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**IMPROVING PATIENT ACCESS TO HIGH COST  
DISCHARGE MEDICATIONS THROUGH AN IN-  
HOUSE SPECIALTY OUTPATIENT PHARMACY (C1)**

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Specialty medications serve a limited number of patients but account for a large percentage of drug expenditures. The high cost of therapy often requires prior authorizations that may create barriers to patient access at the outpatient (retail) point of service thus disrupting continuity of care. The UCSF clinical pharmacy staff has historically tried to reduce the number of barriers for the patient by facilitating the administrative work to reduce the burden at the outpatient (retail) point of service; however, there is little dispensing to help cover the cost of the pharmacist's time. UCSF currently operates a transplant outpatient pharmacy that assists a small population of patients. The objective of this project was to optimize the revenue stream of this pharmacy and increase patient access to discharge medications. A GAP analysis was performed using historical outpatient pharmacy data to assess the potential performance of a revamped in-house specialty pharmacy. We examined increasing prescription volume, optimizing payer mix, and expanding drug inventory. A conservative net profit of \$4 million was projected. Pharmacy drug reimbursement contracts were optimized; policies and procedures redesigned and a marketing strategy implemented. Preliminary post intervention financial performance and pharmacy utilization will be presented.