

Specialty Drug Managed Care Pharmacist Clinical Review Program Savings among 1.5 Million Commercially Insured Lives

D.J. Eckwright¹, S. Dauer¹, P.P. Gleason^{1,2}. ¹Prime Therapeutics LLC, Eagan, MN, United States; ²University of Minnesota College of Pharmacy, Minneapolis, MN, United States.

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BACKGROUND

- Specialty drugs are the fastest growing expense within the pharmacy benefit and are an increasing component of medical benefit expenditures.
- Because specialty drugs have high unit costs, are found on both the medical and pharmacy benefits, have complex dosing and treatment regimens, and have the potential for fraud, waste and abuse (FWA), they require close oversight and review by a pharmacist.
- Integrated medical and pharmacy claims, as well as prior authorization (PA) data, offer a means to this oversight as they provide vital real-world specialty drug use and administration behavior.
- A specialty drug managed care (SDMC) pharmacist equipped with knowledge of specialty drugs, claims and PA data may provide crucial surveillance on specialty drug therapies, which may result in significant savings and a positive return on investment (ROI).
- Previous research from one Blue Plan in 2018 found a SDMC pharmacist team resulted in a 10:1 ROI.¹ It is important this finding is confirmed with another insurer.

OBJECTIVE

- Assess the financial impact of a full-time SDMC pharmacist dedicated to reviewing specialty drug utilizers using integrated medical and pharmacy claims and PA data, for drug optimization.

METHODS

- From August 2018 to July 2019 (12 months), the SDMC pharmacist, in collaboration with the Blue Cross Blue Shield (BCBS) plan pharmacy department, selectively reviewed members utilizing specialty drug therapies identified through an analysis of integrated medical and pharmacy claims and PA data among 1.5 million commercially insured lives.
- The SDMC pharmacist applied their clinical knowledge of specialty drugs, along with interpretation of claims and PA data, to evaluate the identified members' drug therapy regimens in order to ensure appropriate use, identify suspicious utilization, and discover savings opportunities (Figure 1).

RESULTS

- Among 1.5 million commercially insured members, approximately 1,500 (~0.1%) members' drug regimens were reviewed, resulting in 365 members for which a potential savings opportunity was found during the 12 months.
- Twenty of the 365 (5.5%) members with potential opportunities resulted in validated savings totaling \$1.0 million. The 20 validated savings opportunities encompassed multiple types of interventions, such as dose consolidation, pack size optimization, dose form conversion, duplicate therapy and duplicate billing of treatments (Figure 2).
- Successful process interventions by the SDMC pharmacist accounted for \$1.7 million in savings (Figure 2):
 - Hepatitis C PA enhanced detailing process to ensure appropriate number of fills resulted in \$1.0 million in savings.
 - Fraud, waste and abuse investigation of a pharmacy dispensing suspicious regimens of high-cost claims resulted in \$0.7 million in recouped dollars.
- The total savings for the first year of the SDMC pharmacist program amounted to \$2.7 million and resulted in an ROI of 9:1, using an estimated annual administration cost of \$300,000, including one pharmacist's salary, benefits and other supportive administration costs (Figure 3).

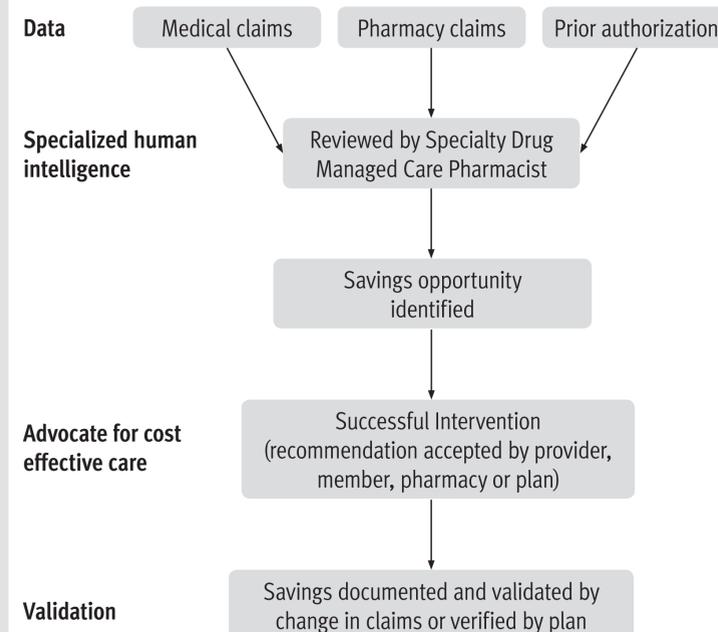
- The identified opportunities were then addressed through the most appropriate method (i.e., plan, provider, pharmacy or member outreach) as determined by the SDMC pharmacist.
- Descriptive statistics were used to summarize findings and savings.
- Type of savings were subjectively categorized as direct or plan approved. Savings were classified as: changes in drug dosing units, therapy changes, PA approval process changes, or FWA recovery and future claims avoidance.
- Resulting savings were validated by a change in claims post intervention or approved by the plan.

LIMITATIONS

- As there was no control group, it is unknown if the drug therapy regimens and subsequent savings would have occurred regardless of a SDMC pharmacist intervention.
- Available claims data allowed only for calculating the savings resulting from specialty drug regimen changes. Thus, potential downstream savings or costs from the interventions impact on other health resources (e.g., appointments, ER visits or hospitalizations) were not included.
- Data is limited to one health plan commercial population that was targeted and intervened on by the SDMC pharmacist. Therefore, other lines of business (i.e., Medicare and Medicaid) and regions may have different results.
- This was the first year of the program; therefore, it is possible more obvious savings opportunities have been completed reducing potential savings in subsequent years.
- Savings calculations did not factor in drug rebates or price fluctuations that may have occurred.
- The value of the providers' change in prescribing or the pharmacies' change in dispensing habits due to the pharmacist intervention could not be determined.
- Health plans replicating this program will need access to pharmacy and medical integrated claims and prior authorization data.

FIGURE 1

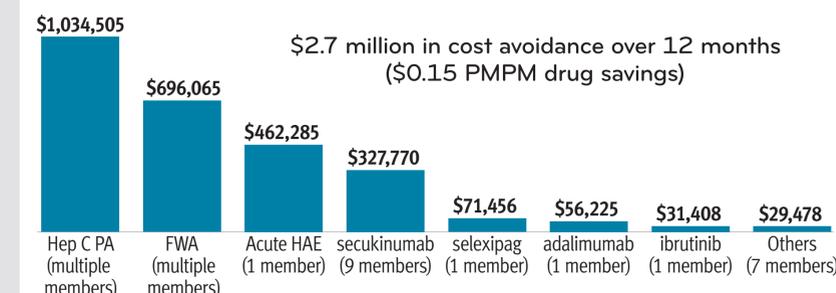
Work Flow for Specialty Drug Managed Care Pharmacist



Specialty Drug Managed Care pharmacist requires specialized knowledge in specialty drugs and claims interpretation to uncover cost savings opportunities of complex therapy regimens from review of prior authorization information and integrated medical and pharmacy claims data. Intelligence gathered from these data sources help support cost effective care conversations and successful interventions in order to actualize drug savings.

FIGURE 2

Specialty Drug Managed Care Pharmacist Savings by Category



Savings were identified from August 2018 through July 2019 as a result of one Specialty Drug Managed Care (SDMC) Pharmacist's interventions that were validated by claims or by the health plan. Hep C PA – Hepatitis C prior authorization savings resulting from improvement in the Hep C PA detailing process to ensure members only received the appropriate number of fills. Fraud, waste and abuse (FWA) resulted in recouped savings from a FWA investigation initiated by the SDMC pharmacist. PMPM = per member per month. Acute HAE (Hereditary Angioedema) drugs was an intervention to ensure the member was using only one acute drug that was filled when needed. Secukinumab – package size optimization. Selexipag – dose consolidation. Adalimumab – stopping duplicate fills. Ibrutinib – dosage form conversion. Others – duplicate billing of onabotulinumtoxin and infliximab, and duplicate specialty drug therapy for psoriasis.

FIGURE 3

Specialty Drug Managed Care Pharmacist Return on Investment (ROI)

Total cost avoided	\$2,709,192	ROI
Estimated administrative cost*	-\$300,000	
Net savings	\$2,409,192	
		9:1

Total savings was identified from August 2018 through July 2019 (12 months) as a result of one Specialty Drug Managed Care pharmacist's interventions that were validated by claims or by the health plan. *Estimated administrative costs include 1 full time pharmacist and supportive costs.

CONCLUSIONS

- A savings of \$2.7 million occurred in the first year of the Specialty Drug Managed Care (SDMC) pharmacist surveilling specialty drug therapy of 1.5 million commercially insured members. It resulted in a large return on investment of 9:1, similar to that found with another similar program.¹
- This study highlights the need for a SDMC pharmacist and the importance of their access to integrated pharmacy and medical claims and prior authorization data.
- A dedicated SDMC pharmacist provides vital real-world surveillance and feedback into upstream formulary or utilization management processes, ensuring appropriate drug management controls are in place.
- This study reveals the need for automated detection of previously identified opportunities as the pharmacist had to review ~1,500 members to find two process interventions and 20 member-level interventions. Automation will reduce time needed to identify opportunities, allowing the pharmacist to focus on educating providers on cost-effective therapy and discovering new opportunities.
- This program will continue to evolve as laboratory testing results, genetic testing, electronic health records and predictive modeling capabilities are incorporated.

REFERENCES

- Livezey A, Matak M, Mendez L. Accuracy and Efficiency: Validating the Financial Impact of Pharmacist Interventions. /MCP 2019: 25(3-a): S92 [abstract].

