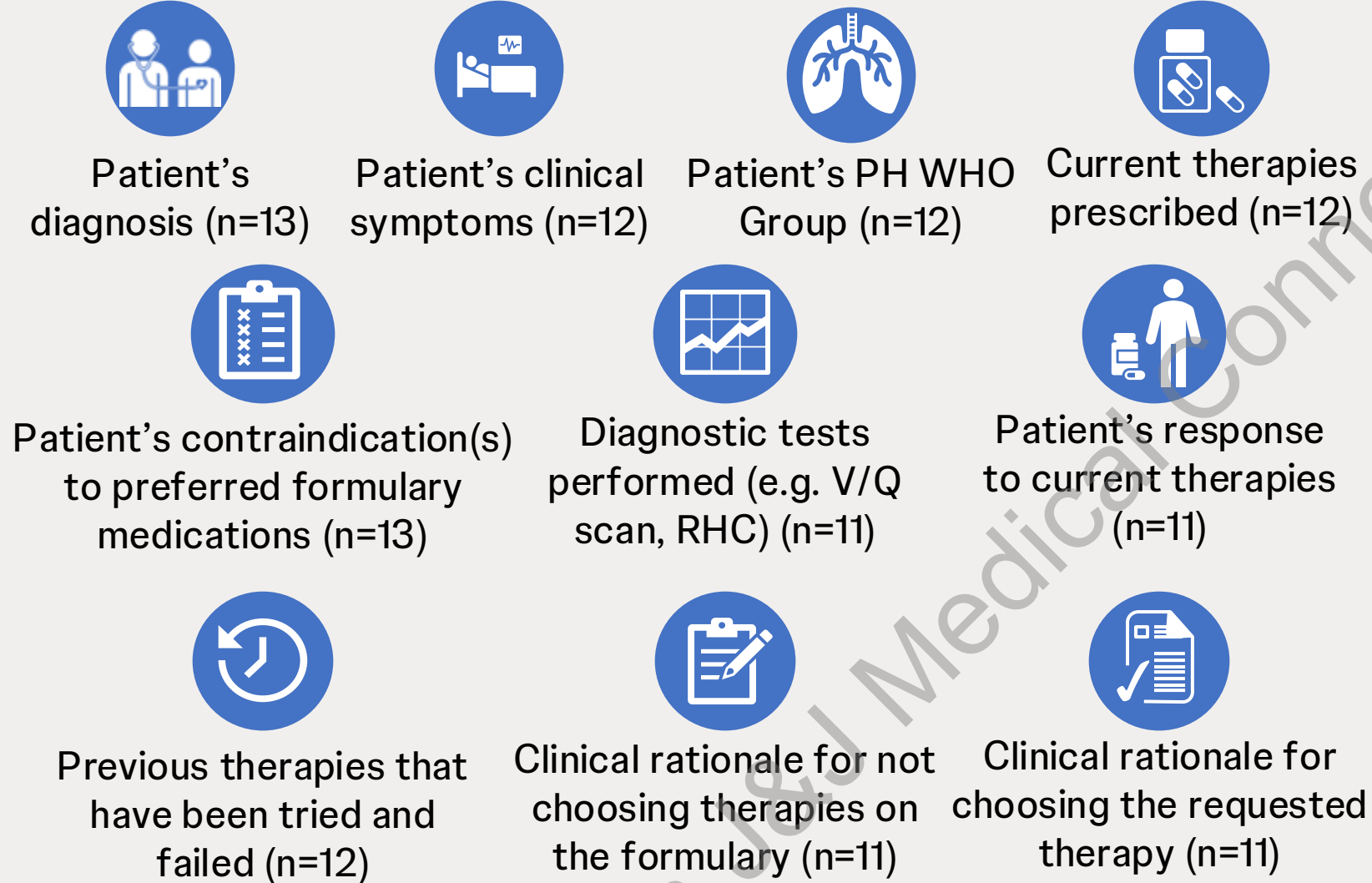
Consensus was reached on >75% of PAH medications requiring PA.

- Many participants (n=6) reported that no formal training was available to them within their centers.

Participants did not agree on the training available in their center being sufficient to support PA submissions.

### Overall process for prior authorization

- Participants reached consensus on the following patient information being required when completing a PA request for PAH treatment:



### Impact of insurance

- Participants noted their centers’ work with an average of 20 different insurance providers (range 10–50).
- Consensus was reached that the PA process differs by insurance provider (n=12).

Consensus was reached that the following differ by insurance provider:

The time an insurance provider takes to respond to a PA request

The criteria required for approval of a PA request

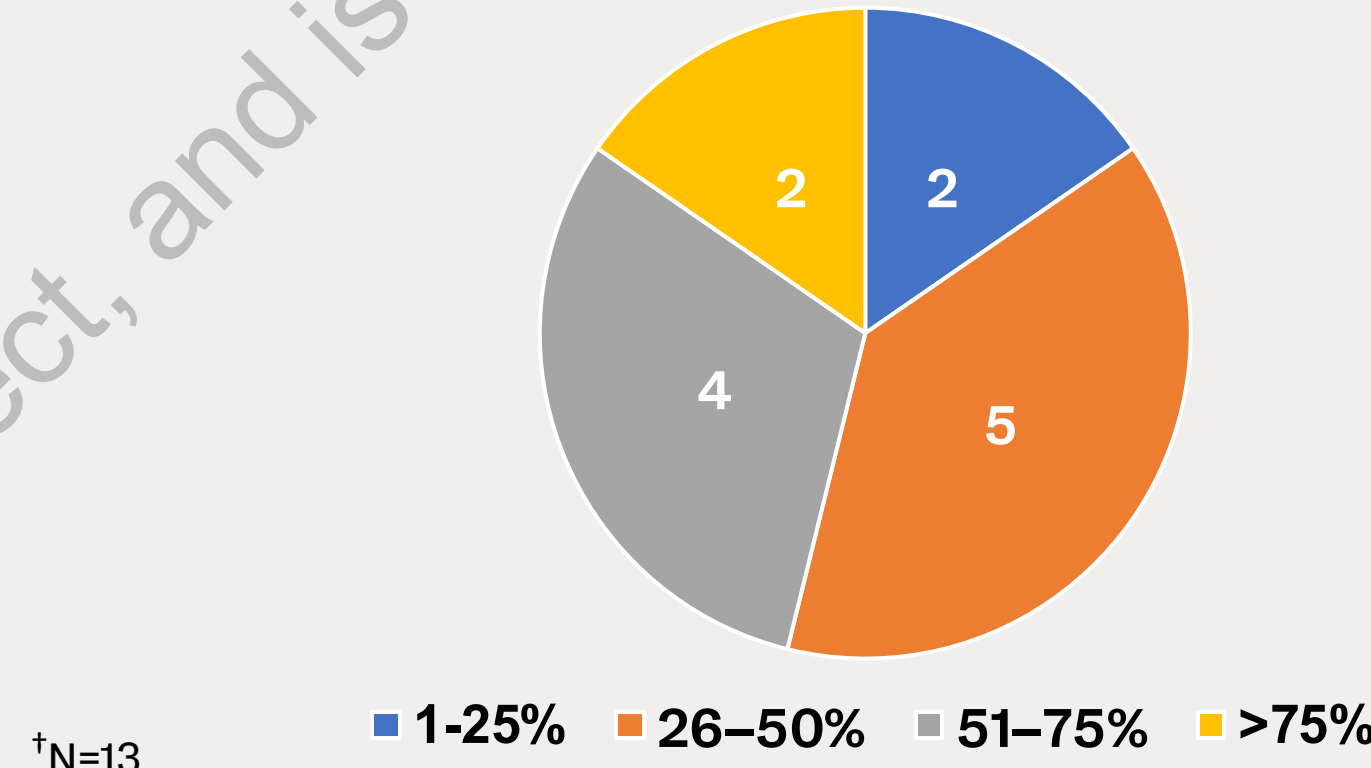
### Denials in the PA process

- Consensus was reached that HCPs always appeal PA denials for PAH treatment (n=11).
- One participant noted if they receive a PA denial, they sometimes go direct to the manufacturer or use discounted programs such as GoodRx to bypass the need for PA (n=1).

### Delays in the PA process

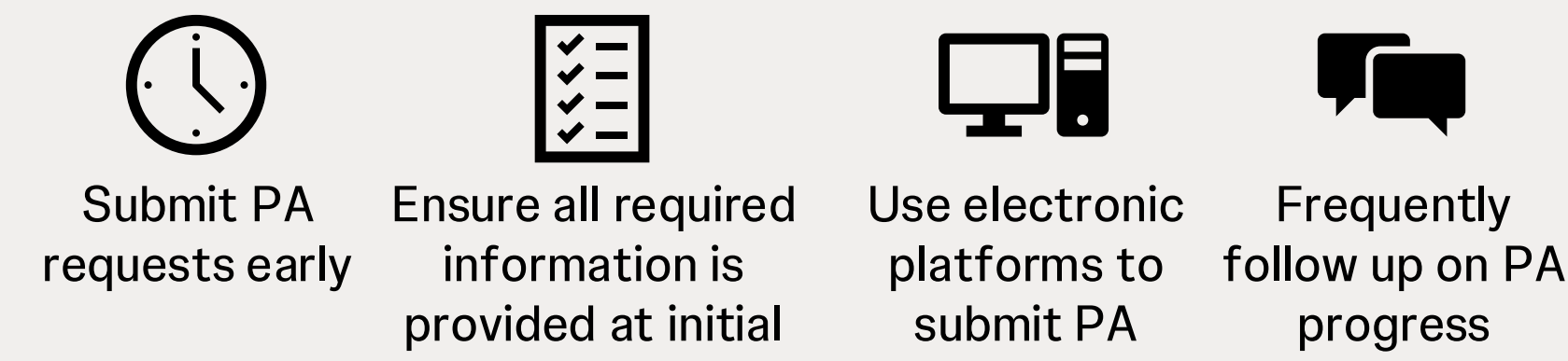
- On average, participants have to wait 3 days for a response regarding PA requests for PAH treatments.
- Participants who were notified that a response to a PA request for PAH treatment has been provided by regular mail (n=6) agreed that this method of notification leads to delays in PAH treatment access for the patient.
- Participants noted more information being requested following PA requests leads to delays in patient access to PAH medications by 7 days on average.

FIGURE 2: Proportion of PA requests that result in delayed access to PAH treatment.\*



### Challenges and potential solutions for prior authorization

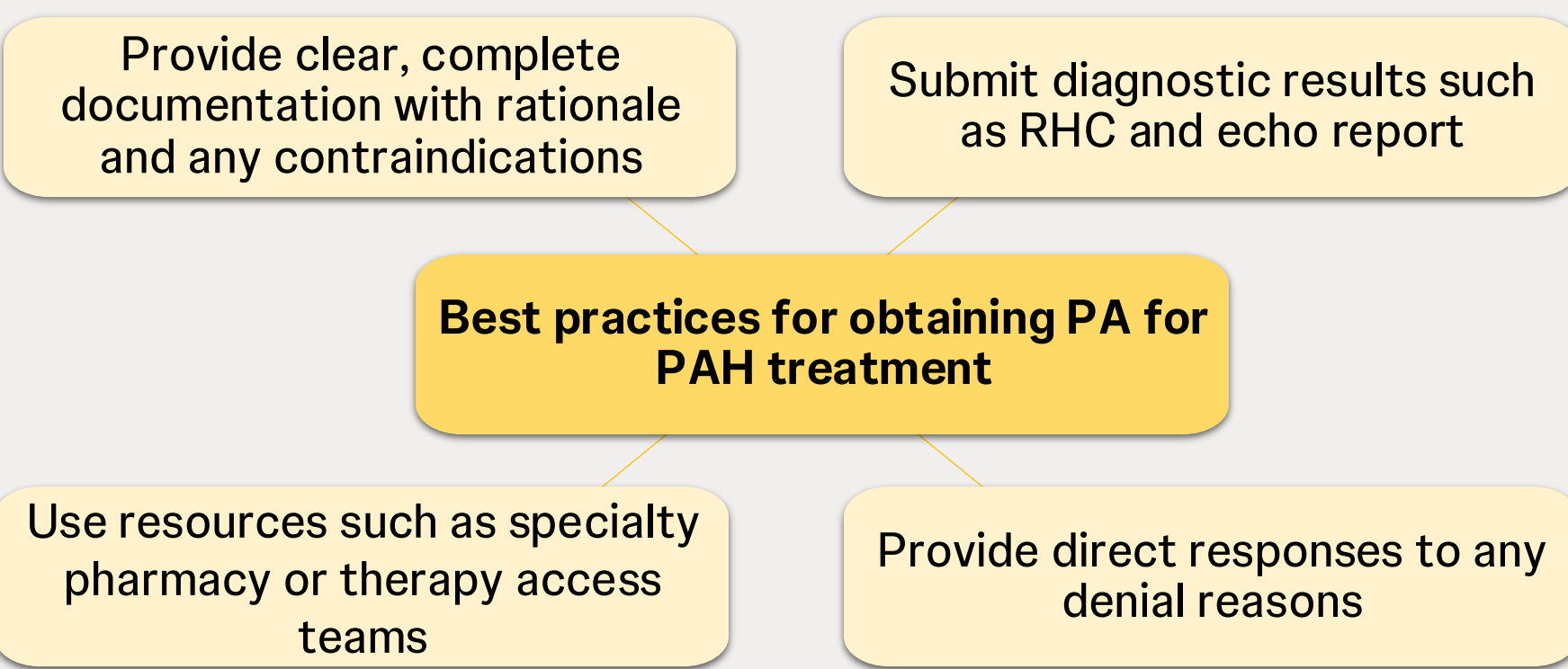
#### Strategies to minimize delays in patient access to PAH treatment



#### Methods for streamlining the PA process

Methods for streamlining the PA process:
✓ Timely decisions from insurers
✓ Standardized PA system and form from each insurer
✓ Online tracker on PA progress for HCP and insurer
✓ Education on PAH for insurers
✓ Training on PA for HCPs to ensure correct information is provided
✓ Clear instructions/ documentation for each PAH treatment

#### Best practices for obtaining PA for PAH treatment



### Key takeaway



The findings of this study outline the burden that the PA process places on HCPs and propose targeted strategies for optimizing this process. This includes recommendations from the Delphi panel, which are designed to reduce the time burden on HCPs and, ultimately, lead to improvements that decrease delays in patient access to PAH treatments.

### Conclusions



Guidance, training and information on the PA process is not consistently available and may be insufficient in supporting HCPs to complete PA submissions effectively.



There is an urgent need for additional guidance and training for HCPs to complete the PA process more effectively. This would help reduce additional information requests and denials due to missing information.



Additional information requested following a PA submission leads to delays in patients receiving their PAH treatment. This could impact patient outcomes if patients’ PAH escalates.



PA requests may be denied due to multiple reasons including lack of information, the insurer overlooking information provided or lack of understanding the need for the PAH treatment.



Better access to electronic PA systems are needed to help streamline the process and provide clear algorithms to follow for submission of PA requests.

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1. Bihari M. Prior Authorization: Overview, Purpose, Process. verywell health. Updated 11th August 2024. Accessed 19th September, 2024. 2. PHA. Prior authorization and step therapy. Accessed 21st November, 2024. 3. Erickson SM *et al*. Quality Committee of the American College of Physicians. Putting Patients First by Reducing Administrative Tasks in Health Care: A Position Paper of the American College of Physicians. Ann Intern Med. May 2017. 4. AMA. 2023 AMA prior authorization physician survey. Accessed 25<sup>th</sup> October 2024  
HCP: Healthcare professional; PA: prior authorization; PAH: pulmonary arterial hypertension; PH: Pulmonary hypertension; PHA: Pulmonary Hypertension Associated; RHC: right heart catheterization; TBC: to be confirmed; US: United States; V/Q scan: ventilation-perfusion scan; WHO: World Health Organization; WSPH: World Symposium on Pulmonary Hypertension.