

Optimizing Secukinumab Dispensing for Cost Containment: Results From a Pharmacist-to-Prescriber Outreach Program



N. Friedlander, PharmD¹; Y. Bulochnik, PharmD¹; P.P. Gleason, PharmD^{1,2} ¹Prime Therapeutics LLC, Eagan, MN, United States ²University of Minnesota College of Pharmacy, Minneapolis, MN, United States

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 subsequently facilitate medication cost-saving interventions through managed care pharmacist (MCP)-to-prescriber interventions.¹⁻⁶
- Autoimmune medication use has steadily increased in recent years and remains a significant contributor to rising prescription drug expenditures despite a burgeoning biosimilar landscape.^{7,8}
- Nonoptimized medication use, defined as dispensing that does not achieve the lowest cost per unit for a given active ingredient, may unnecessarily increase overall autoimmune spend. Therefore, an algorithm was developed to identify instances of nonoptimized secukinumab (SEC) utilization and incorporate into HighTouchRx as a new dispensing optimization rule.
- As in previous work focused on ibrutinib optimization, unique product pricing is the foundation of the rebate-compliant cost-saving opportunity for SEC; in this case, packages containing either one or two 150-mg/mL syringes or autoinjectors are priced at parity ([Table 1](#)).²

Objective

Our objective is to describe the logic for identifying SEC dispensing optimization opportunities and quantify the number of interventions, outcomes, and drug-cost savings derived from associated MCP interventions.

EVT_EXT_261001-F 10/26
© 2026 Prime Therapeutics LLC
2900 Ames Crossing Road, Eagan, MN 55121
Academy of Managed Care Pharmacy (AMCP)
Nexus 2026, October 26-29, 2026, San Diego, CA
Patrick Gleason
PGleason@PrimeTherapeutics.com
All brand names are property of their respective owners.

Methods

- Between January 2024 and July 2026 (31 months), an average of 13.8 million commercially insured and 1.3 million Medicare members were enrolled in the HighTouchRx program. SEC optimization logic was added to HighTouchRx to drive cost-effective utilization of this high-cost therapy.
- The SEC logic assessed, on a weekly basis, pharmacy claims at a member level over the preceding 6 months to identify recent nonoptimized SEC dispensing, defined as a member receiving 2 boxes each, with a single 150-mg syringe/ autoinjector per 300-mg dose. This results in double the SEC cost compared to a single box containing two 150-mg syringes/autoinjectors available at the same per-package price.
- SEC dispensing optimization cases were provided to MCPs via an integrated web tool; case details provided to MCPs included enrollment information, claims data, and estimated intervention drug-cost savings. Intervention savings estimation utilized an annualized daily cost difference between current SEC regimen and optimized SEC regimen, adjusted using calculated member/claim-level average wholesale price (AWP) discounts.
- All SEC optimization cases between January 2024 and July 2026 were categorized as either final status cases or nonfinal status cases. Nonfinal status cases included cases awaiting MCP review as well as cases reviewed by MCP and awaiting follow-up. Final status cases were divided as follows: successful with claims data demonstrating SEC optimization; unsuccessful in facilitating SEC optimization after MCP outreach; no opportunity for SEC optimization after MCP review with no outreach; or member eligibility termination after MCP review.
- Cases were classified as successful by MCPs after evidence of a paid claim for optimized SEC in a member's pharmacy claims history following MCP outreach. Validated savings were calculated for each successful case by subtracting the annualized postintervention SEC drug cost from the preintervention SEC annualized drug cost, assuming 100% adherence.

Table 1

Product Information for Secukinumab Products Intended for Subcutaneous Administration

Strength	Dosage Form	Package Contents	NDC	Package AWP
75 mg/0.5 mL	PFS	1 syringe	00078-1056-97	\$4,899
150 mg/mL	PFS	1 syringe	00078-0639-97	\$9,799
		2 syringes	00078-0639-98	\$9,799
	Autoinjector	1 autoinjector	00078-0639-68	\$9,799
		2 autoinjectors	00078-0639-41	\$9,799
300 mg/2 mL	Autoinjector	1 autoinjector	00078-1070-68	\$10,190

AWP = average wholesale price, NDC = National Drug Code, PFS = prefilled syringe
Includes all secukinumab products with paid claims on the pharmacy benefit during the study period. AWP is the most recent available for the product NDC, taken from Medi-Span on July 30, 2026.

Table 2

Secukinumab Dispensing Optimization Case Disposition by Line of Business

Outcomes and Summary Metrics	Medicare	Commercial	Commercial + Medicare
Total cases	58	90	148
Final status cases	50	75	125
Successful	31 (62.0%)	39 (52.0%)	70 (56.0%)
Unsuccessful	4 (8.0%)	7 (9.3%)	11 (8.8%)
No opportunity	12 (24.0%)	27 (36.0%)	39 (31.2%)
Eligibility change	3 (6.0%)	2 (2.7%)	5 (4.0%)
Other status cases	8	15	23
In progress	6 (75.0%)	4 (26.7%)	10 (43.5%)
Awaiting review	2 (25.0%)	11 (73.3%)	13 (56.5%)
Total savings	\$2,271,384	\$3,829,172	\$6,100,556
Average membership	1,278,645	13,770,750	15,049,395
PMPM savings	\$0.057	\$0.009	\$0.013

PMPM = per member per month
January 2024 through July 2026 (31 months)
Percentages are calculated for each possible final status and other status cases as a proportion of the total final status cases and other status cases, respectively, for the specified line of business.

Results

- During January 2024 through July 2026, 148 total cases of nonoptimized SEC utilization were identified among an average 15.1 million monthly members; 125 (84.5%) were in a final status at the time of data extraction.
- 70 (56.0%) of 125 resulted in successful transition to optimized SEC dispensing, resulting in \$6,100,556 in total validated savings with an average annual per-case savings of \$87,151.
- 11 (8.8%) of 125 were unsuccessful in driving transition to optimized SEC through MCP outreach:
 - 1 was due to rejection of recommendation by the prescriber.
 - 1 was due to rejection of recommendation by the pharmacy.
 - 2 were due to not receiving a response from the prescriber.
 - 7 were due to another, nonspecified reason (e.g., member discontinued therapy after initial pharmacist-to-prescriber outreach).
- 39 (31.2%) of 125 were classified by MCP as no opportunity with no outreach conducted:
 - 14 were closed due to case resolution prior to outreach.
 - 10 were closed by health plan.
 - 2 were closed due to previous utilization management review and approval of regimen.
 - 2 were closed due to current regimen being considered appropriate and therapeutically necessary at time of review.
 - 2 were determined to be a stale opportunity at the time of review.
 - 9 were classified as no opportunity for another reason.
- 5 (4.0%) of 125 were closed due to member eligibility termination after MCP case review.
- 23 (15.5%) of the 148 identified cases were not in a final status at the time of data extraction:
 - 10 cases were in progress with estimated potential savings of \$1,271,056, representing average annual per-case savings of \$127,106.
 - 13 cases were awaiting pharmacist review with estimated potential savings of \$1,216,213, representing average annual per-case savings of \$93,555.

References

- Friedlander NJ, Gleason PP, O'Shea T. Reducing pharmacy costs associated with the proton pump inhibitor and belumosudil drug interaction through a managed care pharmacist-to-prescriber telephonic outreach program. AMCP Annual meeting, Nashville, TN, April 2026. *J Manag Care Spec Pharm.* 2026;32(4-a). doi: 10.18553/jmcp.2026.32.4-a.s1
- Friedlander NJ, Curtis KL, Gleason PP. Ibrutinib dosage form and product strength optimization results in savings through a managed care pharmacist clinical management tool. AMCP Nexus meeting, Las Vegas, NV, October 2024. *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. AMCP Nexus meeting, Las Vegas, NV, October 2024. *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. AMCP Nexus meeting, Orlando, FL, October 2023. *J Manag Care Spec Pharm.* 2023;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. AMCP Annual meeting, San Antonio, TX, March 2023. *J Manag Care Spec Pharm.* 2023;29(3-a):S36. doi: 10.18553/jmcp.2023.29.3-a.s1
- Friedlander NJ, Champaloux SW, Curtis KL, Gleason PP. Promoting generic multiple sclerosis drug utilization and drug cost savings with a managed care pharmacist outreach program. AMCP Annual meeting, New Orleans, LA, April 2024. *J Manag Care Spec Pharm.* 2024;30(Suppl 4a):G17 abstract. doi: 10.18553/jmcp.2024.30.4-a.s1
- Tichy EM, Hoffman JM, Suda KJ, et al. National trends in prescription drug expenditures and projections for 2022. *Am J Health Syst Pharm.* 2022;79(14):1158-1172. doi: 10.1093/ajhp/zxac102
- IQVIA. Global medicine spending to reach \$2.3 trillion by 2028 as more patients get access to better therapies, says IQVIA Institute report. Published January 17, 2024. Accessed July 30, 2026. <https://www.iqvia.com/newsroom/2024/01/global-medicine-spending>
- Friedlander NJ, Urlick BY, Marshall LZ, Gleason PP. Validation of long-term savings from a pharmacist-to-prescriber telephonic intervention. AMCP Nexus meeting, National Harbor, MD, October 2025. *J Manag Care Spec Pharm.* 2025;31(10-d). doi: 10.18553/jmcp.2025.31.10-d.s1

Limitations

- Natural opportunity resolution (e.g., conversion from nonoptimized SEC to optimized SEC without intervention) was not assessed in this analysis. Fluctuating product availability may have influenced frequency of nonoptimized SEC utilization. Future studies could evaluate time from initial nonoptimized SEC dispensing event to first optimized SEC dispensing event in the absence of a targeted intervention program to determine rate of natural opportunity resolution and more completely define the impact of the pharmacist-to-prescriber outreach described here.
- Successful conversion from nonoptimized SEC to optimized SEC drug therapy cost change savings is annualized. Members may revert to previous nonoptimized therapy, discontinue SEC therapy, or their insurance coverage may change—reducing the savings—or remain on the optimized therapy beyond 1 year, increasing the savings. Analysis of over 900 HighTouchRx therapy change interventions has demonstrated that a 1-year savings estimate is an underestimate of actual real-world performance.⁹
- Therapy costs and calculated savings were net of network discounts; however, rebates were not included.
- Only commercial and Medicare cases were included in this analysis; therefore, results may not be generalizable to Medicaid populations.

Conclusion

- The HighTouchRx managed care pharmacist (MCP)-to-provider outreach program can successfully optimize secukinumab (SEC) dispensing with more than half of the MCP outreaches succeeding, delivering substantial savings of over \$6.1 million.
- These SEC dispensing optimization savings were a meaningful \$0.013 per member per month (PMPM), including \$0.057 PMPM savings for Medicare clients and \$0.009 PMPM savings for commercial clients.
- Although rare, with the instances of nonoptimized SEC identified at a rate of around 1.5 cases per million members per month in the Medicare population and 0.2 cases per million members per month in the commercial population, the per-case savings averaged over \$87,000 annually.
- SEC dosing optimization is 1 of over 2,500 pharmacist-to-prescriber outreach HighTouchRx program drug therapy cost-effectiveness opportunity rules that have delivered over \$250 million in client savings since 2022.^{1-6,9}