An Impact Analysis Comparing Two Outreach Methods Informing Members of a Cost Savings Alternative in a Commercially Insured Diabetic Population

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Background

- With access to claims history and a comprehensive understanding of member benefits, pharmacy benefit managers (PBMs) have the opportunity to guide members to cost saving formulary alternatives.
- Out-of-pocket medication costs have consistently been identified as a barrier to adherence and poor member outcomes.^{1, 2, 3}
- The antidiabetic class contains several commonly used branded agents, leading to a top spend category for plan sponsors.
- A new medication, Soliqua (insulin glargine and lixisenatide), combines two types of antidiabetic medications, a long-acting insulin (LAI) and GLP-1 receptor agonist, in fixed doses. Converting members to this combination product would reduce their monthly cost for a LAI and a GLP-1 agonist to a single copay and decrease the number of injections administered.
- Communication of this information to members can come in varying forms such as mailing campaigns, point-of-sale messaging, and telephonic outreach.
 - Mailing campaigns are more commonly used and less costly when compared to telephonic outreach.
- However, telephonic outreach may provide an opportunity for a more customized message, addressing both savings and diabetes disease management.

Table 1: Potential Patient and Plan Sponsor Benefits of Converting Members from a Separate GLP-1 Agonist and a LAI to a Combination Product

	GLP1 Agonist + LAI	Combination Product (insulin glargine and lixisenatide)
Estimated Total Monthly Cost Per Member	\$996ª	\$592ª
Member Financial Impact	Two copays	One copay ^b
Frequency of Injections	Multiple daily injections	Once daily injection

Average total cost of paid claims from 1/1/17 to 6/30/17
 Members also received a 12 month \$0 copay coupon card

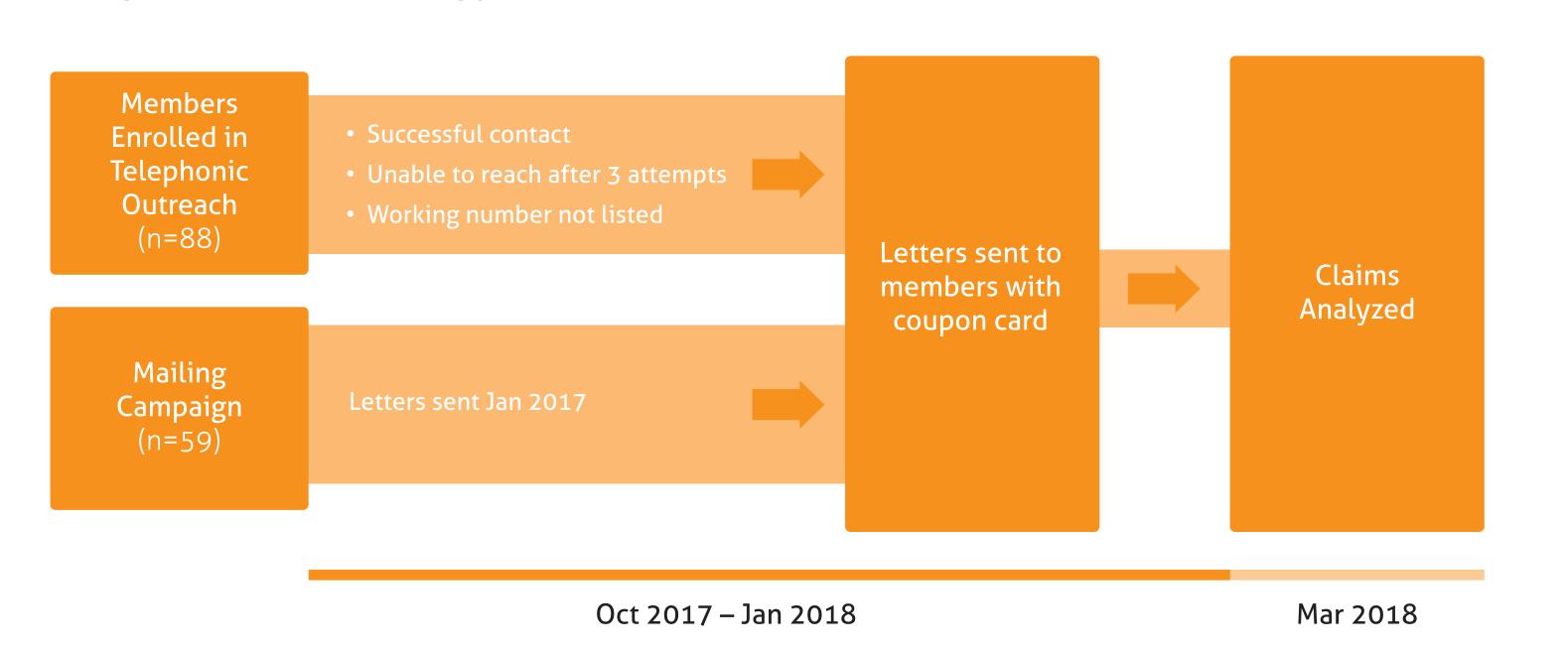
Objective

 To compare conversion rate from a GLP-1 agonist and a LAI to a combination product between a mailing campaign and telephonic outreach.

Methods

- Claims collected from the PBM between 1/1/17 to 6/30/17 were reviewed to identify eligible members
 - o Inclusion: Members that filled both a GLP-1 agonist and a LAI
 - o **Exclusion:** Members that require more than 80 units of LAI
- Members enrolled in an optional care management program (n=88)
 were contacted by a pharmacist through telephonic outreach to
 discuss diabetes management and the combination product.
 - o Patients successfully contacted and interested in the combination product were mailed a letter summarizing the conversation and a copay coupon card.
 - o Information about the combination product and a copay coupon card were mailed to a member if they were unable to be reached after 3 attempts.
 - o Members without active phone numbers listed by their plan and pharmacy received information about the combination product and a copay coupon card without telephonic outreach.
- Members not enrolled in the telephonic outreach group (n=59) received an informational letter and a copay coupon card.
- All claims data was reviewed 2 months after the last outreach to evaluate uptake of the combination product.

Figure 1: Methodology



Results

- A total of 10 members converted to the combination product.
 - The conversion rate to the combination product was 4.9% (n=4) with members enrolled in telephonic outreach and 13.0% (n=6) with members included in the mailing campaign.
- Sixty-five percent (n=28) of members who were successfully reached telephonically expressed interest in changing their current LAI and GLP-1 agonist therapy to the combination product.
 - o However, only 4.7% (n=2) completed the transition.
 - o The remaining 35% (n=15) who did not accept the cost saving opportunity had previously discontinued their GLP-1 agonist or declined telephonic outreach.
- Members eligible for telephonic outreach often had additional counselling on diabetes management.
 - o Common topics addressed include: foot-care, lifestyle modifications, routine exams, hypoglycemic events, management of comorbidities and weight loss.
 - o These interventions may play a role in delaying disease progression, increasing adherence and decreasing hospitalizations.^{4, 5}
 - o Therefore, pharmacist outreach has potential to provide additional value that was not measured in this study.

Figure 2: Patient Groups

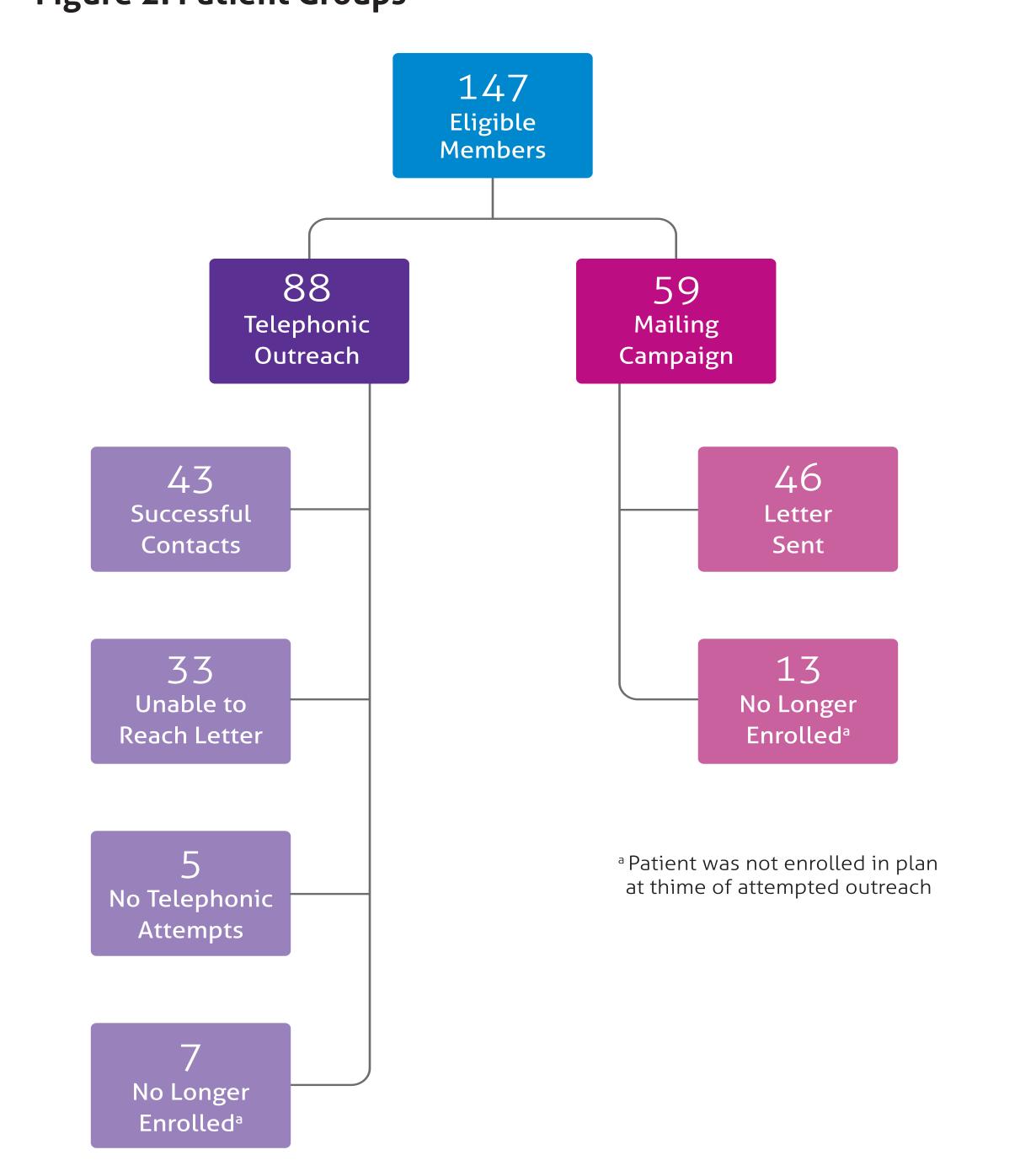


Figure 3: Successful Conversions to the Combination Product (n=10)

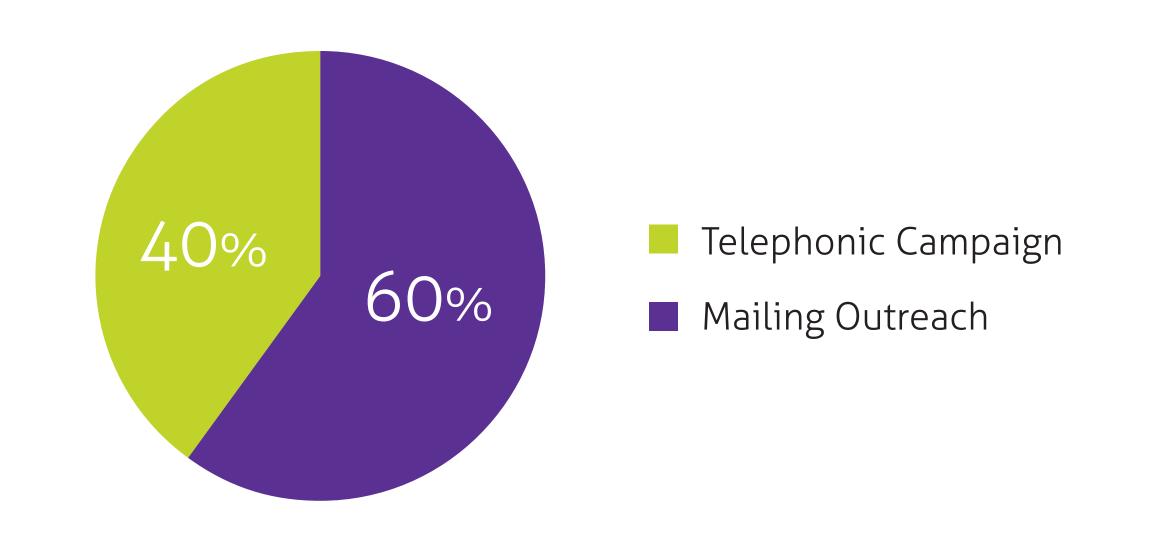
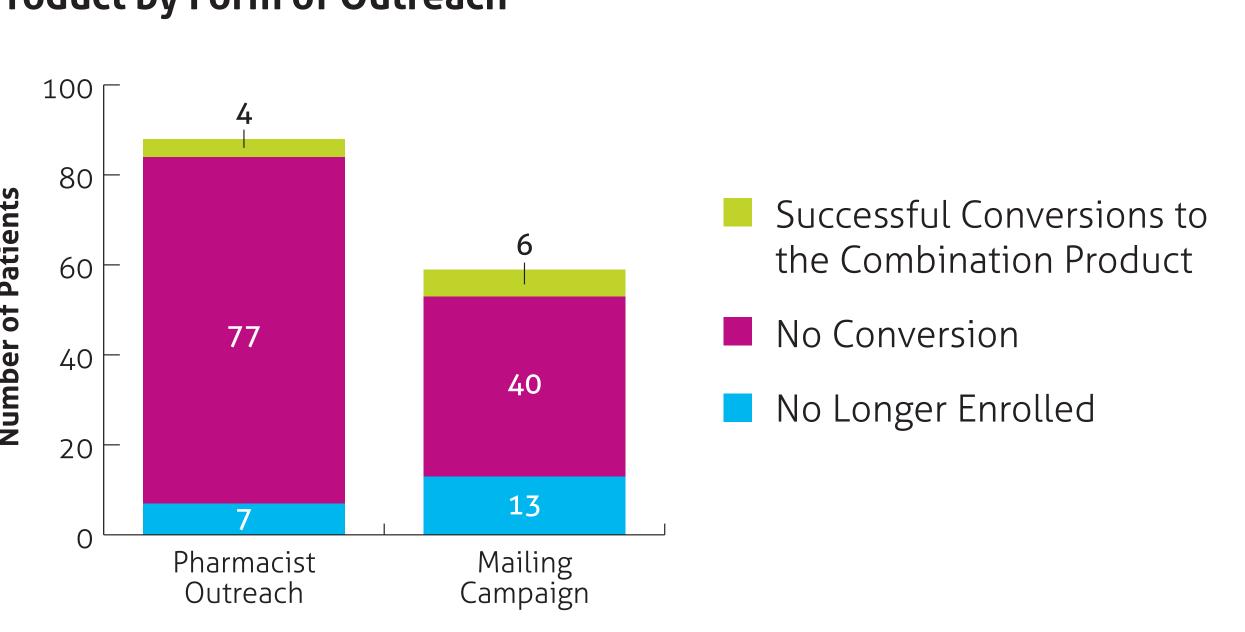


Figure 4: Number of Successful Conversions to the Combination Product by Form of Outreach



Form of Outreach

Discussion

- There were notable differences in the letters for the two methods of outreach.
 - Pharmacist outreach letters informed members that converting to the combination product will reduce their total copay, while the mailing campaign letters displayed monthly average total medication cost of their current therapy in comparison to the combination product.
 - o It is possible that members were more receptive when given potential hard savings, therefore resulting in increased uptake of the combination product in the mailing campaign group.
- Adequate time may not have been provided for members to initiate the combination therapy.
 - While there was 2 months between the last member contact and analysis of the data, many patients with diabetes visit their provider every 3 to 6 months.
 - o Furthermore, members that are able to quickly obtain prescriptions from their provider may decide to continue their previous diabetes regimen until finished--- which may significantly delay therapy for members receiving 90 day supplies.
- A more practical time frame for members to make changes may result in greater uptake of the combination product in both groups.
- Pharmacist outreach in a patient population with diabetes provides opportunities for interventions beyond switching the member to a cost saving alternative.
- Most pharmacist telephonic outreach focused on disease state management (n=38), as many members struggled with their medications and maintaining a healthy lifestyle.
- o While savings from these interventions were not estimated, the additional value of pharmacists should be taken consideration for future research when determining the best method of outreach for members.

Conclusion

The results suggest that telephonic outreach may not provide additional benefit over a mailing campaign when converting members to a cost saving alternative.

Disclosures

No sponsorship to disclose

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