Improved Clinical Outcomes and Reduced Costs Associated With Mail-to-Prescriber Duplicate Therapy Deprescribing Interventions

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BACKGROUND

- Deprescribing duplicate therapy can help control plan and member costs, improve member health outcomes, and reduce high-risk claims.
- Pharmacy benefits managers (PBM) can play a significant role in reducing medication duplication through interventions targeting deprescribing efforts.[1]
- Retrospective drug utilization reviews (RDUR) can assist in identifying opportunities, and RDUR prescriber outreach can be effective.[1]
- Many deprescribing interventions are to address prescribing errors. In one study where outpatient prescriptions were audited at random, most prescribing errors were associated with duplicate therapy issues (43.3%).[2]
- Prescribing errors could be from the medication ordering process, prior medications not discontinued, or gaps in care coordination.[3]
- In one study, most duplicate therapy medication errors were orders for the same medication, dose and frequency (43%), followed by orders for medications within the same therapeutic class (32%).[3]
- Prescriber outreach by a PBM has been shown to be successful and to positively impact future prescribing habits.[1]
- In another study, prescribers were contacted by fax for medication therapy management (MTM) recommendations where the overall prescriber acceptance rates were 47.2%, and cost savings acceptance rates were significantly higher than other safety interventions at 58.3%.[4]
- At Navitus Health Solutions, LLC, there was a 74% overall reduction, following the intervention, for all duplicate therapy-identified members across all lines of business in 2023.[5]

OBJECTIVES

- Evaluate the effectiveness of mail-to-prescriber interventions to facilitate deprescribing of duplicate therapy.
- Assess the health plan cost savings and member co-pay savings associated with intervention.
- Assess the decrease in the number of prescribers identified and the percentage of prescription overlap.

METHODS

STUDY POPULATION

- Active members from 6 commercial health plans that had paid claims for duplicate therapy for at least 3 out of 4 months (75%) of the pre-intervention period were included (Figure 1).
- There were no age or quantity limit restrictions.

DESIGN

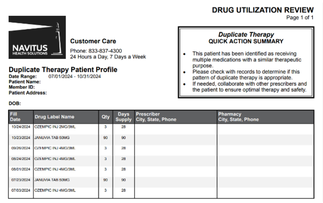
- This PBM-led retrospective study analyzed pre and post-intervention claims data from November 2022 to February 2024.

FIGURE 1: STUDY TIMELINE

INTERVENTION

- Three interventions took place over the 16-month study period where letters were mailed to prescribers on March 27, 2023, July 31, 2023, and November 30, 2023.
- The mail-to-prescriber letters contained a list of paid claims for the target drugs, prescribers' names and contact information, and a summary of safety risks (Figure 2).

FIGURE 2: SAMPLE MEDICATION PROFILE WITHIN THE INTERVENTION LETTER


DRUG UTILIZATION REVIEW
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NAVITUS

Customer Care
Phone: 833-837-4300
24 Hours a Day, 7 Days a Week

Duplicate Therapy Patient Profile
Date Range: 07/01/2024 - 10/31/2024
Member ID:
Patient Address:

DOB:

Duplicate Therapy
QUICK ACTION SUMMARY

- This patient has been identified as receiving multiple medications with a similar therapeutic purpose.
- Please check with records to determine if this pattern of duplicate therapy is appropriate.
- If needed, collaborate with other prescribers and the patient to ensure optimal therapy and safety.

Fill Date	Drug Label Name	Qty	Days Supply	Prescriber City, State, Phone	Pharmacy City, State, Phone
10/24/2024	OZEMPIC PN 2MG/3ML	3	28		
10/22/2024	JANUVIA TAB 50MG	90	90		
09/29/2024	OZEMPIC PN 2MG/3ML	3	28		
08/24/2024	OZEMPIC PN 2MG/3ML	3	28		
08/01/2024	OZEMPIC PN 2MG/3ML	3	28		
07/31/2024	JANUVIA TAB 50MG	90	90		
07/03/2024	OZEMPIC PN 2MG/3ML	3	28		

OUTCOMES

- Member claims data from the 4 months following the intervention (post-intervention) were analyzed and compared to pre-intervention data to determine relative cost savings and if deprescribing had occurred.

PRIMARY ENDPOINTS

- Analyzed relative cost savings between the health plan paid amount pre-versus-post intervention.
- Analyzed relative cost savings between the member copay amount pre-versus-post intervention.

SECONDARY ENDPOINTS

- Calculated the differences between the number of prescribers identified and the overlap percentage of duplicate therapy medication pre-versus post-intervention.
- Analyzed relative cost savings for health plan paid amount for specific duplicate therapy classes, GLP1-RA/DPP-4i and SSRI/SNRI.

STATISTICAL ANALYSIS

- Statistical significance was determined through paired T-tests.

RESULTS

TABLE 1: BASELINE DEMOGRAPHICS

Duplicate Therapy Type	Unique Members
Total Members	**241**
GLP1-RA/DPP4i	114
SSRI/SNRI	56
Other	71
Gender	**Unique Members**
Female	110 (45.6%)
Male	131 (54.4%)
Mean Age, years	52.74 +/- 13.15

TABLE 2: PLAN PAID AND MEMBER COPAY COST-SAVINGS

	Total Population*	Plan Paid		Member Copay	
		Mean (+/-) Difference ($)	Two-tail *P* Value	Mean (+/-) Difference ($)	Two-tail *P* Value
March	117	409.5 +/- 1,550.72	0.005*	34.11 +/- 90.88	<0.001*
July	112	1,348.92 +/- 5,057.10	0.006*	209.82 +/- 1,552.29	0.155
November	34	1,131.46 +/- 2,227.35	0.006*	49.29 +/- 32.20	0.037*
Total	**263**	**985.31 +/- 3,728.59**	**<0.001***	**121.02 +/- 1,062.12**	**0.078**

*denotes statistical significance; *some members may be in more than one intervention

TABLE 3: PERCENTAGE OVERLAP OUTCOMES

	Percentage Overlap	
	Mean (+/-) Difference	Two-tail *P* Value
March	41.1% +/- 28.8%	<0.001*
July	45.3% +/- 31.2%	<0.001*
November	37.3% +/- 31.2%	<0.001*

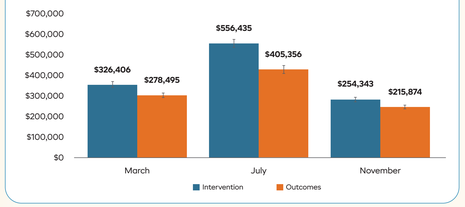
*denotes statistical significance

TABLE 4: PRESCRIBER COUNT OUTCOMES

	Prescriber Count		
	Mean (+/-) Difference	Raw Difference	Two-tail *P* Value
March	0.66 +/- 1.03	78	<0.001*
July	0.71 +/- 0.94	79	<0.001*
November	0.0 +/- 0.43	2	1.0

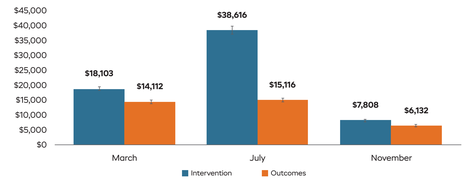
*denotes statistical significance

FIGURE 3: PLAN PAID SAVINGS PER INTERVENTION



- The mean plan paid differences between March intervention (*P* = 0.005), July intervention (*P* = 0.006), and November intervention (*P* = 0.006) were all significant.

FIGURE 4: MEMBER COPAY SAVINGS PER INTERVENTION



- The mean member copay differences between March intervention (*P* < 0.001) and November intervention (*P* = 0.037) was significant.

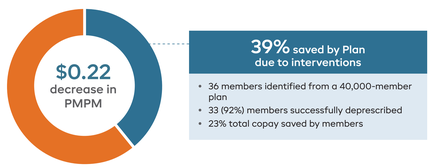
FIGURE 5: COST SAVINGS FOR GLP1-RA/DPP4i PRESCRIBING INTERVENTION

- Overall, plan paid amount decreased by 21% for DPP4i and GLP1RA duplicate therapy.
- The mean plan paid differences between March intervention (*P* = 0.012), July intervention (*P* < 0.001), and November intervention (*P* = 0.003) were all significant.

FIGURE 6: COST SAVINGS FOR SSRI/SNRI DEPRESCRIBING INTERVENTION

- Overall, the plan paid amount decreased by 3% for SSRI and SNRI duplicate therapy.
- The mean plan paid differences between March intervention (*P* = 0.026) and July intervention (*P* = 0.005) were significant.

FIGURE 7: OUR IMPACT IN NUMBERS FOR ONE HEALTH PLAN



88% members were successfully deprescribed duplicate therapy following intervention

21% decrease in plan paid amount following intervention

45% decrease in member copay amount following intervention

33% decrease in number of prescribers following intervention

41% decrease in percent overlap of duplicate therapy following intervention

LIMITATIONS

- This study included 6 commercial plans, limiting applicability to other lines of business.
- Information on duplicate therapy and member spending was not reported if the medication was paid for out-of-pocket.
- A larger study population would be beneficial for further analysis.

CONCLUSIONS

- These findings indicate that the mail-to-prescriber duplicate therapy deprescribing intervention significantly reduced the number of medications, prescribers, prescription overlap, and costs.
- This mail-to-prescriber intervention may be effective at reducing duplicate therapy among other classes of medications and result in significant cost savings for the plan and member.
- Overall, there is a clinical and financial benefit to implementing a mail-to-prescriber RDUR duplicate therapy deprescribing program.

DISCLOSURE

This research was conducted by Navitus Health Solutions, Madison, WI without external funding.

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