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 errors and outreach by mail or fax can be done to alert prescriber. This can be an effective program to impact provider prescribing habits.[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 duplicative 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]
- Outreach has been done previously with success by a PBM and impacted 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

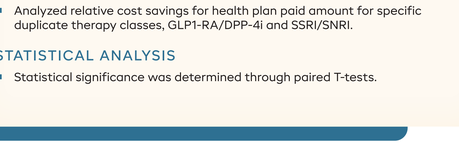
STUDY POPULATION

- 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.

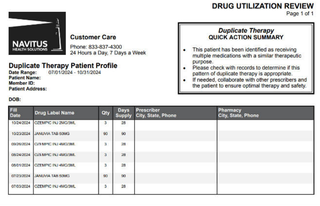
FIGURE 1: STUDY TIMELINE



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 HEALTH SOLUTIONS

Customer Care
Phone: 833-807-4300
24 Hours a Day, 7 Days a Week

Duplicate Therapy Patient Profile
Date Range: 07/01/2024 - 10/31/2024
Patient Name:
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	CZEMPIC INJ 2MG/3ML	3	28		
10/22/2024	JANUVIA TAB 50MG	90	90		
09/26/2024	OZEMPIC INJ 4MG/3ML	3	28		
08/24/2024	OZEMPIC INJ 4MG/3ML	3	28		
08/01/2024	OZEMPIC INJ 4MG/3ML	3	28		
07/31/2024	JANUVIA TAB 50MG	90	90		
07/02/2024	OZEMPIC INJ 4MG/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

		Plan Paid		Member Copay	
	Total Population^	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*

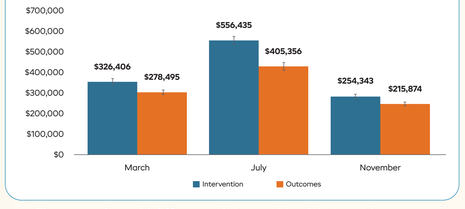
*denotes statistical significance

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

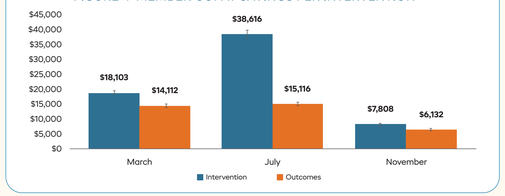
*denotes statistical significance

FIGURE 3: PLAN PAID SAVINGS PER INTERVENTION



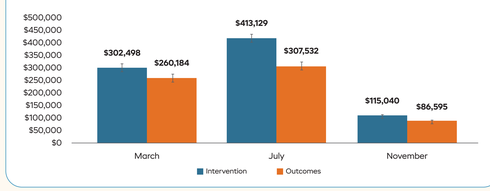
- The mean plan paid differences between March intervention (*P* = 0.005), July intervention (*P* = 0.006), and November intervention (*P* = 0.006) were all significant.

FIGURE 4: MEMBER COPAY SAVINGS PER INTERVENTION



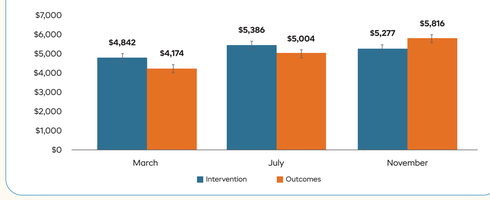
- The mean member copay differences between March intervention (*P* < 0.001) and November intervention (*P* = 0.037) was significant.

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



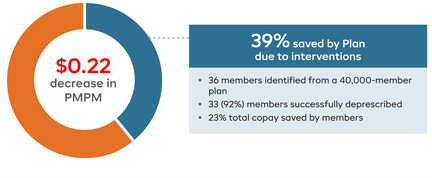
- Overall, plan paid amount decreased by 21% for DPP4i and GLP1RA duplicate therapy.
- The mean plan paid differences between March intervention (*P* = 0.012), July intervention (*P* < 0.001), and November intervention (*P* = 0.003) were all significant.

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.

REFERENCES

1. Angalakuditi M, Gomes J. Retrospective drug utilization review: impact of pharmacist interventions on physician prescribing. *Clinicoecon Outcomes Res.* 2011;3:105-108. doi:10.2147/CEOR.S21789
2. Priya K, Sreshta M, Philip S. Cost-saving medication therapy management for outpatients. *Perspect Clin Res.* 2021;12(1): 14-20. doi:10.4103/picr.PICR_164_18
3. Bocknek LS, Kim TC, Spaar PA, et al. Duplicate Medication Order Errors: Safety Gaps and Recommendations for Improvement. *Patient Safety.* 2022;4(3): 39-47. doi:https://doi.org/10.33940/data/2022.9.6
4. Perera PN, Guy MC, Sweaney AM, Boesen KP. Evaluation of prescriber responses to pharmacist recommendations communicated by fax in a medication therapy management program (MTMP) *J Manag Care Pharm.* 2011;17:345–54
5. Retrospective drug utilization review (RDUR): Safety-focused programs. Navitus Health Solutions. 2023

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