An Integrated Approach for Managing Oncology Drug Therapies: Dose Efficiency and Other Initiatives for Multiple Myeloma

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As more patients are being diagnosed with cancer, and as newer, more expensive therapies are being approved and marketed, spending on oncolytics is expected to climb by as much as 42% in the next two years.1 Treatment of multiple myeloma is a good example of this phenomenon. There are now many U.S. Food and Drug Administration approved treatments for this disease, including lenalidomide (Revlimid). When oncology drugs are ranked by spending per-eligible per-month (PEPM), lenalidomide is at the top. Medco reports that this drug experienced a 26.7% increase in utilization in the past year. With a generic equivalent several years away, this oral agent provides a snapshot of the challenges faced by payors in managing trends associated with multiple myeloma treatment. As more patients are diagnosed with multiple myeloma, more are prescribed lenalidomide. Patients may live longer and take lenalidomide for increasing lengths of time. In addition, the manufacturers take price increases and payors pay more for each unit of medication. As a result of these dynamics, the strategy to optimize quality and manage cost in multiple myeloma and other cancers requires a proactive and collaborative approach as disease detection improves and novel therapies prolong patients’ lives.

In the United States, the growing cost of cancer care is largely felt by employers and health insurance companies (and, of course, government healthcare programs such as Medicare and Medicaid). Payors, both private or governmental, are increasingly focusing their resources on maintaining affordability of cancer care while ensuring appropriate access. While
individual strategies vary, the most commonly used tools include applying use-management criteria (such as prior authorization), reviewing medication use for clinical appropriateness, employing evidence-based clinical pathways, and collaborating with oncology providers. While medication use in cancer care in previous decades has mainly consisted of infusible products, there are now a host of new oral oncology agents, which adds new and complicated dynamics to the efforts to control costs. Payors are now required to have a strategy that integrates management on the medical side with that on the pharmacy side.

**AN INTEGRATED APPROACH AT EXCELLUS BLUECROSS BLUESHIELD**

Excellus BlueCross BlueShield applies an integrated approach to managing specialty drugs across all categories, including oncology. The overall goal of this integrated drug management philosophy is to ensure that the appropriate patient receives the appropriate therapy. As has been established time and time again, when a high level of clinical quality is achieved, cost savings inevitably follow. Excellus BlueCross BlueShield is committed to ensuring appropriateness across the spectrum of specialty products by promoting the consistent application of management interventions for drugs under both the pharmacy and medical benefits.

While each benefit plays a distinct role at Excellus BlueCross BlueShield, one component of this integrated approach is that treatment strategies are often assessed using both the pharmacy and medical claims. The goal of this process is to drive appropriateness, safety, and guideline compliance as a global effort to manage the patient’s overall treatment, not just on a single-drug basis. If a medication is being reviewed for payment on the medical benefit, pharmacists within the health plan will also review real-time pharmacy claims where appropriate. The clinical appropriateness of a drug that is administered and billed under the medical benefit may depend on the patient’s adherence to his or her medications that fall under the pharmacy benefit. Some medical benefit drugs have significant safety issues in relation to medications that fall under the pharmacy benefit. In the case where a request for a medical benefit drug reveals a dangerous interaction with a concurrently administered pharmacy benefit drug, Excellus BlueCross BlueShield will notify the prescriber and provide a message to the dispensing pharmacy, and will not permit coverage for the medical benefit drug until or unless the patient safety issues are adequately addressed. In our experience, about one-third of all medications managed under the medical benefit require our pharmacy team to review the member’s pharmacy benefit claims either to determine medical appropriateness or to ensure patient safety.

Utilization management initiatives are key to this integrated approach. Excellus BlueCross BlueShield employs prior authorization (PA) to drive appropriate, evidence-based prescribing. In establishing PA criteria, plan stakeholders work very closely with the oncology community and follow the accepted compendia along with published clinical data. Off-label use of oncology medications is common, and it may also be appropriate. Using nationally recognized compendia, treatment guidelines, and medical journals allows Excellus BlueCross BlueShield to be vigilant against inappropriate or unsupported use while being comprehensive and inclusive in cases where the off-label use of a medication is supported by the evidence.
EMPLOYER IMPACT
As oncology drug costs continue to rise, there has been a national trend toward greater cost-sharing requirements for patients. In 2003, health plans paid an average cost of $37,504 for the first year of cancer treatment, with $2,434 paid out of pocket (OOP) by the member.2 By 2006, the health plan’s cost for the first year of cancer treatment had risen to $57,657 (a 54% increase), while the member’s portion increased 109% to $5,094.2 Employers have driven this tactic as they become more savvy about the existence of copay cards and other forms of patient assistance. In the past, employers often looked at cost shifting as an unbearable burden on their employees. However, it is now increasingly evident to them that patient assistance programs provide members with a means of obtaining costly prescription medications when the plan does not pay the full cost. In the past, employers often looked at cost shifting as an unbearable burden on their employees. However, it is now increasingly evident to them that patient assistance programs provide members with a means of obtaining costly prescription medications when the plan does not pay the full cost. As a result, decision makers – ever mindful of their shrinking budgets – now see cost shifting as a much more pragmatic option than ever before.

To enhance consumer confidence in the face of rising drug costs, Excellus BlueCross BlueShield works closely with employers to keep them informed about current and future clinical and economic considerations. Market research indicates that insurers are taking a more proactive role in working with employers to help sustain the viability of the group healthcare market.3 Experts agree that the most successful plans are those that help employers manage costs to increase the affordability of healthcare and enhance employee productivity.3 It has become more common for managed care organizations to collaborate with employers to this end. Excellus BlueCross BlueShield has found it beneficial to share our knowledge about trends in cost and treatment options with employer groups and the broker community. We work with our employers to address questions and concerns and to provide information about potentially trend-driving therapies that may be approved in the future. As part of this policy of open communication, the plan also maintains transparency in its efforts for managing appropriate use of medications. One of the goals at Excellus BlueCross BlueShield is to ensure that employers feel confident that costly specialty medications are prescribed and used appropriately by their members.

DOSE EFFICIENCY AND OTHER MULTIPLE MYELOMA INITIATIVES
Beyond an overall integrated management approach for specialty products, Excellus BlueCross BlueShield has also implemented initiatives specifically impacting multiple myeloma therapies. Excellus BlueCross BlueShield has had PA in place for thalidomide and lenalidomide to assess for clinical appropriateness. However, this utilization management did not go down to the level of specific dosing. In 2008, the plan conducted an assessment of thalidomide (Thalomid) utilization, and the results were applied to both thalidomide and lenalidomide management. Thalidomide is available in 50-, 100-, 150-, and 200-mg capsules. The analysis found that 32% of thalidomide claims were dosed inefficiently. For example, there were 34 patients using two 50-mg capsules instead of a single 100-mg capsule. Across all the inefficient dosing, the average difference per claim would have been $4,000 if dosed appropriately. In one extreme case, a patient was receiving six 50-mg capsules per day for 23 months at a total cost of $266,000. If this patient had been given one 200-mg capsule daily for the same length of time, the savings would have been $107,000. Overall, it was estimated that enforcing dose efficiency for thalidomide treatment could help the plan...
realize a savings of $1 million per year without requiring any changes in drug choice or treatment. Patients may also be more likely to take their medication as prescribed if they are only asked to take one capsule instead of two or more capsules daily.

The plan proceeded to implement an educational campaign promoting efficient dosing to providers who prescribed thalidomide and/or lenalidomide. The plan also provided to prescribing physicians a list of every patient who was not being dosed efficiently. The results of this initiative were overwhelmingly positive. Virtually every identified patient was converted to an efficient dosing schedule. Many prescribers were surprised at the number of patients who were being treated with inefficient dosing. Exceptions were granted for situations like dosing titration, and the dose efficiency intervention was not viewed as an unreasonable or authoritative push by the plan. Instead, many prescribers were pleased to find that we were able to cut cost out of the system without impacting patients’ quality of care.

**LOOKING TOWARD THE FUTURE**

Unlike the initiatives that are in place for thalidomide and lenalidomide, bortezomib (Velcade) is not actively managed by Excellus BlueCross BlueShield at this time. However, an integrated strategy across the pharmacy and medical benefits is being developed.

It is easiest to implement a utilization management strategy if you can do so from the first day the drug is available. To this end, Excellus BlueCross BlueShield continues to monitor the drug pipeline. Excellus BlueCross BlueShield also continually reviews the emerging literature and compendia updates for appropriate use of existing agents, including new indications and novel combination therapy regimens.

An emerging opportunity for the plan is in the area of leveraging value within a class of oncology drugs. This strategy is more easily implemented under the pharmacy benefit, where different drugs can be placed on different tiers when multiple treatment options exist. It is important to work with the oncology community when undertaking this type of strategy.

Ultimately, the chronic nature of multiple myeloma equates to patients receiving increasingly costly drugs for ever-lengthening periods of time relative to that of more rapidly progressive cancers. This characteristic of the disease underscores the immediate need for an effective management strategy to optimize clinical quality and control rapidly escalating costs. An integrated drug management philosophy that incorporates appropriate use and dose efficiency appears to provide the ideal infrastructure to address these concerns. Furthermore, collaboration and open communication between health insurers, oncologists, and employers should serve to bolster these efforts, driving clinically sound and cost-effective drug therapy for the treatment of multiple myeloma and other cancers.

**References**