

# AllianceRx Walgreens Prime Employer Forum

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January, 10 2018

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# Agenda

- Operational Strategies for Split Fill – Waste Management
- Dose Optimization for Oral Oncology
- Co-pay Solutions Program

# Operational Strategies for Split Fill

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# Adjudication Logic

- Limits member with no history of medication use to a 16-day supply
- First-fill claims that exceed a 16-day supply will reject with plan limits exceeded
- A member can receive a completion fill of the same medication for a 12 or 14-day supply within the first month
- Copays are adjusted automatically based on day supply
- Second month and beyond will read standard copays and edits

# Prior Authorization (PA) Logic

- PA required messaging returns for all member claims for targeted drugs
- PA override allows a 16-day supply for first fill and adjusts copay
- PA override allows a 12 or 14-day supply for completion fills and adjusts copay
- Ongoing PA overrides allow a 28 or 30-day supply based on client criteria

# Copay Sharing Options

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50% First Fill, 50% Completion Fill

or

0% First Fill, 100% Completion Fill

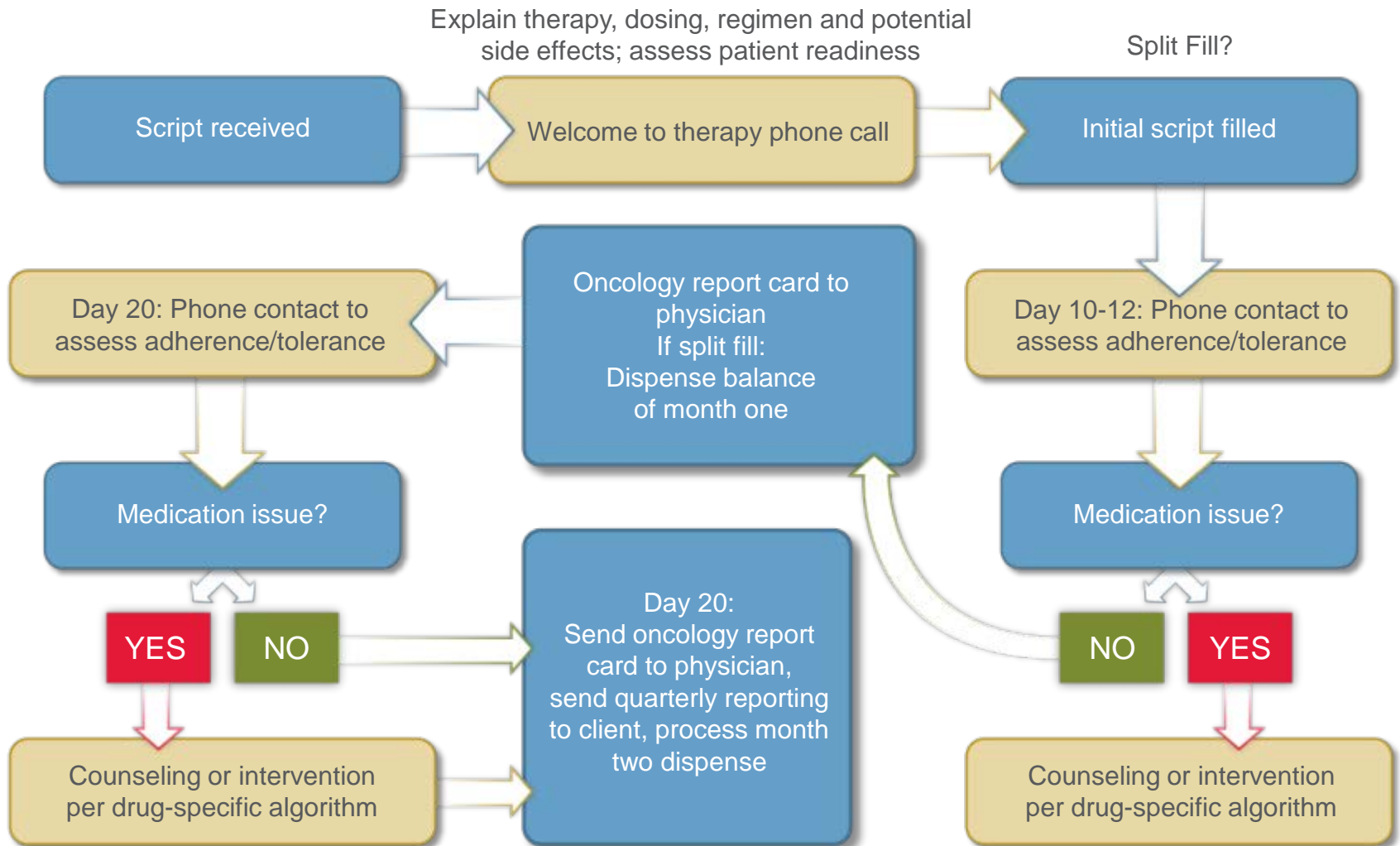
or

100% First Fill, 0% Completion Fill

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- Copays adjusted through:
  - Processor day supply logic
  - Copay overrides during the PA process

# Clinical Process Flow



# Dose Optimization

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# Dose Optimization Cost to Treat Program

- Dose Optimization minimizes the number of units dispensed for a prescription while providing the appropriate dose to the patient

NO. OF ADDITIONAL REFILLS: 11

\*\*ICD 9 CODE: 416.0

DATE OF RX: \_\_\_\_\_

DRUG NAME: Letairis

STRENGTH: 5mg

QUANTITY: 60

DIRECTIONS (SIG): Two tabs daily

(can have 90 day supply of 180 w/ 3 refills)

\$13,785  
/Rx

Afinitor 2.5mg \*Dose Decrease\*

3 po QD (daily dose 7.5mg)

~~#84~~ #84 (X5)

\$16,378  
/Rx

\*\*Actual prescriptions received (and successfully adjudicated prior to intervention) by ARxWP

# Dose Optimization

## Unsuccessful Dose Optimization: Imatinib

CLIENT XXX

### Intervention Opportunity

### Actions

- Faxed prescriber's office to suggest dose optimization on May 5
- Received prescriber's denial of suggested Rx on May 9
  - "Patient cannot swallow the 400mg tablets" per fax from prescriber

### Outcomes



- Unsuccessful dose optimization intervention
- Estimated savings to health plan: **\$2,265.90 per month or \$27,190.80 per 12 months**

- FROM Imatinib 100mg, four tablets once daily

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## Successful Dose Optimization: Jakafi

CLIENT XXX

### Intervention Opportunity

### Actions

- Faxed prescriber's office to suggest dose optimization on Mar. 3 and Mar. 10
- Call to prescriber's office to suggest dose optimization on Mar. 17
- Faxed prescriber's office to suggest dose optimization on May 11
- Received prescriber's approval of dose optimization suggestion on May 31
- Split copay requested and approved by plan; optimized Rxs delivered to patient on June 8

### Outcomes



- Successful dose optimization intervention.
- Decreased pill burden for patient.
- Estimated savings to health plan: **\$5,433.75 per month or \$65,204.95 per 12 months**

- FROM Jakafi 5mg, one tab in the morning and two tabs in the evening TO Jakafi 5mg, one tab in the morning AND Jakafi 10mg, one tab in the evening

Dose Optimization minimizes the number of units dispensed for a prescription while providing the appropriate dose to the patient.

# Patient Case: Oral Oncology Dose Optimization



A patient is prescribed Inlyta; Seven 1-mg tablets by mouth twice daily

## AllianceRx Walgreens Prime Solution

- Evaluates prescription
- Switches prescription to:
  - One 5-mg tablet of Inlyta by mouth twice daily
  - Two 1-mg tablets twice daily

## Outcome

- Successful dose optimization intervention
- Decreased pill burden for patient
- Estimated savings to health plan:
  - **\$7,426.37 per month**
  - **\$89,116.46 per year**

# Pharmacy Co-pay Solutions Program



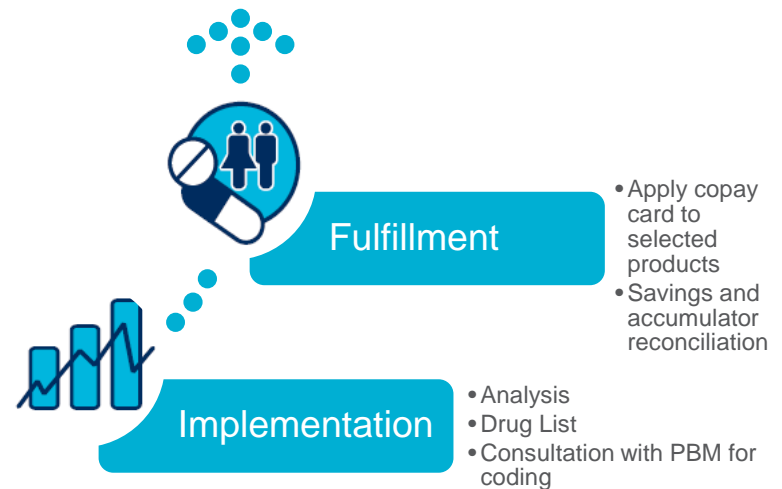
# Specialty Pharmacy Co-pay Solutions Program

- Manufacturer subsidized co-pay cards can provide beneficial assistance for patients who require specialty medications to treat their conditions.
- Payers/Employers would like to align utilization of manufacturer copay cards to their specialty pharmacy management program to promote best possible outcomes at the lowest potential cost.
  - Offset plan and member costs by leveraging the value of co-pay cards for select drugs
  - Address the accumulator issue by linking patient co-pays that are subsidized by the manufacturer to deductible and out of pocket maximums.
  - Preserve integrity of specialty plan design

# Specialty Pharmacy Co-pay Solutions Program

Assist employers by implementing a Specialty Pharmacy Co-pay program via a two-pronged approach:

1. Employer's plan design for key specialty drugs that leverages the value of manufacturer co-pay cards; and
2. Support employer's need to streamline copay design and accumulator tracking that will preserve specialty plan design and reduce inflation of accumulator for deductible and out of pocket costs



# Payer Program Considerations

- Medication Inclusion
  - Standard list, or is customization needed?
- Payer to provide utilization data on targeted drugs
- Program Model Considerations
  - Flat tier (e.g. \$600 co-pay) for all medications in the program
  - Look at drugs one by one to optimize the co-pay card?
- Remaining balance responsibilities after utilizing a co-pay card (i.e. Patient or Payer)
- Exception process considerations
  - Override process for members who can't (government beneficiaries) be enrolled or decline enrollment of a manufacturer co-pay program?
- Benefit set up with PBM for both optimization and accumulator
- Implementation dates and milestone considerations

**Thank You**