# Impact of a Pharmacist Driven Outreach Program on Sacubitril/Valsartan Utilization Rates in a Commercial Population: A Comparison of Two Outreach Methods

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## Background

- Heart failure is associated with significant morbidity, mortality, and financial burden on the United States health care system.
- In 2012, the estimated costs associated with heart failure were \$31 billion, with eighty percent due to hospitalizations.<sup>1</sup>
- In 2015, the FDA approved Entresto (sacubitril/valsartan) for treatment of class II to IV chronic heart failure.<sup>2</sup>
- In the PARADIGM-HF trial, sacubitril/valsartan was found to reduce hospitalizations and cardiovascular death.<sup>3</sup>
- In 2016, AHA/ACC/HFSA released an update to the 2013 guideline for the management of heart failure, recommending sacubitril/valsartan with a class I recommendation for treatment of heart failure with reduced ejection fraction (HFrEF).<sup>5</sup>

## Objective

- To determine the impact of a care management pharmacist driven outreach program on sacubitril/valsartan utilization rates in a commercial population with systolic heart failure.
- To evaluate additional interventions provided by a care management pharmacist.

## Methods

- A randomized, non-blinded control trial in consenting patients aged 18 years and older.
- Inclusion criteria: Members enrolled in a commercial plan eligible for care management with utilization of guideline-recommended medications for heart failure and a diagnosis code for systolic heart failure. Each medication filled from January 2017 to June 2017 was assigned one point and a diagnosis code from April 2011 to May 2017 was assigned three points. Those with a score of  $\geq 5$  points were included.
- **Exclusion criteria:** Members that are no longer enrolled in the plan, opted out of care management, have received a fill of sacubitril/valsartan before being contacted, and <18 years of age.
- **Randomization:** 276 patients were randomized to two groups: the control group (n=138) and study group (n=138).
- Control group received an informational letter about sacubitril/valsartan and a copay coupon card.
- Study group received a call from a care management pharmacist.
  - Topics discussed included: heart failure, medications, and benefits of sacubitril/valsartan.
  - After each successful call additional information on heart failure, a copay coupon, and a letter was sent to the member. An additional letter was sent to the provider if the member approved.
  - If three unsuccessful telephonic attempts were made an unable-to-reach letter with information about sacubitril/valsartan and a copay coupon card were sent to the member.

## Results

- sacubitril/valsartan.

### Figure 1: Scoring

CD 9 and 10 co Score = 3 poin

HA Recommer dication for He Failure core = 1 poi see Table 2

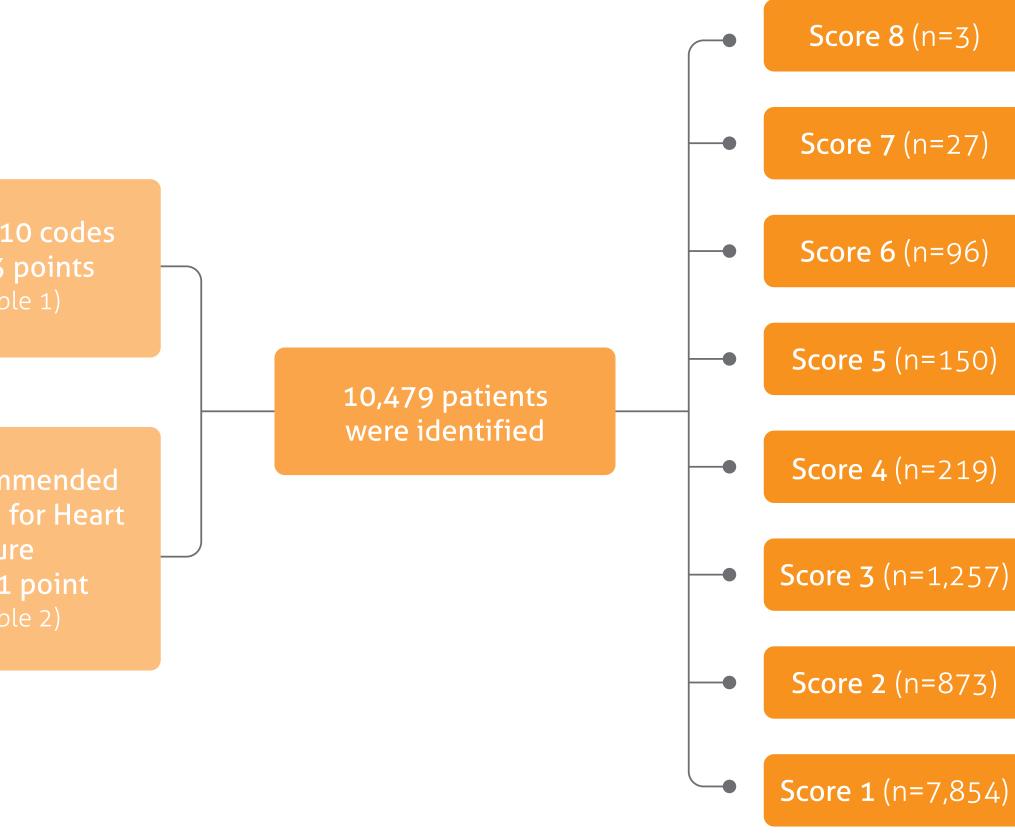
 A total of 10,479 members were identified in the study and 276 were found to have a score  $\geq$ 5 points. Of these members they were randomized into two groups: the control group and study group.

Over the course of the study, 51.7% (n=61) of members in the study group were contacted by a care management pharmacist and 48.3% (n=57) of members received an unable to reach letter. Of these members, one member switched to sacubitril/valsartan after an intervention by a care management pharmacist in the study group and no members switched in the control group.

• Additional interventions were made to the members that received outreach from a clinical pharmacist: 26% (n=16) of members opted to send a provider letter, 23% (n=14) of members received a recommendation to optimize their medication dose, 33% (n=30) of members received a recommendation to make a change in their medication regimen, 15% (n=15) received recommendations regarding their utilization of NSAIDs, 38% (n=23) received education on the importance of daily weight, and 10% (n=6) of members received education on sodium restriction.

 Forty-four percent (n=27) of members that were contacted by a care management pharmacist reported they did not have heart failure or were unclear of their diagnosis.

• Five percent (n=3) of members in the study group were not interested in starting

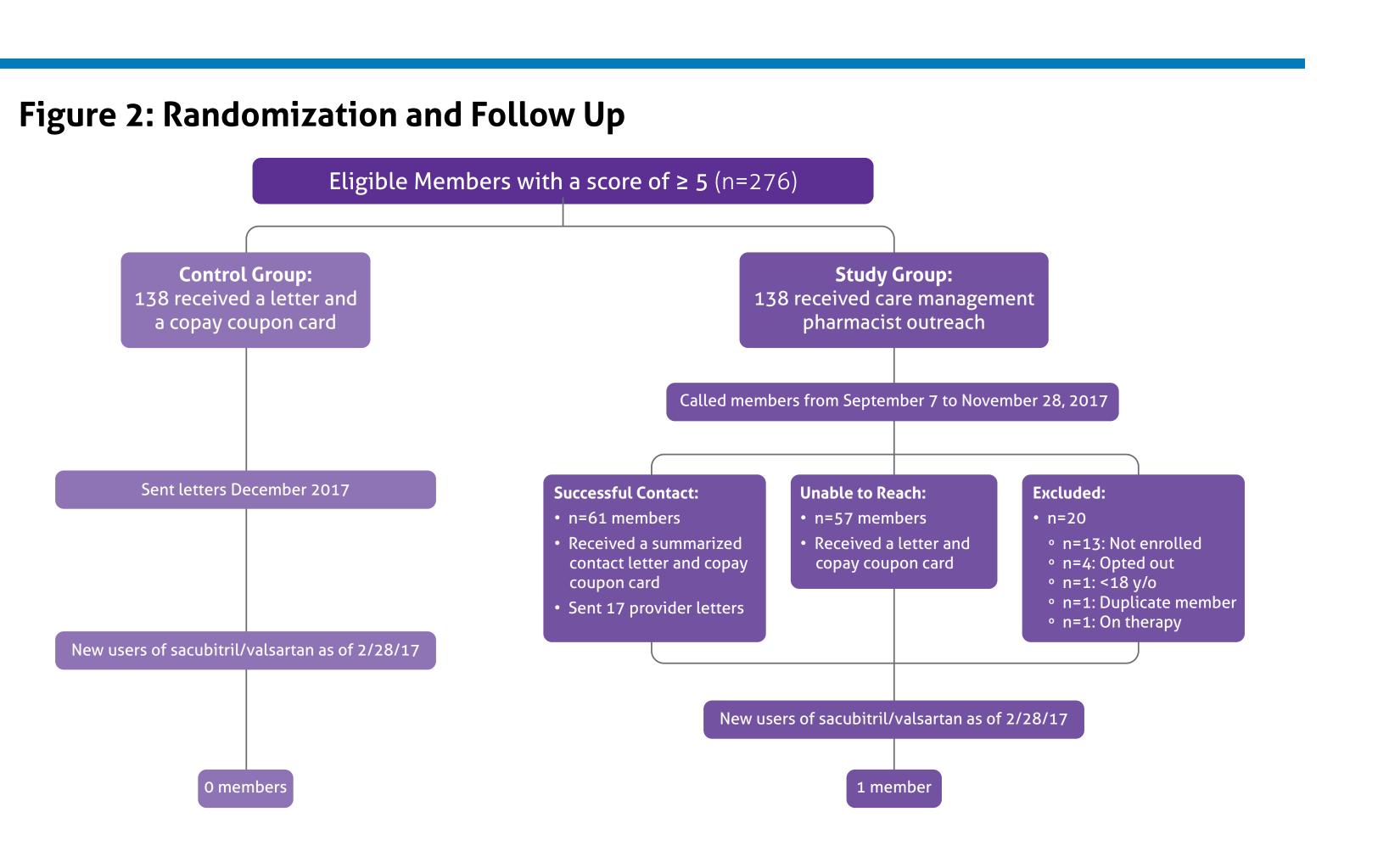


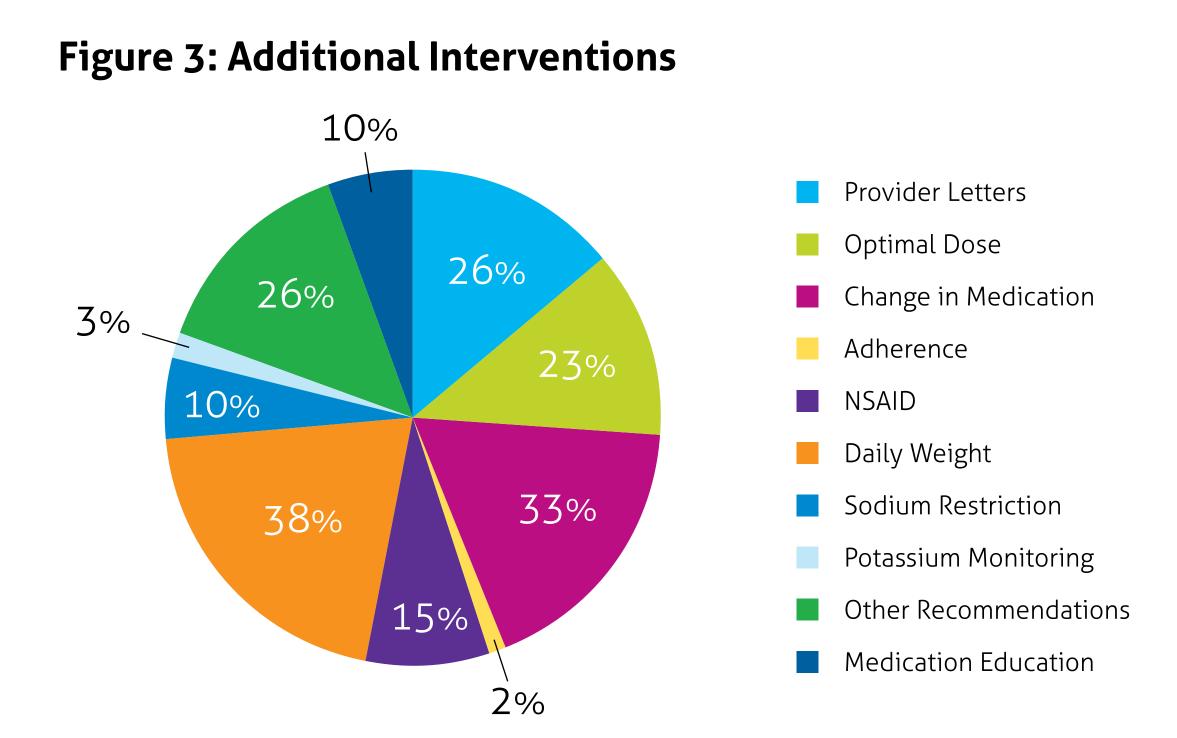
### Table 1: ICD-9 and 10 Codes

Congestive heart failure, unspecified CHF NOS
Left heart failure LEFT HEART FAILURE
Unspecified systolic heart failure SYSTOLIC HRT FAILURE NOS
Acute systolic heart failure AC SYSTOLIC HRT FAILURE
Chronic systolic heart failure CHR SYSTOLIC HRT FAILURE
Acute on chronic systolic heart failure AC ON CHR SYST HRT FAIL
Unspecified combined systolic and diastolic heart failure SYST/DIAST HRT FAIL NOS
Acute combined systolic and diastolic heart failure AC SYST/DIASTOL HRT FAIL
Chronic combined systolic and diastolic heart failure CHR SYST/DIASTL HRT FAIL
Acute on chronic combined systolic and diastolic heart Failure AC/CHR SYST/DIA HRT FAIL
Heart failure, unspecified HEART FAILURE NOS
Left ventricular failure
Systolic (congestive) heart failure
Unspecified systolic (congestive) heart failure
Acute systolic (congestive) heart failure
Chronic systolic (congestive) heart failure
Acute on chronic systolic (congestive) heart failure
Combined systolic (congestive) and diastolic (congestive) heart failure
Unspecified combined systolic (congestive) and diastolic (congestive) heart failure
Acute combined systolic (congestive) and diastolic (congestive) heart failure
Chronic combined systolic (congestive) and diastolic (congestive) heart failure
Acute on chronic combined systolic (congestive) and diastolic (congestive) heart failure
Heart failure, unspecified

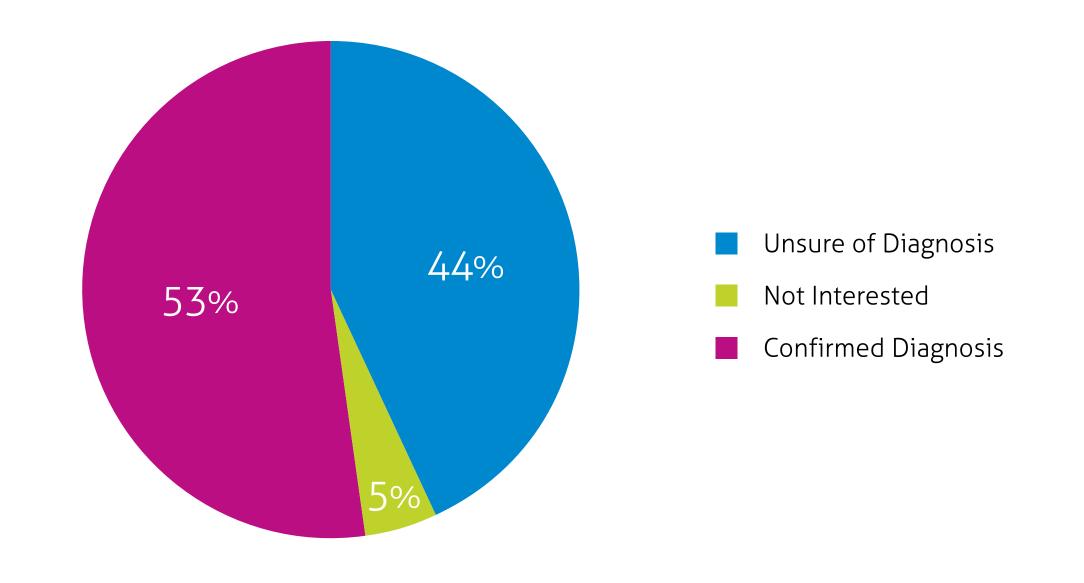
### Table 2: AHA Recommended Medications for Heart Failure

Class	Medications
Angiotensin-converting enzyme (ACE) Inhibitors	<ul> <li>Lisinopril</li> <li>Benazepril</li> <li>Captopril</li> <li>Enalapril</li> <li>Fosinopril</li> <li>Moexipril</li> <li>Perindopril</li> <li>Quinapril</li> <li>Ramipril</li> <li>Trandolapril</li> </ul>
Angiotensin II receptor blockers (ARBs)	<ul><li>Losartan</li><li>Candesartan</li><li>Valsartan</li></ul>
Beta Blockers	<ul><li>Metoprolol Succinate</li><li>Carvedilol</li><li>Bisoprolol</li></ul>
Loop Diuretics	<ul> <li>Furosemide</li> <li>Bumetanide</li> <li>Torsemide</li> </ul>
Aldosterone Antagonists	<ul><li>Spironolactone</li><li>Eplerenone</li></ul>
Other	<ul><li>Digoxin</li><li>Hydralazine + Isosorbide Dinitrate</li></ul>





### Figure 4: Study Group: Patient Reported Heart Failure Diagnosis



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## Discussion

- Outreach by a care management pharmacist improved the utilization of sacubitril/ valsartan when compared to a informational letter.
  - The average timeframe of when the results were analyzed as average follow up time was between 2 to 5 months.
  - The overall lack of uptake could be due to multiple reasons one being that the members did not have enough time to meet with their cardiologist. Another consideration would be if the member had recently filled a 90 day supply of their ACE-I or ARB preventing them from switching immediately.
- Forty-four percent (n=27) of members reported they did not have or know they have heart failure. This could demonstrate that medical and pharmacy claims may not be optimal predictors of a diagnosis of heart failure.
- Even though the uptake of sacubitril/valsartan was low, there were potential benefits in the study group - dose optimization, diet, counseling, etc. All of these members likely saw improve heart failure outcomes versus the patients that did not receive an intervention by a care management pharmacist.<sup>4,5</sup>
- A future recommendation would be to analyze the data in six months after the intervention to assess the true impact and comparison between the two groups.

### References

- . Heidenreich PA, Albert NM, Allen LA, et al. Forecasting the impact of heart failure in the United States: a policy statement from the American Heart Association. Circ Heart Fail. 2013;6(3):606-619
- 2. Product Information: SACUBITRIL /VALSARTAN(TM) oral tablets, sacubitril valsartan oral tablets. Novartis Pharmaceuticals Corporation (per Manufacturer), East Hanover, NJ, 2015.
- . McMurray JJ, Packer M, Desai AS, et al. Angiotensin-neprilysin inhibition versus enalapril in heart failure. N Engl J Med 2014;371:993-1004.
- 4. Yancy, C., Jessup M., Bozkurt, B. et al. 2013 ACCF/AHA Guideline for the Management of Heart Failure October 2013 by the American College of Cardiology Foundation, and the American Heart Association, Inc.
- . Yancy, C., Jessup M., Bozkurt, B. et al. 2016 ACCF/AHA/HFSA Focused Update on New Pharmacological Therapy for Heart Failure: An Update of the 2013 ACCF/ AHA Guideline for the Management of Heart Failure. April 2016 by the American College of Cardiology Foundation, the American Heart Association, Inc., and the Heart Failure Society of America

## Disclosures

• This research was conducted by Magellan Health without external funding.