

Evaluating Case Management Referral Patterns: Insights From an Enhanced Utilization Management Program

E. Divona, PharmD, MS¹, E. Ventura, PharmD¹, B. MacDonald, PharmD¹, A. Watson, PharmD¹, M. Calvet, PharmD¹, H. Makanji, PharmD¹ ¹Prime Therapeutics LLC, Eagan, MN, United States

Background

- Drug spend surpassed \$435B in 2023, with specialty drug spend accounting for over half. On the medical benefit alone, there are now over 150 high-cost therapies (HCTs) on the market with an annual treatment cost of over \$300,000.¹
- HCTs are often used for complex or rare conditions and require specialized management.
- Case management (CM) services have demonstrated the ability to significantly impact quality of life and health outcomes for members.
- Prime Therapeutics implemented an enhanced utilization management (UM) program for HCTs that incorporates a CM referral process. This process is initiated after determination and occurs when certain member needs are identified, fostering a collaborative approach for complex member cases.

Objective

Our objective is to evaluate CM referral patterns for HCTs to identify member populations and disease states that may benefit from increased CM support.

Methods

- A retrospective review of an enhanced UM program across 9 health plans (approx. 9.2M total lives) was conducted.
- CM referral data was collected from prospective prior authorization reviews completed for 97 drugs across commercial and Medicaid lines of business from January 1, 2025, to June 30, 2025.
- CM referrals were based on pharmacist reviews of clinical notes provided during the UM process, identifying triggers such as recent hospitalization, medication-related issues or other clinical concerns warranting CM intervention.

Figure 1
Study Population



Figure 2
CM Referral Totals For Reviewed Requests

	Number of Requests (n)	Percentage of Requests (%)
Not referred for CM	871	93.35%
Referred for CM	62	6.65%

Figure 3
Case Management Referrals by Drug (%)

Drug Name	Percentage of Requests Referred (%)
Gamifant	66.67%
Haegarda	40.00%
Tecartus	33.33%
Vimizim	33.33%
Kymriah	25.00%
Tivdak	22.22%
Soliris	18.92%
Rystiggo	17.65%
Poteligeo	16.67%
Aldurazyme	16.67%
Amvuttra	13.04%
Ruconest	11.11%
Imdelltra	9.52%
Blinicyto	9.33%
Ultomiris	8.60%
Vyvgart Hytrulo	6.78%
Trodelvy	5.15%
Krystexxa	4.44%
Uplizna	4.35%
Tepezza	2.56%
Vyvgart	1.20%

Figure 4
CM Referral Triggers

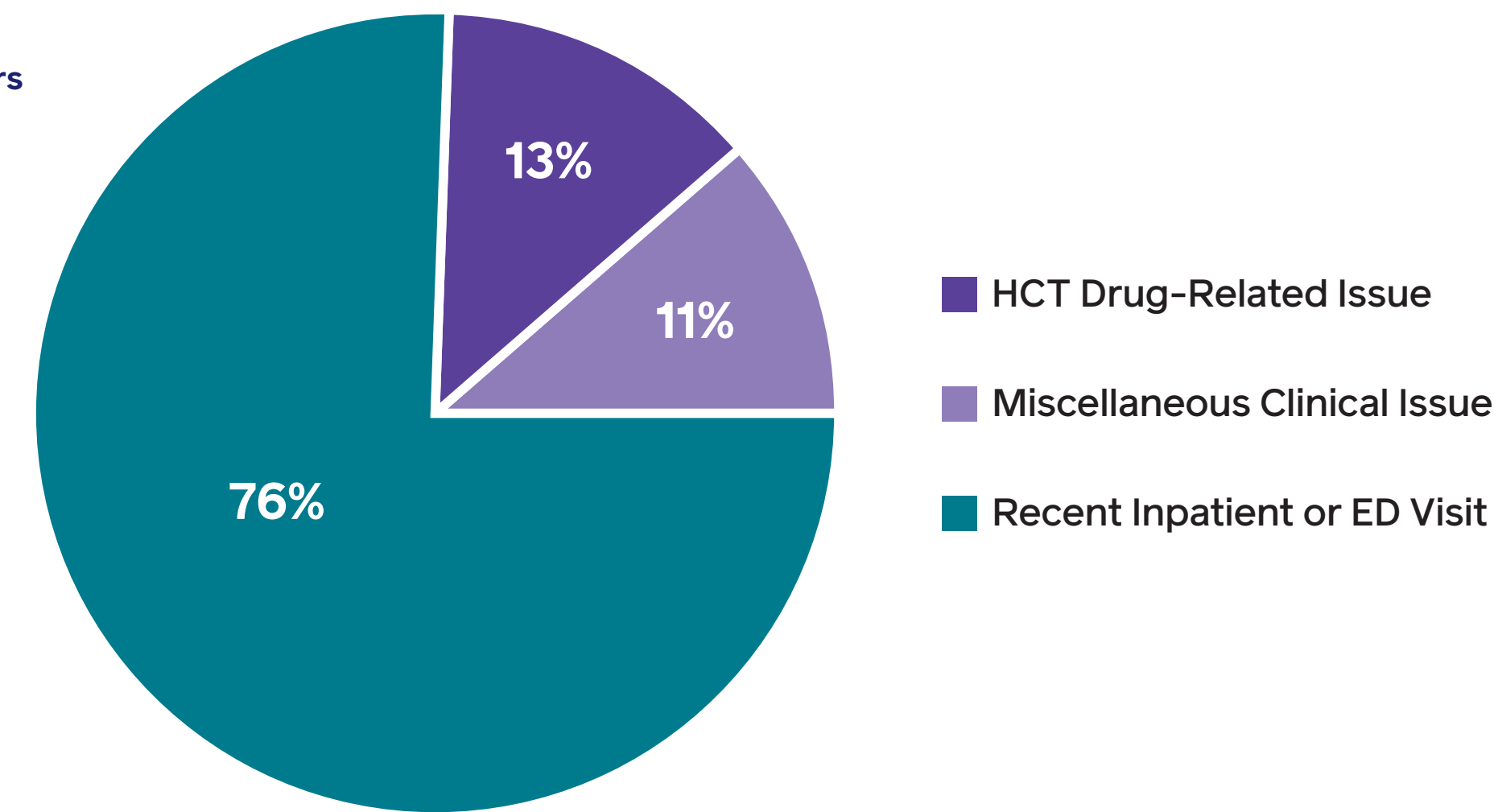
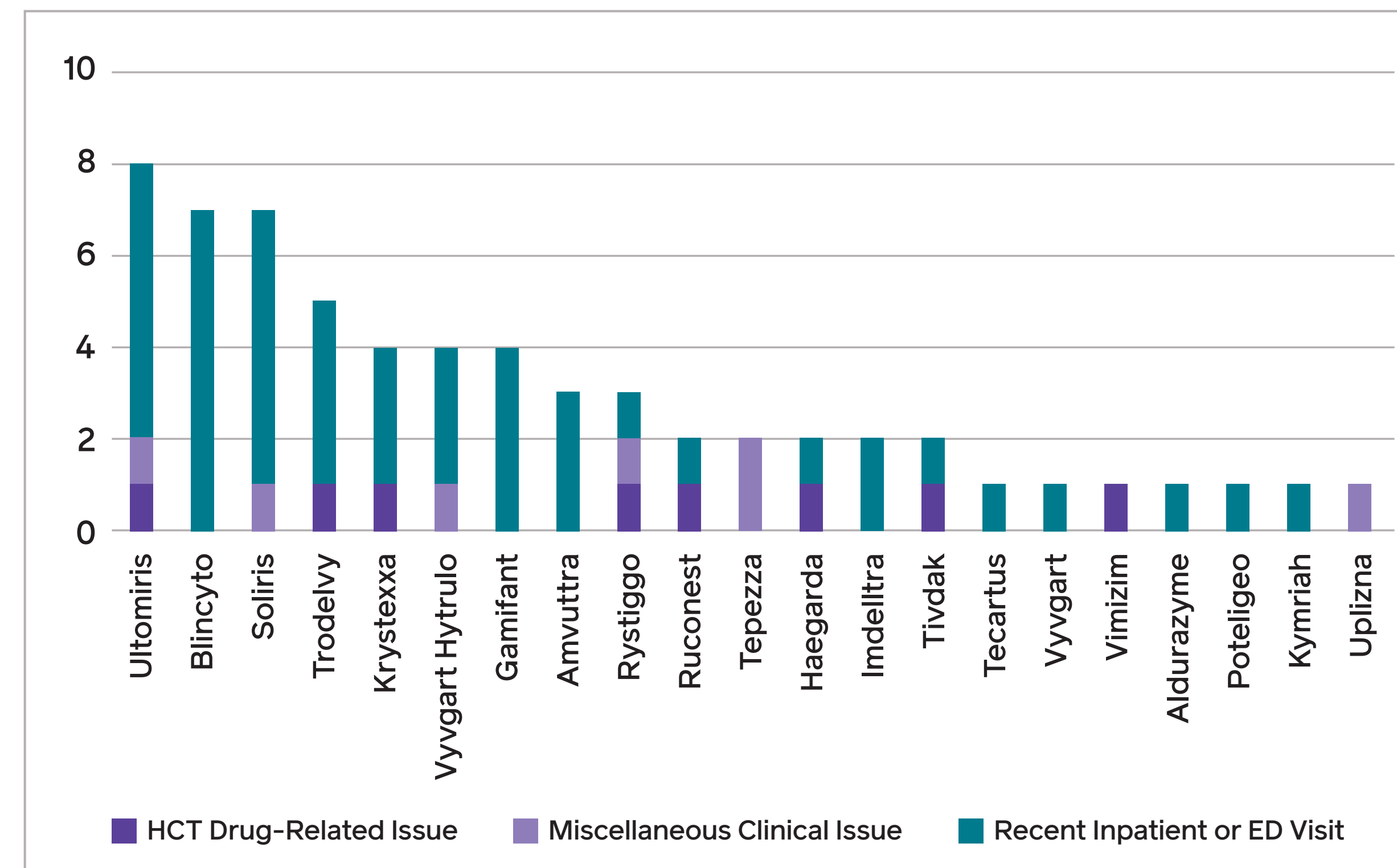


Figure 5
Case Management Referrals by Drug (n)



Results

- Of 933 reviews from January 1, 2025, to June 30, 2025, 6.65% (n=62) were referred to CM.
- At the individual drug level, Gamifant (n=4/6, 67%), Haegarda (n=2/5, 40%), Tecartus (n=1/3, 33%), Vimizim (n=1/3, 33%), Kymriah (n=1/4, 25%) and Tivdak (n=2/9, 22%) were the drugs with the highest percentages of CM referral relative to the number of requests received for each drug.
- A greater percentage of denied requests were referred for CM compared to the percentage of approved requests, (9.8% vs. 6.5%, respectively).
- Referrals due to recent inpatient admission or emergency department (ED) visit was the most frequently referred CM trigger identified (n=47/62, 76%).

Limitations

- A short observation period of 6 months limited the ability to observe longer-term trends, such as variations or changes in referral patterns.
- Referral triggers are dependent upon the completeness of the clinical documentation in the submitted chart notes.
- Data collection did not capture reasons for hospitalizations; thus, treatment versus disease-related admissions were not differentiated in this study.

Conclusions

- Implementation of an enhanced utilization management program led to varying rates of case management (CM) referrals across drug categories.
- Enhanced utilization management that combines prior authorization and case management led to varying rates of referral across drugs.
- Therapies with the highest CM referral rates were linked to complex conditions with frequent hospitalizations and clinical concerns, highlighting the need for targeted CM. These member populations experienced hospitalizations and emergency department visits, medication-related complications and clinical concerns, suggesting they may achieve the greatest benefit from collaborative CM intervention.
- The threshold for CM referrals could be adjusted to increase the rate of referral but would require a proportional increase in CM resources and personnel to provide the necessary support for members without jeopardizing quality or timeliness.
- While these findings offer important insights, further research is warranted to better understand evolving CM referral patterns and long-term impact of CM interventions.

Reference

1. The use of medicines in the US 2024: Usage and spending trends and outlook to 2028. IQVIA. Published May 7, 2024. Accessed February 9, 2026. <https://www.iqvia.com/-/media/iqvia/pdfs/institute-reports/the-use-of-medicines-in-the-us-2024/the-use-of-medicines-in-the-us-2024-usage-and-spending-trends-and-outlook-to-2028.pdf>