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Challenges and evolution of prostanoid therapies in the Middle East insights from UAE PH database

Sabbour HM, Farha S, Sadek Z, Silvestre C
Cleveland Clinic Abu Dhabi , UAE

Background: Use of prostanoid therapies is often delayed even in eligible patients. The UAE PAH center was recently established in 2015 and the database was initiated in 2016. In spite of the early availability of IV, SQ and inhaled prostanoid therapies and advanced functional classes of new incident patients the minority of patients were on prostanoid therapy. We systematically reviewed the database for the obstacles and challenges in initiating and maintaining these therapies and changes in practice after oral IP agonist selexipag became available.
The UAE PAH center is the only center that has all prostanoid therapies available and is also the centralized pharmacy for dispensing these medications for the entire country. The critical impact of continuous maintaining these treatments was identified at the outset. A single insurance Payor is also responsible for review and approval of PAH therapies.

Methods: Retrospective review of the PAH database focused on the patients on prostanoid therapies
The UAE PAH database was established in 2016 and the utilization of PAH therapy at each follow up visit had been systematically followed with additional verification from the EMR and Pharmacy database for each patient.
The patients who were eligible for prostanoid therapy and prescribed any prostanoid (IV, SQ, inhaled and oral IP agonist) were identified and classified by WHO FC and ESC/ERS risk. The time taken to actually initiate and titrations was assessed. Interruptions in therapy were also collected and the EMR was reviewed for causes of interruptions or down titration or discontinuation. Individual patients outcomes were also collected over the same time period.

Results: In spite of Advanced WHO FC and ESC/ERS high risk category of patients Refered to the center the minority of patients were on prostanoid therapy in spite of being eligible .

The five Major causes of delay of initiation and persistence were identified

1. insurance delays in approval with initial prescription and also with repeat approval (a special manual review process at the Payor was identified as the major cause of delay and rejections)
2. limitations of insurance coverage for prostanoid therapy
3. side effects limiting up-titration and parentral access issues
4. patients living remotely and lack of home nursing to support
5. Interruptions in the supply chain due to logistical and regulatory reasons

Action plan was created to continue to address each of these steps in 2018

- Oral IP agonist was made available in 2018 in an attempt and a titration protocol in the PH clinic was initiated with input and support from dedicated nurse and clinical pharmacist.
- A specific liaison in the pharmacy was designated to contact the Payor clinical reviewers and facilitate approvals. Specific fast track process for PAH patients was identified with the Payor and continued follow up on the approval / denial process.
- Education programs for the Payor reviewers on the ESC/ ERS Guidelines for PAH was also conducted
- Patients on prostanoid who do not return for follow up or miss a prescription are called within 24 hours and again in 3 days.

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Conclusions: A process of continuous systematic review of patint's on PAH therapies and particularly prostanoid therapies is critical in high risk patients. Specific processes were created to deal with the obstacles to maintain Therpay continuity focus on Payor rejection process, tracking of patient prescription dispensing, and Clinic follows up. Specifically patient support clinic and phone calls to overcome therapy and side effects.

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