

Dosage Form and Product Strength Optimization: Containing the Cost of Ibrutinib Therapy Through a Pharmacist-Facing Clinical Management Tool



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Background

- Developments in the realm of oral oncology over the past decade have dramatically changed the approach to cancer treatment in the United States and have expanded the opportunities for pharmacy benefit managers to contain costs by executing clinical programs focused on optimization of these agents.^{1,2}
- Pharmaceutical manufacturers utilize a variety of pricing strategies—different strengths or dosage formulations of the same product may be priced at parity (equal unit cost), priced per milligram, or priced with an alternative strategy.
- Providing managed care pharmacists (MCPs) with instances of non-optimized utilization of oral oncology products, including ibrutinib, to facilitate pharmacist-to-prescriber intervention can effectively drive utilization of cost-effective product formulations and reduce client costs.

Objectives

To detail pricing considerations around different ibrutinib strengths and dosage forms, describe ibrutinib utilization and spend across 14.5 million commercial lives, evaluate an MCP intervention program's effectiveness in optimizing ibrutinib tablet utilization for cost containment, and describe associated drug cost savings



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Methods

Ibrutinib pricing considerations

- Drug strength, dosage form, national drug code (NDC), and pricing information were gathered from Medi-Span data sources.
- Cost per milligram was calculated by dividing unit average wholesale price (AWP) by milligram strength per unit.

Ibrutinib utilization and per member per month (PMPM) expenditures

- To obtain claims expenditure monthly trend for ibrutinib from Aug. 1, 2022, to April 30, 2024, all paid pharmacy benefit claims for ibrutinib for the commercially insured members enrolled and participating in the HighTouchRx[®] program during this time 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 enrolled monthly membership. The allowed-paid amount to the pharmacy is inclusive of all network discounts and member share; rebates or coupons are not included.

Ibrutinib non-optimized therapy identification and impact of MCP to prescriber and/or pharmacy outreach

- An average of 14.5 million commercial members were actively enrolled in the HighTouchRx program where MCPs are provided drug therapy savings opportunities, including ibrutinib dispensing optimization cases, between August 2022 and April 2024. Identification required the member's most recent ibrutinib claim during the 6-month look back period to be non-optimized with apparent opportunity for conversion to a cost-optimized product assuming dosing according to label. Non-optimized utilization was defined as use of an ibrutinib drug product other than the lowest available cost per milligram product. The opportunities were sent to MCPs in 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 based on the cost of the most recent claim for non-optimized ibrutinib therapy annualized over one year compared to the annualized anticipated cost of the optimized alternative based on the average wholesale acquisition cost (WAC).
- All ibrutinib dispensing optimization cases between August 2022 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 prescriber outreach; successful with validated claims data showing conversion to cost-optimized therapy; case reviewed by MCP and in progress; or MCP made prescriber outreach but was unsuccessful in converting to optimized therapy.
- MCP dispensing optimization case review typically involved a member and claims history review, including confirmation of ongoing ibrutinib therapy and anticipated member cost share based on test claims. After verifying member cost reduction or cost neutrality and confirming ongoing ibrutinib therapy, a recommendation was made by the MCP to the prescriber to convert the member to a lower cost per milligram product.
- Cases were classified as successful by MCPs following evidence of a paid claim for a cost-optimized ibrutinib product in a member's pharmacy claims data following outreach to prescriber. Validated savings were calculated by annualizing the cost of non-optimized therapy based on most recent member claim for the non-optimized product and subtracting the annualized cost of optimized therapy based on most recent member claim for optimized ibrutinib product; full adherence to the prescribed regimen was assumed. Successful MCP outreach savings from August 2022 to April 2024 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 conversion to cost-optimized ibrutinib therapy in successful outreach cases, and reasons for unsuccessful outreach cases.
- Average PMPM client savings were calculated by summing the total validated cost savings from successful cases over the study period, dividing this value by the average monthly membership, then dividing this value by the total number of months in the study period (21 months).

Table 1

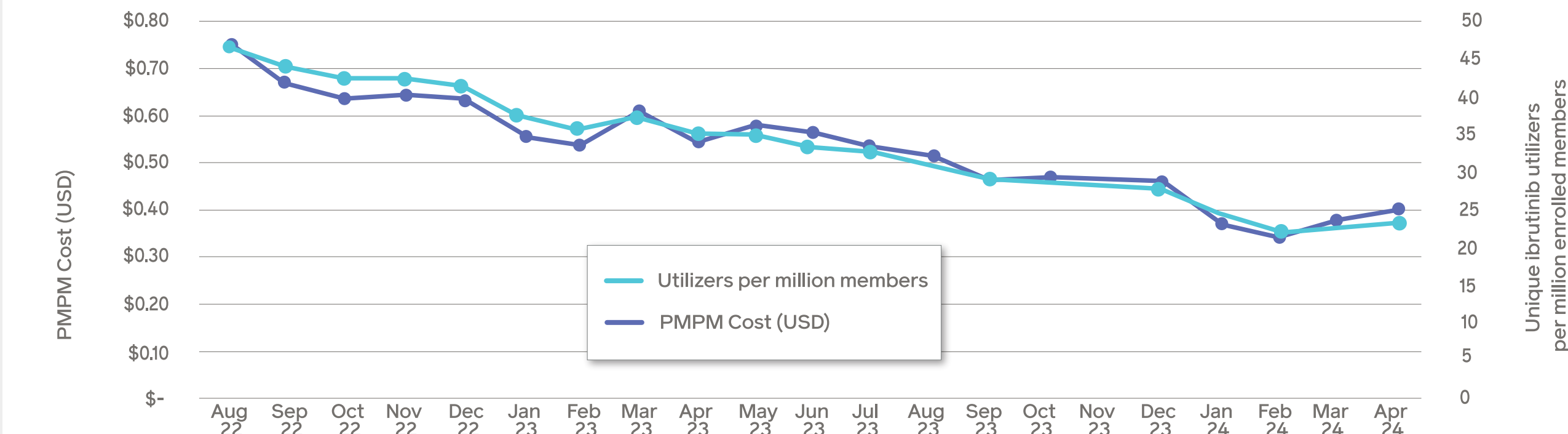
Ibrutinib product comparison

Product Generic Name	NDC	AWP (USD)	WAC (USD)	AWP per mg (USD)	Cost-Optimized?
Ibrutinib capsule 70 mg	57962-0070	\$702.50	\$585.42	\$10.04	No
Ibrutinib capsule 140 mg	57962-0140	\$234.17	\$195.14	\$1.67	Yes
Ibrutinib oral suspension 70 mg/mL	57962-0007	\$117.08	\$97.57	\$1.67	Yes
Ibrutinib tablet 140 mg	57962-0014	\$702.50	\$585.42	\$5.02	No
Ibrutinib tablet 280 mg	57962-0280	\$702.50	\$585.42	\$2.51	No
Ibrutinib tablet 420 mg	57962-0420	\$702.50	\$585.42	\$1.67	Yes

AWP = average wholesale price, mg = milligram, mL = milliliter, NDC = national drug code, USD = United States dollar, WAC = wholesale acquisition cost. Table includes active ibrutinib products and price information from Medi-Span at the time of data collection. Data collected Aug. 12, 2024.

Figure 1

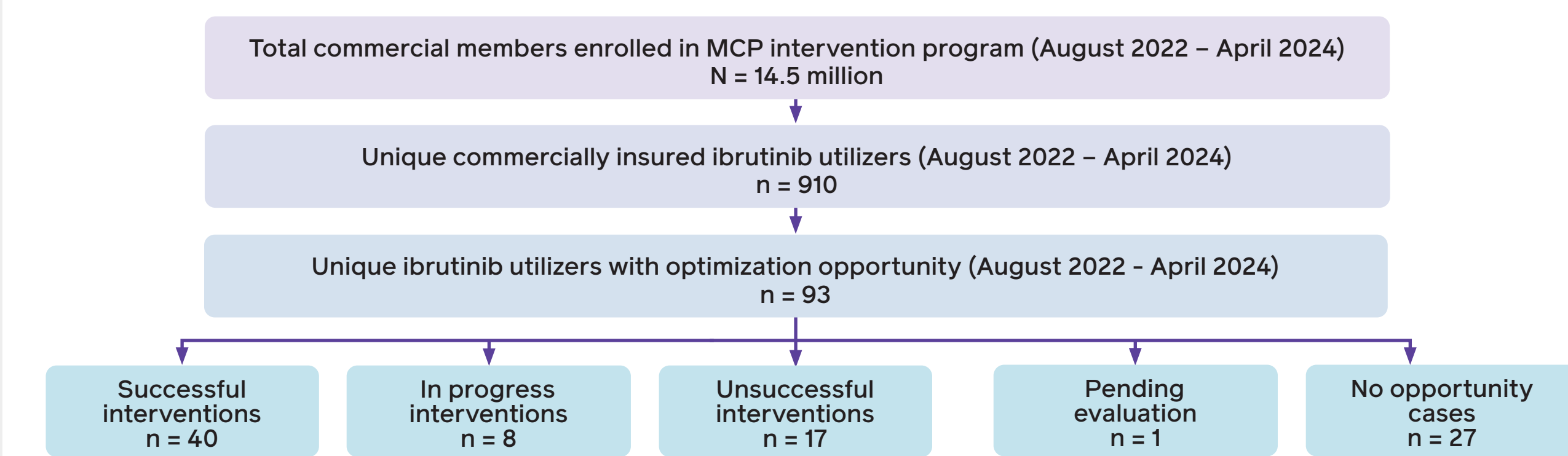
Ibrutinib monthly utilization across commercially insured members enrolled in MCP intervention program, August 2022 to April 2024



MCP = managed care pharmacist, PMPM = per member per month, USD = United States dollar. Ibrutinib monthly PMPM allowed amount paid after network discount including member cost share, not inclusive of rebates. See methods for PMPM calculation.

Figure 2

Ibrutinib dispensing optimization opportunity identification



MCP = managed care pharmacist.
Successful intervention defined as cases when ongoing non-optimized ibrutinib utilization is confirmed and there is claims evidence for transition to optimized ibrutinib after MCP outreach. In progress interventions defined as cases currently being worked by an MCP.
Unsuccessful intervention defined as cases when ongoing non-optimized ibrutinib utilization is confirmed and there is claims evidence for transition to optimized ibrutinib after MCP outreach. Pending evaluation cases defined as opportunities identified by the program analytic software that have not been reviewed by an MCP.
No opportunity cases defined as opportunities when MCP review resulted in the decision to not outreach on the case, either due to health plan preference, justification provided on utilization management authorization, or another reason (e.g., transition to alternative oncology therapy or optimized ibrutinib therapy before MCP outreach).

Results

Ibrutinib product comparison (Table 1)

- Ibrutinib 140 mg capsules, ibrutinib 420 mg tablets, and ibrutinib 70 mg/mL suspension offer the lowest cost per milligram on both an AWP and WAC basis.
- Ibrutinib 70 mg capsules, ibrutinib 140 mg tablets, and ibrutinib 280 mg tablets have a comparatively higher cost per milligram on both an AWP and WAC basis; these products are parity priced on a unit basis and are higher cost per milligram compared to other formulations/strengths.

Monthly pharmacy benefit PMPM client spend for ibrutinib across commercially insured lives enrolled in the HighTouchRx program, August 2022 to April 2024 (21 months) (Figure 1)

- During the study period, there were a total of 910 of 14.5 million enrolled members with at least one ibrutinib pharmacy claim. This translates to 63 ibrutinib utilizers per 1 million members.
- 10.2% of ibrutinib-utilizing individuals in this period were identified by rule logic as utilizers of a non-cost-optimized regimen.

Ibrutinib dispensing optimization case review and prescriber intervention outcomes, August 2022 to April 2024 (21 months) (Figure 2)

- 84 cases were closed as successful provider outreach, unsuccessful provider outreach, or evaluated by MCP and determined to not have a provider outreach opportunity.
- 40 (47.6%) of 84 cases were successful with total associated validated savings of \$3,968,820 (\$0.013 PMPM) for an average of \$99,221 savings per successful case.
- 17 (20.2%) of 84 cases with outreach were unsuccessful.
 - 8 were due to rejection by prescriber.
 - 3 were due to not receiving a response from the prescriber.
 - 6 were due to another reason; potential reasons include discontinuation of therapy or switching to an alternative oral oncology product after MCP outreach, or continuation of non-optimized ibrutinib therapy despite documented prescriber intervention approval.
- 27 (32.1%) of 84 cases were classified by MCP as no opportunity without provider outreach.
 - 1 was closed due to justification provided on utilization management authorization.
 - 6 were closed due to health plan preference without further justification provided.
 - 20 were closed for another reason; potential reasons for case closure include discontinuation of therapy prior to MCP outreach, member switching to optimized product prior to MCP outreach, or member switching to alternative oncology therapy prior to MCP outreach.

Rules logic additional ibrutinib savings opportunities, August 2022 to April 2024

- 8 additional cases in progress with estimated potential savings of \$692,201.
- 1 additional case was pending pharmacist evaluation at the time of data collection.

Conclusions

- One in ten commercially insured utilizers of ibrutinib were identified as recent utilizers of a non-cost-optimized ibrutinib product, indicating substantial potential value to product cost optimization across the commercial book of business.
- Half of ibrutinib dispensing optimization cases identified by the automated claims review resulted in successful conversion to a reduced cost per milligram ibrutinib formulation, resulting in over \$3.9 million in validated savings over less than two years with more than \$99,000 per-intervention case savings.
- Total client savings of \$0.013 PMPM from successful ibrutinib dispensing optimization intervention were facilitated through HighTouchRx managed care pharmacist (MCP) intervention.
- These results demonstrate the benefit of surveilling the drug landscape for cost differentials across different strengths and formulations of the same active ingredient and the utility of an MCP-facing tool for utilization of non-cost-optimized products case review, including ibrutinib; efficiently facilitating conversion to lower-cost formulations through pharmacist-to-prescriber outreach.

Limitations

- Program savings may be underestimated due to sentinel prescriber effect, meaning prescribers change behavior, reducing their future use of non-optimized ibrutinib therapy without MCP outreach due to a prior MCP outreach.
- Savings calculation assumes that the member would have continued and remained adherent to their non-optimized ibrutinib therapy regimen 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 within one year. Conversely, savings beyond one year are not quantified for those remaining on optimized ibrutinib therapy for more than one year after conversion from brand therapy.

References

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2. Nguyen A. Impact of the oral chemotherapy pharmacist on direct cost avoidance and cost savings of oral oncology at an integrated health system. *J Cancer Clin Oncol*. 2022;40(16_suppl):e18839. doi:10.1200/jco.2022.40.16_suppl.e18839.