Validation of Long-Term Savings From a Pharmacist-to-Prescriber Telephonic Intervention

N. Friedlander, PharmD[1]; B.Y. Urick, PharmD, PhD[1]; L.Z. Marshall, PharmD, PhD[1]; P.P. Gleason, PharmD[1,2]. [1]Prime Therapeutics LLC, Eagan, MN, United States. [2]University of Minnesota College of Pharmacy, Minneapolis, MN, United States.

Background

- HighTouchRx (HTRx) is a telephonic managed care pharmacist (MCP)-to-provider intervention managed care product designed to facilitate cost effectiveness drug therapy. Drug therapy optimization opportunities for cost effectiveness are identified through over 2,500 clinical rules running on integrated medical and pharmacy claims data. Members' cost share is ensured to not be negatively impacted, and rebate implications are considered prior to making a drug therapy cost-effective change recommendation to a prescriber.
- HTRx identifies a wide array of clinical scenarios, separated into rule categories ranging from duplicate therapy to self-administration. These cases frequently generate hard-dollar savings for clients after the MCP intervention drug therapy recommendation has been documented through health care claims evidence. Results from HTRx work across a variety of rule categories, including intervention strategies and savings validation methodologies, have been previously described.[1-4]
- In instances of therapeutic regimen adjustment, savings validation processes for HTRx utilize an annualization strategy involving extrapolation of savings for 365 days (1 year) beyond the date of claims evidence for a successful intervention.[1-3] Conversely, cases characterized by a single episode of savings (e.g., correction of billing error, delay in refilling due to supply accumulation) do not have savings extrapolated and are credited on a one-time basis.[4]
- To our knowledge, there are no published analyses that evaluate actualized savings from an MCP outreach program designed to provide hard-dollar cost savings through a pharmacist-to-prescriber intervention.

EVT_EXT_261001-C 10/25
© 2025 Prime Therapeutics LLC
2900 Ames Crossing Road, Eagan, MN 55121

Academy of Managed Care Pharmacy (AMCP) Nexus, October 27-30, 2025, National Harbor, MD
Patrick Gleason
PGleason@PrimeTherapeutics.com
All brand names are property of their respective owners.

Objective

Our objective is to determine actualized client savings in the 2-year postintervention period for historical HTRx success cases and compare these actualized savings to savings derived by the HTRx annualization process.

Methods

- An average of 6.9 million commercial members were actively enrolled in the HTRx program during the assessment period (January 2021 through December 2022). This population was assessed weekly for drug therapy savings opportunities—including brand to generic, duplicate therapy, and dispensing optimization, among others—by HTRx rule logic. Identified opportunities with an estimated savings value were sent to the MCPs via the HTRx web tool, in addition to claim specifics, member information, and case details.
- All cases for commercially insured members classified by an MCP as successful with a savings validation date during the assessment period were extracted directly from the HTRx web tool for inclusion in this analysis.

Annualized Savings Calculation

- The methodology used for the initial success-case savings calculation has been described in previous publications. In summary, an MCP documents claims evidence indicating that the prescriber accepted the intervention and has changed the drug therapy, then calculates savings on the basis of client claim-cost differences between preintervention and postintervention therapy, not including rebates.[1-4] For single-claim interventions (e.g., billing error correction, refill delay, etc.), savings are credited on a one-time basis (single-episode savings). For chronic drug therapy interventions, savings are annualized and assume continued enrollment and persistent adherence to chronic drug therapy for 1 year.[1-4]

Actualized Savings Calculation

- Each case included in this analysis was manually reviewed to determine whether validated savings were annualized or single-episode savings. For those cases with annualized savings, a manual review of member claims and enrollment in the 2-year postvalidation period was conducted to determine whether savings continued to accrue up to 2 years from the therapy change validation date, or if the member disenrolled, discontinued postintervention therapy, returned to preintervention therapy, or otherwise adjusted their therapeutic regimen prior to that date. This calculation process is described below.

Actualized Savings Calculation Examples

After an MCP-to-prescriber dispensing optimization intervention, a member was switched from 280-mg ibrutinib tablets (client cost of $18,000 per 30-day supply) to 140-mg ibrutinib capsules (client cost of $12,000 per 30-day supply) with no change to daily dose. The first paid claim for the 140-mg ibrutinib capsules was on April 21, 2021: With a $200 daily cost difference, the case savings annualized totaling $73,000 (365 days * $200 per day). Potential truncation and extrapolation scenarios for this success case are as follows.

- If the member disenrolls on December 31, 2021, the savings are truncated at 254 days.
  - Actualized savings of $50,800 ($73,000 * 254/365)
- If the member discontinues ibrutinib therapy with the last paid claim for a 30-day supply on January 12, 2022, the savings are truncated to the day of supply runout (February 11, 2022) at 296 days.
  - Actualized savings of $59,200 ($73,000 * 296/365)
- If the member returns to the 280-mg ibrutinib tablets with a paid claim for tablets on May 29, 2022, the savings are extrapolated for 403 days.
  - Actualized savings of $80,600 ($73,000 * 403/365)
- If the member continues 140-mg ibrutinib capsules, is persistent to therapy, and is continuously enrolled through April 21, 2023, the savings are extrapolated for 730 days.
  - Actualized savings of $146,000 ($73,000 * 730/365)
- If the initial ibrutinib capsule claim was ultimately reversed and the member continued utilizing 280-mg ibrutinib tablets, the savings are truncated at 0 days.
  - Actualized savings of $0 ($73,000 * 0/365)

Table

Reason for Savings Truncation in Success Cases With Actualized Savings Less Than Annualized Savings by Rule Category

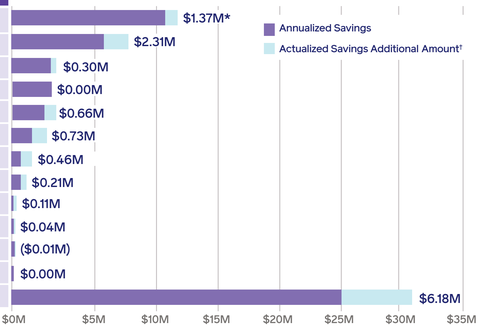
Rule category (number of cases)	Cases With Actualized Savings Less Than Annualized Savings	Truncation Due To Medication Non-Persistence	Truncation Due to Disenrollment	Truncation Due to Therapy Reversion or Change	Truncation for Another Reason
Biosimilars (2)	1 (50.0%)	0	1	0	0
Brand to generic (36)	19 (52.8%)	8	4	7	0
Clinical monitoring (4)	1 (25.0%)	0	1	0	0
Cumulative oversupply (149)	0 (0%)	N/A	N/A	N/A	N/A
Dispensing optimization (282)	148 (52.5%)	40	37	59	12
Dose monitoring (30)	13 (43.3%)	9	1	2	1
Duplicate therapy (404)	121 (30.0%)	0	79	24	18
Lower cost alternative (2)	1 (50.0%)	0	1	0	0
Self-Administration (2)	1 (50.0%)	1	0	0	0
Site of care (1)	0 (0%)	0	0	0	0
Vial optimization (10)	2 (20.0%)	0	0	2	0
Other (pharmacist initiated) (16)	7 (43.8%)	1	2	4	0
All rule categories (938)	314 (33.5%)	59	126	98	31

Savings truncation occurred when members became non-persistent to postintervention therapy, disenrolled, or otherwise changed therapy within 1 year of intervention acceptance. Medication non-persistence is defined as the last day of supply preceding a 60-day gap in postintervention therapy. Disenrollment is defined as the last day on which the member was enrolled under the client with whom the member was enrolled at the time of intervention. Therapy reversion or change is defined as a return to preintervention therapy or change to alternative therapy for treatment of the same condition. Other reasons for truncation included lack of claims evidence to support intervention acceptance or duplicative savings with another success case.

Figure

Annualized Versus Actualized Savings by Rule Category

Rule Category	Success Cases	Additional Savings Cases
Dispensing optimization	282	126
Duplicate therapy	404	274
Brand to generic	36	16
Cumulative oversupply	149	0
Dose monitoring	30	11
Lower cost alternative	2	1
Clinical monitoring	4	3
Other (pharmacist initiated)	16	8
Site of care	1	1
Self-administration	2	1
Vial optimization	10	4
Biosimilars	2	0
All rule categories	938	445**



*M=million. Dollar amounts shown represent the difference between annualized and actualized savings.
**445 cases had actualized savings greater than annualized savings.
†Annualized savings is defined as sum savings calculated using the standard HighTouchRx methodology. Actualized savings additional amount is defined as the sum of additional savings using manual member-level claims review for up to 2 years from the validation date compared to the annualized savings amount. Success cases are defined as opportunities for which managed care pharmacists MCPs performed prescriber outreach resulting in claims evidence of intervention acceptance. Additional savings cases are cases that were found to have actualized savings greater than annualized savings due to continuation of postintervention therapy beyond 1 year after claims evidence of intervention acceptance.

Results

- The analysis includes all 938 successful HTRx cases extracted from the web tool; the median case validation date was August 30, 2022. **(Table)**
  - Of those cases, 177 (19%) had non-annualized, single-episode savings, including:
    - 149 cumulative oversupply
    - 9 duplicate therapy
    - 6 dispensing optimization
    - 6 dose monitoring
    - 4 vial optimization
    - 3 other rule categories
  - The remaining 761 (81%) cases had extrapolated, annualized savings.
- Of the 761 cases with extrapolated savings, 447 (59%) had actualized 2-year savings equal to or greater than the validated savings reported for the case, totaling an additional $11,952,424; the remaining 314 cases (41%) had actualized savings less than the validated savings reported, totaling a reduction of $5,771,129. Taken in aggregate actualized savings over 2 years, this resulted in an additional $6,181,295 ($11,952,424 - $5,771,129) in savings compared to the annualized savings method.
  - For 447 cases, actualized savings were equal to (2) or greater than (445) the annualized savings.
    - Annualized savings: $16,243,959
    - Actualized savings: $28,196,383
  - For 314 cases, the actualized savings were less than the annualized savings.
    - Annualized savings: $8,885,241
    - Actualized savings: $3,114,112
- Across the 314 cases with actualized savings less than annualized savings, the reasons for savings truncation by rule category are shown in **Table**. The reasons for savings truncation by rule category across all cases are as follows:
  - Disenrollment within 1 year (126 cases [40%])
  - Return to previous regimen or switch to alternative regimen within 1 year (98 cases [31%])
  - Medication non-persistence/discontinuation within 1 year (59 cases [19%])
  - Another reason (31 cases [10%])
- Actualized savings determined through manual tracking of each case over 2 years was $6,181,295 (24.6%) greater than the savings determined using the standard HTRx annualization methodology. The annualized and actualized savings by rule category are shown in **Figure**.
  - Total annualized savings: $25,129,200 ($0.152 per member per month [PMPM])
  - Total actualized savings: $31,310,495 ($0.189 PMPM)

Limitations

- Only commercial cases were included in this analysis; therefore, results may not be generalizable to Medicare or Medicaid populations.
- Cost of previous therapy and cost of postvalidation therapy were both assumed to remain constant from the original validation date through the extrapolation or truncation date for savings determination purposes, meaning actualized savings calculations were not sensitive to product price changes.
- Changes to formulary status and other factors that may influence member cost for preintervention and postintervention therapy were not considered as a part of this analysis. Adjustment in formulary placement or other strategy changes could modify member cost share for postintervention therapy or expected member cost share for preintervention therapy, both of which could influence realized client case savings.
- Therapy costs were net of network discounts; however, rebates were not included
- For the actualized savings, member-level manual assessment therapy persistence was identified via claims validation of drug therapy; however, adherence to therapy was not assessed. Imperfect adherence to postintervention therapy would reduce savings versus actualized savings calculated in this analysis, while excessive filling (adherence >100%) would increase savings versus actualized savings.

Conclusion

- All successful 2021 and 2022 cases from the HTRx MCP-to-prescriber telephonic intervention program—which was designed to recommend the most cost-effective available drug therapy that maintains or reduces member cost share while retaining rebates—were evaluated for 2-year member-level savings through manual claims tracking. Of the 938 cases included in the analysis, 19% had single-episode savings. Of the remaining 81% where savings were annualized, manual tracking of members for 2 years post their drug therapy change resulted in an additional $6.2 million (24.6%) or $0.037 PMPM in actualized savings compared to using an annualized savings method.
- Actualized savings for commercial HTRx success cases were substantially greater than annualized savings, demonstrating HTRx intervention durability beyond 1 year postintervention.
- Disenrollment within 1 year of intervention was the most common reason for actualized savings less than annualized savings; programs designed to improve member retention could further increase actualized savings.
- The finding of a higher actualized savings compared to annualized savings supports using an annualized savings methodology as an efficient and conservative means of estimating realized hard-dollar savings from MCP-to-prescriber interventions.

References

1. 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
2. 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
3. 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. 2023;29(3-a). doi:10.18553/jmcp.2023.29.10-a.s1
4. 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