



Leveraging Pharmacy Liaisons and Pharmacists to Enhance Network Integrity and Reduce Prescriber Burden in the Prior Authorization Appeal Process

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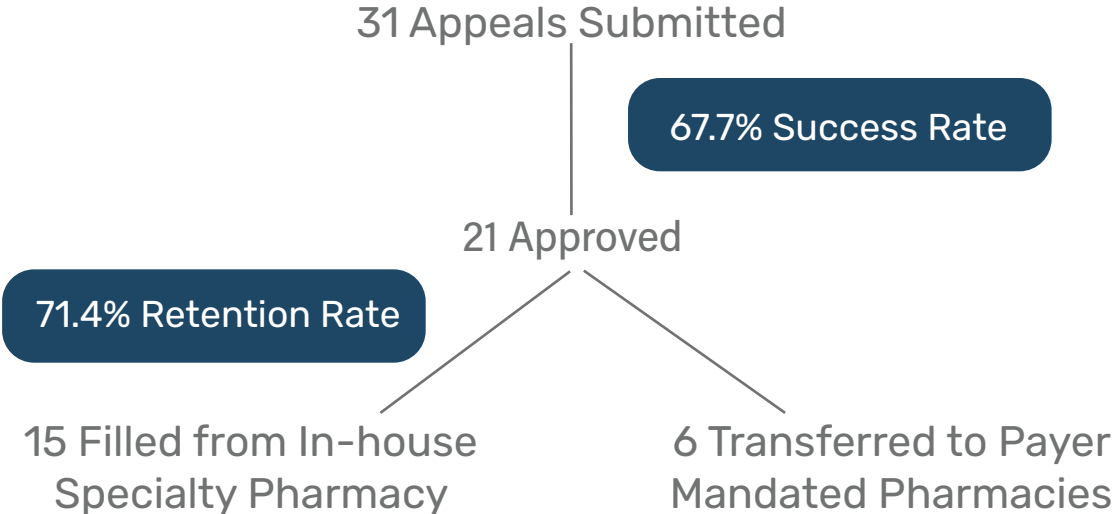
As formulary restrictions and step therapy requirements continue to grow, providers are facing increasing challenges in obtaining drug approval for their patients. Specialty medications will almost always require prior authorization, representing a significant administrative burden on providers and their staff. If a prior authorization (PA) is denied, it further delays patient care adding administrative burden on the clinical team to navigate through a complex appeals process. An AMA survey of 1,000 physicians in 2024 found that only 1 in 5 always appeal an adverse PA decision, and 55% of physicians report that they have insufficient practice staff resources or time to complete them.

Health systems are increasingly requesting support from specialty pharmacy teams to assist with the appeals process. Pharmacy liaisons and pharmacists, with their expertise in pharmacotherapy, formularies, guidelines, and payer processes, can help fill this gap and alleviate much of the non-clinical workload on prescribers. Through their combined expertise gathering and synthesizing necessary information, they help reduce delays that negatively impact care delivery and provider efficiency.

Our specialty pharmacy team piloted appeal support for a pulmonology clinic in the west southern central region over a 16-month period. The workflow consisted of the following steps: When the specialty pharmacy team was notified of a prior authorization denial, the pharmacy liaison (prior authorization support) team would review the denial, gather required documents, and initiate the appeal. A specialty pharmacist would draft the Letter of Medical Necessity, utilizing the patient's medical record, disease guidelines, package inserts, and other clinically relevant information. Upon completion, the appeal packet would be sent back to the physician for review and signatures. Once signed, it would be submitted to the insurance for review by our pharmacy liaison team.

Our pilot phase started in November 2024 and ran until February 2026 (Figure 1). During this time, 31 appeals were submitted, 21 of which were approved, marking a 67.7% success rate. Of those 21 approvals, 15 patients were able to fill with our in-house specialty pharmacy, a 71.4% retention rate. The other 6 patients were payer-mandated to fill at other specialty pharmacies. As a result of these retained approvals, the clinic added more than \$2.3 million in revenue from January 2025–February 2026.

Figure 1: Pilot Phase Appeals Process



The overall network integrity rate for the clinic improved substantially: 96% in 2025, up from 66% in 2024, showcasing that appeals support by specialty pharmacy can further strengthen clinic partnerships. Finally, leveraging pharmacy liaisons instead of clinical nursing staff is estimated to yield a 33%-58% reduction in labor costs based on salary alone, demonstrating significant operational savings. This estimate is conservative, as pharmacy liaisons typically interpret PA denials more efficiently given their specialized experience with PA submissions.

This pilot demonstrated that integration of pharmacy liaisons and pharmacists into the appeals process represents a cost-effective, sustainable solution to the administrative challenges faced by prescribers. By gathering documentation, aligning submissions with payer criteria, and supporting evidence-based justifications, the pharmacy team reduces providers' workload, accelerates patient access to care, and improves patient adherence and outcomes. Consequently, expanded pharmacy involvement in the appeals process improves network integrity and enhances provider-pharmacy collaboration as more clinics adopt this support model.

Figure 2: Growth from Appeals

