

Reducing Pharmacy Costs Associated With the Proton Pump Inhibitor and Belumosudil Drug Interaction Through a Managed Care Pharmacist-to-Prescriber Telephonic Outreach Program



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Background

- HighTouchRx[®] is a clinical analytic product designed to programmatically identify member-level medication therapy cost-effectiveness optimization opportunities across integrated pharmacy and medical benefits and facilitate medication cost-saving interventions through pharmacist-to-prescriber interventions.¹⁻⁴
- Proton pump inhibitor (PPI) medications are a class of drugs, available as prescription and over-the-counter products, commonly used to treat gastroesophageal reflux disease and related conditions.⁵
- Belumosudil (BEL) is a rho-associated, coiled-coil containing protein kinase (ROCK) inhibitor indicated for the treatment of chronic graft versus host disease in adults and pediatric patients age 12 and older.⁶
- Select drugs have unique dosing recommendations when used in combination with PPIs due to the acid-reducing properties of these medications; for BEL specifically, the package insert recommends doubling the daily dose of BEL from one 200-mg tablet daily to two 200-mg tablets daily when used in combination with a PPI medication.⁶
- The BEL wholesale acquisition price is approximately \$600 per 200-mg tablet, equating to over \$200,000 annually; when BEL is used concurrently with a PPI, the price doubles to over \$400,000 due to the need to double the dose.⁷

Objective

Our objective is to describe the BEL-PPI drug interaction opportunity identification logic and quantify the number of interventions, outcomes, and drug-cost savings derived from pharmacist-to-prescriber BEL-PPI drug interaction interventions.

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Methods

- Between February 2025 and December 2025 (11 months), an average of 13.7 million commercial members were enrolled in HighTouchRx, a clinical program that utilizes integrated claims data to identify medication cost-saving interventions for managed care pharmacist (MCP)-to-prescriber outreach, including BEL drug interaction cases. Identification required the member's most recent BEL pharmacy claim during the 6-month look-back period to indicate a daily dose of 400 mg daily, with or without claims evidence of PPI therapy. Those without claims evidence of PPI therapy were assumed to be receiving over-the-counter PPI. The opportunities were delivered to pharmacists in the HighTouchRx web tool with an estimated savings value, alongside claims information and other member and case details.
- Estimated savings values were calculated for each case based on the cost of the most recent high-dose BEL claim annualized over 1 year compared to the annualized anticipated cost of standard-dose (200 mg daily) BEL therapy based on the unit cost (cost per tablet) of the most recent claim.
- All BEL drug interaction cases between February 2025 and December 2025 were categorized as either having been reviewed by an MCP or not. Those having been reviewed by an MCP were further subcategorized as: no opportunity with no prescriber outreach; successful with claims data demonstrating BEL dose reduction; case reviewed by MCP and in progress; or MCP made prescriber outreach but unsuccessful in facilitating BEL dose reduction.
- MCP case review entailed assessment of member need for ongoing PPI therapy, and intervention entailed BEL dose reduction to 200 mg daily in cases where PPI therapy was no longer needed or had been discontinued.
- Cases were classified as successful by MCPs following evidence of a paid claim for BEL, 200 mg daily, in a member's pharmacy claims history following outreach to the prescriber. Validated savings were calculated by annualizing the cost of BEL, 400 mg daily, based on the most recent member claim for the high-dose regimen and subtracting the annualized cost of BEL, 200 mg daily, based on the most recent member claim for the standard dose regimen; full adherence to the prescribed regimen was assumed. Successful MCP outreach savings from February 2025 through December 2025 were summed to determine total annualized savings associated with BEL drug-interaction interventions.

Table 1

Member-Level Belumosudil Drug-Interaction Details and Validated Savings From Successful Interventions

Member	Case Description and Intervention Outcome	Validated Savings
Member 1	Belumosudil + omeprazole, famotidine substituted for omeprazole, BEL dose decreased to 200 mg daily	\$208,607
Member 2	Belumosudil + pantoprazole, BEL dose decreased to 200 mg daily	\$207,555
Member 3	Belumosudil + pantoprazole, BEL dose decreased to 200 mg daily	\$207,555
Member 4	Belumosudil + pantoprazole, famotidine substituted for pantoprazole, BEL dose decreased to 200 mg daily	\$202,688
Member 5	Belumosudil + pantoprazole, BEL dose decreased to 200 mg daily	\$220,971
Member 6	Belumosudil + pantoprazole, BEL dose decreased to 200 mg daily	\$220,371
Member 7	Belumosudil + esomeprazole, BEL dose decreased to 200 mg daily	\$208,607
Member 8	Belumosudil + pantoprazole, famotidine substituted for pantoprazole, BEL dose decreased to 200 mg daily	\$215,710
Member 9	Belumosudil + pantoprazole, BEL dose decreased to 200 mg daily	\$207,555

February 2025 through December 2025 (11 months)
There was an average of 13.7 million commercial members.
See Methods section for validated savings calculation process.

Results

- A total of 56 members utilizing BEL, 400 mg daily, were identified for potential dose reduction with concomitant PPI therapy discontinuation, or alternative acid-reducing therapy recommendation, with the potential to save over \$200,000 annually in each case if the PPI therapy could be discontinued and BEL dose reduced to 200 mg daily.
- Out of 56 cases, 9 (16%) were successful in reducing the BEL dose to 200 mg daily, resulting in a total of \$1,899,617 in validated savings, averaging \$211,068 per case (Table 1).
 - Out of 56 cases, 26 (46%) that involved outreach to prescriber were unsuccessful.
 - Twenty were due to rejection of recommendation by the prescriber.
 - Four were due to not receiving a response from the prescriber.
 - Two were due to another, non-specified reason.
- Out of 56 cases, 5 (9%) are in progress with estimated potential savings of \$1,117,089, averaging \$223,418 per case.
 - Four were closed due to previous utilization management review and approval of regimen.
 - Four were closed due to case resolution prior to outreach.
- Out of 56 cases, 16 (29%) were classified by MCP as no opportunity.
 - Three were closed due to current regimen being considered appropriate and therapeutically necessary at time of review (e.g., PPI discontinuation not deemed appropriate).
 - One was determined to be a stale opportunity at the time of review (e.g., member had already discontinued BEL).
 - Four were classified as no opportunity for another reason.
- Out of the 35 completed cases where an MCP performed a prescriber outreach, 9 (26%) were successful.

References

- Friedlander NJ, Curtis KL, Gleason PP. Ibrutinib dosage form and product strength optimization results in savings through a managed care pharmacist clinical management tool. *J Manag Care Spec Pharm.* 2024;30(10-c). doi:10.18553/jmcp.2024.30.10-c.s1
- Friedlander NJ, Curtis KL, Gleason PP. Impact of a managed care pharmacist clinical management tool: Dupilumab oversupply identification and intervention outcomes. *J Manag Care Spec Pharm.* 2024;30(10-c). doi:10.18553/jmcp.2024.30.10-c.s1
- Friedlander NJ, Champaloux SW, Gleason PP. Identification and management of duplicate therapy involving incretin-targeting therapies for diabetes and weight loss. *J Manag Care Spec Pharm.* 2024;29(3-a). doi:10.18553/jmcp.2023.29.10-a.s1
- Friedlander NJ, Champaloux SW, Gleason PP. Cost-saving impact of cumulative over-supply logic targeting high-cost cystic fibrosis disease-modifying drugs within a pharmacist-facing clinical management tool. *J Manag Care Spec Pharm.* 2024;29(3-a). doi:10.18553/jmcp.2023.29.3-a.s1
- Proton pump inhibitors. Cleveland Clinic. Updated September 28, 2023. Accessed January 16, 2026. <https://my.clevelandclinic.org/health/articles/proton-pump-inhibitors>
- Rezurock (belumosudil tablet). Package insert. Kadmon Pharmaceuticals, LLC.; 2025.
- Rezurock prices, coupons, copay cards & patient assistance. Drugs.com. Accessed January 26, 2026. <https://www.drugs.com/price-guide/rezurock>

Limitations

- PPI indication and treatment duration were not assessed in this analysis; subsequent analyses could explore how these factors influence BEL-PPI interaction intervention acceptability, potentially enabling improved targeting or opportunity prioritization.
- Only commercial cases were included in this analysis; therefore, results may not be generalizable to Medicare or Medicaid populations.
- Validated savings were calculated using an annualization strategy after claims evidence of intervention acceptance; intervention durability was not assessed.
- Cost of previous therapy and cost of post-validation therapy were both assumed to remain constant from the original savings validation date, and the member is assumed to remain on the changed therapy for 1 year.
- Therapy costs were net of network discounts; however, rebates were not included.

Conclusions

- One in 4 BEL-PPI interaction cases for which MCP outreach was performed resulted in successful BEL dose reduction with simultaneous discontinuation of PPI therapy, resulting in \$1.9 million in validated savings with per-intervention savings of more than \$200,000.
- BEL-PPI drug interaction MCP interventions delivered through the HighTouchRx clinical analytic product resulted in \$0.013 per-member-per-month client savings.