

Promoting Generic Multiple Sclerosis Drug Utilization and Drug Cost Savings with a Managed Care Pharmacist Outreach Program

N. Friedlander, PharmD¹; S.W. Champaloux, PhD, MPH¹; K.L. Curtis, 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

- Multiple sclerosis (MS) is a chronic neurodegenerative condition with a massive associated economic burden, estimated at over \$85 billion in 2019; a large proportion of this total burden comes from drug therapies, with estimated associated annual per patient cost ranging from \$57,202 to \$92,719.¹
- Multiple brand name drugs used in the treatment of MS have FDA approved generic products available, many of which are substantially lower in price relative to their brand name counterparts: Ampyra® (dalfampridine), Aubagio® (teriflunomide), Copaxone® (glatiramer acetate), Gilenya® (fingolimod), Tecfidera® (dimethyl fumarate).
- MS treatment guidelines from the American Academy of Neurology, last updated in 2018, recommend clinicians take intervention cost into consideration alongside clinical and patient-specific factors when initiating MS therapy.² Direct and broad statements around generic drug utilization are largely absent due to lack of generic product availability at the time of original publication.
- Patient organizations support generic drug use in the treatment of MS, recognizing that they may facilitate broader access to these therapies.³
- A MarketScan commercial data analysis and a Prime Therapeutics research study found increased MS disease-modifying therapy cost sharing was significantly associated with not initiating MS drug therapy and decreased medication adherence, underscoring the importance of member out-of-pocket costs when considering treatment options.^{4,5}

OBJECTIVES

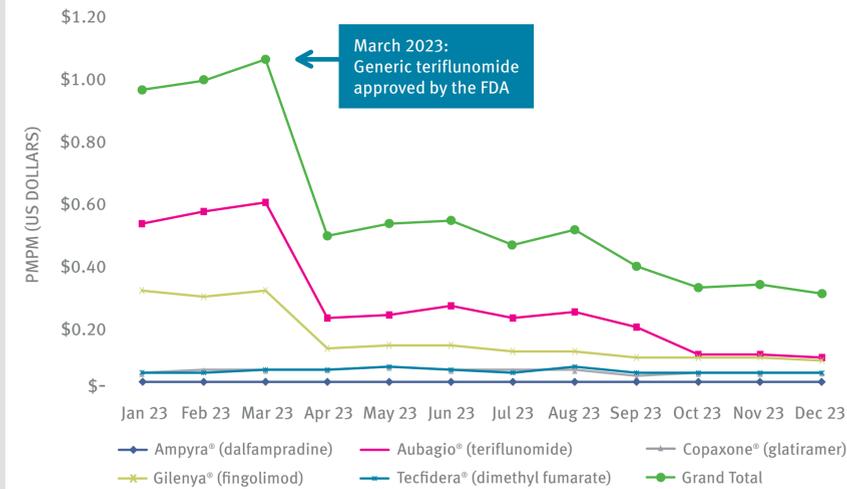
To assess per member per month (PMPM) costs for MS brand name drugs with generic alternatives among commercially insured members, evaluate a managed care pharmacist (MCP) intervention program's effectiveness in steering brand name MS drug utilizers to the equivalent generic, and describe associated drug cost savings.

METHODS

- To obtain brand name MS claims expenditure monthly trend for drugs included in the MCP outreach program from January 2023 through December 2023, all paid claims for the 11.28 million commercially insured members enrolled and participating in the HighTouchRx® program for the targeted brand drug therapies were identified in that time period. The monthly claims allowed dollar amount PMPM was calculated by totaling the allowed amount paid to pharmacies, by month, and 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.
- MS therapy identification and impact of MCP to prescriber and/or pharmacy outreach**
- 11.28 million commercial members were actively enrolled in the HighTouchRx® program where MCPs are provided drug therapy savings opportunities, including brand-to-generic opportunities, during calendar year 2023. Identification required the presence of at least one paid claim for a targeted brand MS therapy and no preceding or subsequent claims for a generic version of this therapy, based on submitted multisource code, during the 6-month look back period. The opportunities were sent to pharmacists in the HighTouchRx® web tool with an estimated savings value, in addition to claim details and other member and case details.
- Estimated savings values were calculated for each case based on the annualized cost of the most recent claim for brand MS therapy compared to the annualized anticipated cost of the generic alternative based on the average aggregated wholesale acquisition cost.
- All MS brand-to-generic cases from January 2023 through December 2023 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 prescriber outreach; successful with validated claims data showing conversion to generic; case reviewed by MCP and in progress; or MCP made prescriber outreach but was unsuccessful in converting to generic.
- Pharmacist brand-to-generic case review processes typically involved a member and claims history review within the web tool, including confirmation of ongoing brand MS therapy, determination of final member cost share for brand therapy after manufacturer coupon (if applicable), anticipated generic drug member cost share based on test claims, and review of client strategy pertaining to brand product utilization. After verifying member cost reduction or cost neutrality, ensuring alignment of recommendation to client strategy, and confirming ongoing brand MS therapy, a recommendation was made by the MCP to the prescriber to convert the member to generic therapy.
- A case was classified as successful by the MCP following evidence of a paid claim for the generic alternative in a member's pharmacy claims data following outreach to prescriber. Validated savings were calculated by annualizing the cost of brand therapy based on the most recent member claim for the brand name product and subtracting the annualized cost of generic therapy based on most recent member claim for generic product; full adherence to the prescribed regimen was assumed. Successful MCP outreach savings from January 2023 through December 2023 were summed to determine total annualized savings associated with the program.
- MCPs reported prescriber outreach outcomes within the web tool, including whether the outreach was successful or unsuccessful, pharmacist case notes, calculated savings associated with generic conversion in successful outreach cases, and reasons for ongoing brand drug therapy in unsuccessful outreach cases.

FIGURE 1

Monthly PMPM Calculated for Those Populations Enrolled in Managed Care Pharmacist Intervention Program with MS Brand-to-Generic Interventions Conducted during January 2023–December 2023



Monthly per member per month (PMPM) calculated for those enrolled in managed care pharmacist intervention program and conducted MS brand-to-generic interventions by summing total paid amount for each brand name drug in each month for enrolled members and dividing by the monthly membership. Total paid amount defined as amount paid to pharmacy after network discount and member share, not inclusive of rebates or coupons.

TABLE 1

Multiple Sclerosis Brand-to-Generic Case Review and Outcomes, January 2023–December 2023

Drug	Total MCP reviewed cases	MCP reviewed and no opportunity identified, no prescriber outreach (%)	MCP reviewed with prescriber outreach, unsuccessful (%)	MCP reviewed with prescriber outreach, successful (%)	Successful cases validated savings	MCP reviewed, in progress (%)	In progress cases, total potential savings	Average validated savings per case
Ampyra® (dalfampridine)	42	34 (81%)	6 (14%)	1 (2%)	\$42,335	1 (2%)	\$42,682	\$42,335
Aubagio® (teriflunomide)	336	167 (50%)	93 (28%)	55 (16%)	\$3,463,884	21 (6%)	\$1,303,277	\$62,980
Copaxone® (glatiramer acetate)	35	30 (86%)	4 (11%)	0 (0%)	-	1 (3%)	\$46,018	-
Gilenya® (fingolimod)	375	181 (48%)	99 (26%)	84 (22%)	\$6,707,037	11 (3%)	\$1,199,434	\$79,846
Tecfidera® (dimethyl fumarate)	19	11 (58%)	4 (21%)	1 (5%)	\$99,845	3 (16%)	\$305,671	\$99,845
Total	807	423 (52%)	206 (26%)	141 (18%)	\$10,313,101	37 (5%)	\$2,897,082	\$73,142

Successful cases are defined as brand-to-generic opportunities for which managed care pharmacists (MCP) performed outreach, resulting in conversion to generic therapy. Unsuccessful cases are defined as opportunities for which MCPs performed outreach, but brand name drug use continued after intervention. In progress cases are defined as opportunities still undergoing review or for which a change in therapy is still pending. No opportunity cases were reviewed by an MCP and determined to not be actionable at the time of review (e.g., member changed to alternative brand name therapy without generic alternative, member cost share increase with conversion to generic therapy). See methods for case savings estimation and validation process. Percent values across rows may not sum to 100% due to rounding.

RESULTS

Monthly PMPM client spend across 11.28 million commercially insured lives for five brand name MS drugs with available generic alternatives, January 2023 through December 2023 (12 months) (Figure 1)

- Total monthly PMPM cost for the evaluated drugs decreased 68.4%, from \$0.98 in January 2023 to \$0.31 in December 2023.
 - Monthly PMPM expenditure decreased most substantially for Aubagio® (81.8%) and Gilenya® (71.9%)
- The largest month-to-month change in total PMPM across all evaluated drugs occurred between March and April 2023, decreasing from \$1.08 to \$0.50; this decrease coincided with the release of the first generic teriflunomide products in March 2023.⁶

MS brand-to-generic drug therapy case review and prescriber intervention outcomes, January 2023 through December 2023 (12 months) (Table 1)

- 141 cases were successful with associated validated savings
 - One successful case for Ampyra® (dalfampridine) with \$42,335 in validated savings
 - 55 successful cases for Aubagio® (teriflunomide) with \$3,463,884 in validated savings
 - 84 successful cases for Gilenya® (fingolimod) with \$6,707,037 in validated savings
 - One successful case for Tecfidera® (dimethyl fumarate) with \$99,845 in validated savings

- 37 additional cases in progress with estimated potential savings of \$2,897,082
- 206 cases with outreach were unsuccessful
 - 81 were due to rejection by prescriber
 - 30 were due to not receiving a response from the prescriber
 - 95 were due to another reason; potential reasons include discontinuation of therapy, switching to an alternative MS therapy after MCP outreach, or continuation of brand therapy with documented prescriber intervention approval
- 423 cases were classified by MCP as no opportunity
 - 78 of these cases were closed due to previous brand MS product utilization management authorization
 - Six were due to the member's benefit design resulting in increased cost share with conversion to generic
 - 46 were due to use of a manufacturer coupon resulting in increased member cost share with conversion to generic
 - 293 were closed for another reason; potential reasons for case closure include discontinuation of therapy prior to MCP outreach, member switching to generic prior to MCP outreach, or member switching to alternative MS therapy prior to MCP outreach

CONCLUSIONS

- One in 3 MS brand-to-generic cases for which MCP outreach was conducted resulted in successful conversion to generic therapy with an annualized per case client savings of more than \$73,000.
- Through calendar year 2023, MCPs achieved an average of 2.7 successful MS brand-to-generic conversions per week.
- Total client savings of \$0.076 PMPM from successful MS brand-to-generic conversions were facilitated through HighTouchRx® MCP intervention.
- These results demonstrate the utility of an MCP-facing web tool for review of MS brand-to-generic cases identified through an automated analytic rules process, efficiently facilitating prescriber outreach for conversion from high-cost brand name products to lower-cost generic alternatives, resulting in sizable client cost savings.

REFERENCE

- Bebo B, Cintina I, LaRocca N, et al. The economic burden of multiple sclerosis in the United States: Estimate of direct and indirect costs. *Neurology* 2022; 98(18):e1810-e1817. <https://doi.org/10.1212/wnl.0000000000200150>
- Rae-Grant A, Day GS, Marrie RA, et al. Practice guideline recommendations summary: Disease-modifying therapies for adults with multiple sclerosis; Report of the guideline development, dissemination, and implementation subcommittee of the American Academy of Neurology. *Neurology* 2018; 90(17):777-788. <https://www.aan.com/Guidelines/home/GuidelineDetail/898>
- National Multiple Sclerosis Society. (July 19, 2023). *Frequently asked questions: Generic and biosimilar medications*. <https://www.nationalmssociety.org/Treating-MS/Medications/Generic-and-Biosimilar-Medications/Generic-and-Biosimilar-Medications-FAQs>
- Dor A, Lage MJ, Tarrants ML, Castelli-Haley J. Cost sharing, benefit design, and adherence: the case of multiple sclerosis. *Adv Health Econ Health Serv Res*. 2010; 22:175-193.
- Stamer CI, Alexander GC, Bowen K, Yang Q, Wickersham PJ, Gleason PP. Specialty drug coupons lower out-of-pocket costs and may improve adherence at the risk of increasing premiums. *Health Affairs* 2014. 33(10):1761-1769. <https://doi.org/10.1377/hlthaff.2014.0497>
- National Multiple Sclerosis Society. (April 18, 2023). *First generic versions of Aubagio® (teriflunomide) now available*. [https://www.nationalmssociety.org/About-the-Society/News/First-Generics-Versions-of-Aubagio%C2%AE-\(teriflunomide\)](https://www.nationalmssociety.org/About-the-Society/News/First-Generics-Versions-of-Aubagio%C2%AE-(teriflunomide))

LIMITATIONS

- Program savings may be underestimated due to sentinel prescriber effect, meaning prescribers change behavior reducing their future use of brand name MS therapies without MCP outreach due to prior MCP outreach. In addition, when the prescriber does not respond to brand-to-generic MCP outreach message, yet conversion to generic occurs, savings is not attributed to the program.
- Savings calculation assumes that the member would have continued and remained adherent to brand therapy for one year, continued to be enrolled in the health plan for one year, and that the prescriber would not have adjusted the therapeutic regimen independently. Conversely, savings beyond one year are not quantified for those remaining on generic therapy for more than one year after conversion from brand therapy.
- It could not be determined in every case whether benefit design changes forthcoming at the time of MCP outreach would have required a switch from brand-to-generic therapy, due to timing differences between intervention and benefit design change implementation.
- Member savings, which are considered prior to MCP outreach and likely factor into intervention acceptability and actionability, are not captured within the HighTouchRx® web tool and were not quantified for the purposes of this analysis. Future investigation efforts will need to address the impact of manufacturer coupons when evaluating member cost changes with conversion to generic therapy.