

Impact of a Pharmacist-Facing Clinical Management Tool: Identification and Management of Cumulative Oversupply in Pharmacy Benefit Dupilumab Utilizers



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Background

- Standard pharmacy benefit design allows members to refill non-controlled medications after 75% of their on-hand supply is exhausted. Persistent filling of chronic medications, such as dupilumab, at or around this threshold, can result in rapid accumulation of excessive on-hand supply and increased cost to both members and payers.
- Early refill allowances may promote adherence or improved scores on adherence metrics but can simultaneously permit excessive on-hand medication supply accumulation (stockpiling). In addition to increasing member and payer costs, stockpiling can also contribute to waste in the event of a drug therapy change.
- High-cost, widely used, chronic specialty medications, including dupilumab, contribute most dramatically to the overall cost impact of accumulated on-hand supply.
- Previous work has demonstrated that providing managed care pharmacists (MCPs) with identified cases of oversupply from pharmacy claims data can assist in managing excessive high-cost medications on-hand supply.¹

Objectives

To assess per member per month (PMPM) costs for dupilumab among commercially insured members, quantify frequency of dupilumab oversupply across the utilizer population, evaluate an MCP intervention program effectiveness in delaying dupilumab refills for individuals with substantial on-hand supply, and describe associated drug cost savings

Methods

Dupilumab utilization and PMPM expenditures

- To obtain claims expenditure monthly trend for dupilumab from May 1, 2023, to April 30, 2024, all paid pharmacy benefit claims for dupilumab for the 12.5 million commercially insured members enrolled and participating in the HighTouchRx[®] program from May 2023 to April 2024 were gathered. The monthly-claims-allowed dollar amount PMPM was calculated by totaling the allowed amount paid to pharmacies, by month, divided by the overall membership. The allowed-paid amount to the pharmacy is inclusive of all network discounts and member share; rebates or coupons are not included.

Dupilumab cumulative oversupply identification and impact of MCP outreach

- An average of 12.5 million commercial members were actively enrolled in the HighTouchRx program where MCPs are provided drug therapy savings opportunities identified by automated rule logic, including cumulative oversupply opportunities, during the May 2023 to April 2024 assessment period. Identification rule required that members have at least an extra 28 days of dupilumab supply on-hand based on last paid claim date and the sum of submitted days' supply from paid dupilumab pharmacy benefit claims during the 6-month look back period. The opportunities were provided to pharmacists via the HighTouchRx web tool with an estimated savings value, in addition to claim, member and other case details.

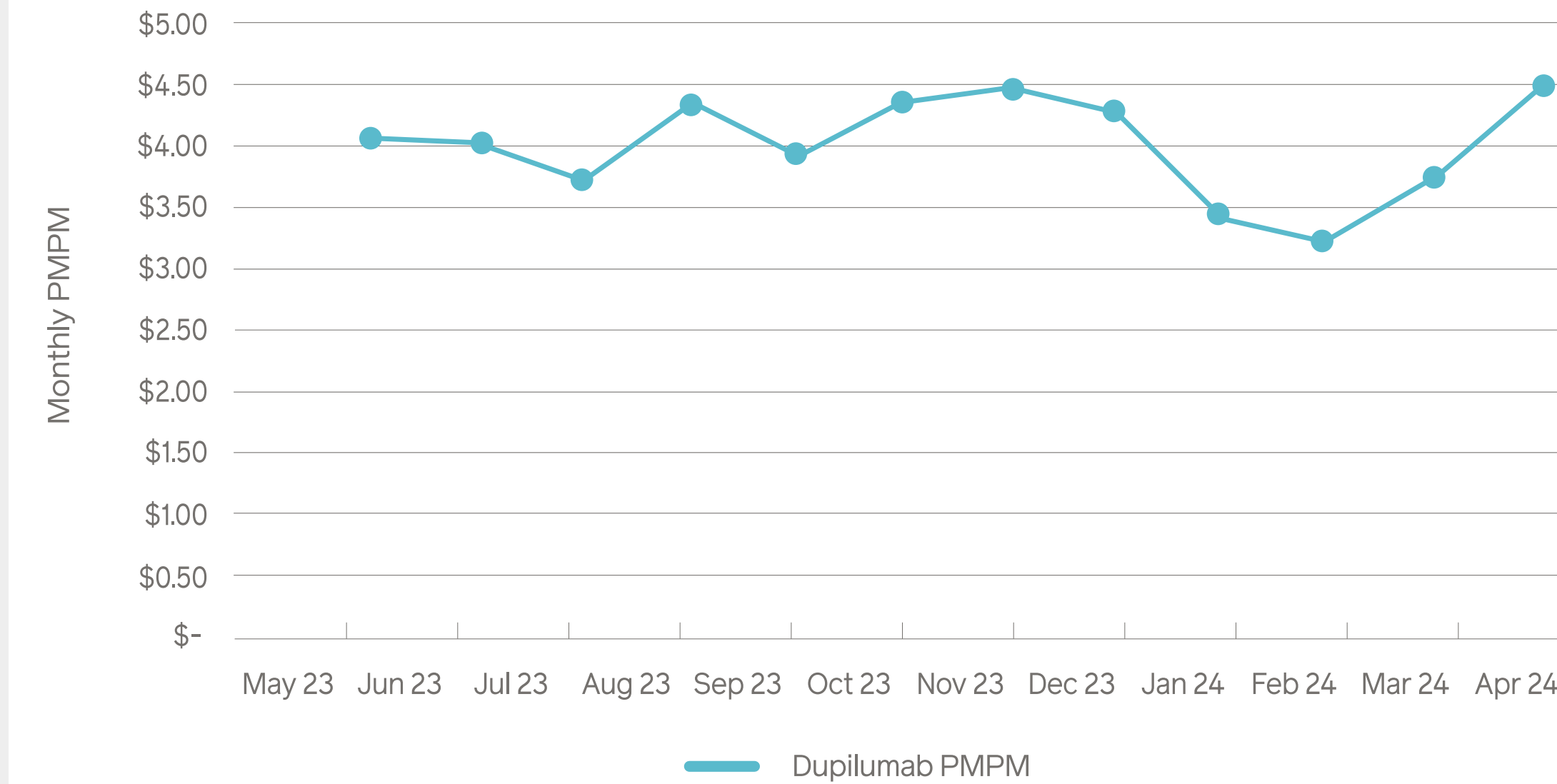
- Estimated savings values were calculated for each case by calculating dupilumab cost per day from the member's most recent paid dupilumab claim and multiplying this value by the number of days of apparent on-hand oversupply accrued over the preceding six months.

- All dupilumab cumulative oversupply cases between May 2023 and April 2024 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 outreach; successful with validated claims data showing successful refill delay; case reviewed by MCP and in progress; or MCP made outreach but was unsuccessful in delaying medication refilling.

- Cases were classified as successful by MCPs following claims evidence of a delay in refilling from the expected refill date based on member's refill frequency during the preceding 6-month period. Validated savings were calculated using the dupilumab cost per day from the member's most recent paid dupilumab claim and multiplying this value by the number of days the refill was delayed from the expected refill date. A second MCP performed secondary validation of successful cases to ensure appropriate savings calculation. Savings from successful outreach cases from May 2023 to April 2024 were summed to determine total savings associated with the program.

Figure 1

Dupilumab monthly pharmacy benefit cost PMPM among 12.5 million commercially insured members enrolled in MCP intervention program, May 2023 to April 2024



PMPM = per member per month. Dupilumab monthly PMPM allowed amount paid after network discount including member cost share, not inclusive of rebates. The PMPM is calculated monthly as the sum of the total paid amount for all claims for dupilumab in the month divided by the sum of the average MCP intervention program membership for each month.
MCP = managed care pharmacist

Table 1

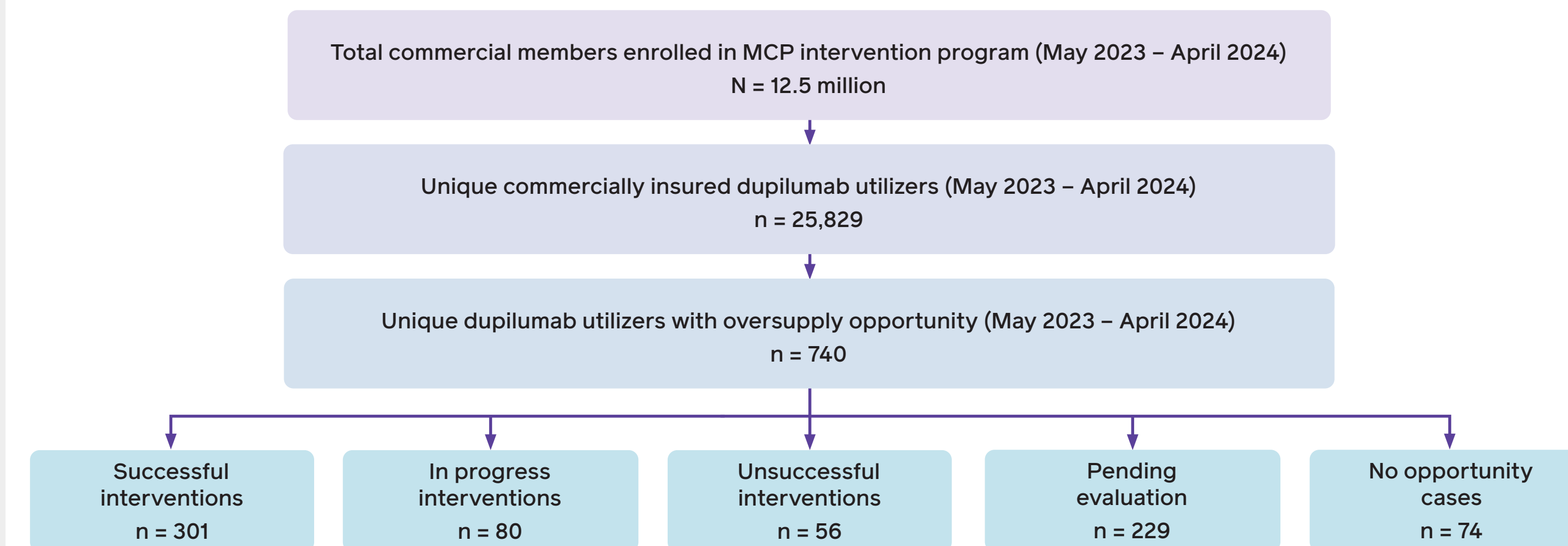
Dupilumab oversupply case summary by month, final status cases May 2023 to April 2024

Month	Rules Logic Opportunities Identified	Successful Interventions	Validated Savings	Unsuccessful Interventions	No Opportunity Cases	PMPM Savings
May 2023	21	7	\$25,130	6	8	\$0.002
Jun 2023	45	30	\$99,943	6	9	\$0.008
Jul 2023	18	8	\$28,436	3	7	\$0.002
Aug 2023	21	18	\$88,594	2	1	\$0.007
Sep 2023	31	24	\$80,819	2	5	\$0.007
Oct 2023	21	11	\$50,659	3	7	\$0.004
Nov 2023	43	27	\$86,086	10	6	\$0.007
Dec 2023	69	57	\$199,466	8	4	\$0.016
Jan 2024	43	31	\$97,216	6	6	\$0.007
Feb 2024	41	33	\$113,844	4	4	\$0.009
Mar 2024	35	24	\$70,107	4	7	\$0.005
Apr 2024	43	31	\$101,334	2	10	\$0.008
Total	431	301	\$1,041,632	56	74	\$0.007

PMPM = per member per month
Successful intervention defined as cases when on-hand oversupply is confirmed, outreach is performed, and the refill is successfully delayed from the anticipated refill date based on member-level refill cadence over the preceding 6 months.
Unsuccessful intervention defined as cases when on-hand oversupply is confirmed, outreach is performed, but the refill is not successfully delayed from the anticipated refill date based on member-level refill cadence over the preceding 6 months.
No opportunity cases defined as cases when MCP review resulted in the decision to not outreach on the case, either due to health plan preference, record duplication, or another reason (e.g., member switched to alternative agent, member discontinued therapy).
PMPM savings by month calculated as the sum of the total validated savings amount for all successful oversupply cases for dupilumab in the month divided by the sum of the average MCP intervention program membership for each month.

Figure 2

Dupilumab oversupply opportunity identification



MCP = managed care pharmacist
Successful interventions defined as cases when on-hand oversupply is confirmed, and the refill is successfully delayed from the anticipated refill date based on member-level refill cadence over the preceding 6 months.
In progress interventions defined as cases currently being worked by a MCP.
Unsuccessful interventions defined as cases when on-hand oversupply is confirmed, outreach is performed, but the refill is not successfully delayed from the anticipated refill date based on member-level refill cadence over the preceding six months.
Pending evaluation defined as opportunities identified by the program analytic software that have not been reviewed by MCP.
No opportunity cases defined as cases when MCP review resulted in the decision to not outreach on the case, either due to health plan preference, record duplication, or another reason (e.g., member switched to alternative agent, member discontinued therapy).

Results

Monthly pharmacy benefit PMPM client spend across 12.5 million commercially insured lives for dupilumab, May 2023 to April 2024 (12 months) are shown in **Figure 1**.

- During the study period, there were a total of 25,829 (0.2%) of 12.5 million enrolled members with at least one dupilumab pharmacy claim.
- 740 (2.9%) of 25,829 dupilumab-utilizing individuals in this period were identified, by automated rule logic, as having at least 28 days of oversupply of dupilumab (**Figure 2**).
- Dupilumab cumulative oversupply case review and intervention outcomes, May 2023 to April 2024 (12 months) are shown in **Table 1**.
- 431 cases were closed as successful intervention, unsuccessful intervention, or no opportunity cases which were reviewed by an MCP and determined to not have an opportunity warranting pharmacy outreach.
- 301 (69.8%) of 431 cases were successful with total associated validated savings of \$1,041,632 for average \$3,461 savings per successful case.
- 56 (13.0%) of 431 cases were unsuccessful.
 - In all unsuccessful cases, member requested a refill, or the dispensing pharmacy independently refilled the medication prior to or on the expected fill date based on historical refill frequency.
- 74 (17.2%) of 431 cases were classified by MCP as no opportunity without provider outreach.
 - 5 of these cases were closed due to health plan preference.
 - 3 of these cases were closed due to being duplicate records.
 - 66 of these cases were closed for another reason, including member switching to an alternative treatment agent or member discontinuing therapy prior to case review.

Automated rules logic additional dupilumab oversupply opportunities, May 2023 to April 2024.

- 229 identified cases were pending evaluation by MCP at time of data extraction.
- 80 additional cases in progress with estimated potential savings of \$360,182.

Limitations

- Long-term impact of outreach is not assessed in this analysis; persistent changes in refill cadence post-intervention could result in additional savings not quantified here.
- Opportunity identification logic uses billed quantity and days' supply from pharmacy claims, thus utilization that deviates from what is reported on a claim-line level is not taken into consideration.
- Opportunity identification logic assumes that the member does not have a non-clinical need for additional on-hand supply, which may be relevant depending on factors like housing.
- Opportunity identification and savings calculation processes assume that the member would have continued filling at the cadence observed over the preceding six months, and that the member would not have independently delayed the subsequent refill.

Conclusions

- With a 70% success rate, managed care pharmacist (MCP) outreach to address dupilumab member oversupply resulted in \$3,461 savings per successful intervention.
- Over \$1 million in client costs associated with dupilumab refills were averted among 301 members with dupilumab stockpiles identified through an automated pharmacy claims algorithm. Potential oversupply cases were reviewed by an MCP, and when deemed actionable, the MCP contacted the members' pharmacies to hold a refill, allowing members to exhaust on-hand dupilumab supply.
- Unsuccessful interventions may in some cases involve members who are dosing dupilumab more frequently than detailed in prior authorization — further assessment of dosing regimens through member outreach may lend additional context to these unsuccessful cases.
- Outreach by MCPs to pharmacies requesting a review of member dupilumab fill history, confirming on-hand supply, was a successful strategy for delaying subsequent refills and delivering savings.

References

1. 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 [E16]. *J Manag Care Spec Pharm*. 2023;29(3-a):S32.

