



## Potential Savings from a 15-day Initial Fill Policy for Selected Outpatient Medications in a State Medicaid Program

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### BACKGROUND

- Since 2011, the Centers for Medicare and Medicaid Services has required all long term care facilities to implement a short fill supply for all solid oral dosage forms in order to reduce medication wastage from medication discontinuation.
- The objective of this study was to evaluate potential savings that could be achieved from a 15-day initial fill policy for selected out-patient medications in the Mississippi Medicaid program.

### RESULTS

- A total of 17 unique drugs were included in the final analysis of potential savings from a 15-day initial fill policy. These drugs were associated with high costs per prescription and high discontinuation rates.
- Assuming savings of 15-days of therapy from all discontinuations, the total annual savings from these 17 drugs was estimated to be \$155,333.
- A conservative estimate with savings from only 50% of discontinuations was an annual savings of \$76,063.

### METHODS

- A retrospective analysis was conducted using Mississippi Medicaid claims data for the period January 1, 2013 through December 31, 2013.
- Oral drugs, costing more than \$1000 per prescription, were evaluated for inclusion in the 15-day initial fill model.
- All new starts for these medications during the year were identified and analyzed for persistency and average amount paid. New starts were identified using a 180 days washout period.
- Medications were selected for further evaluation based on (a) 50+% of new starts stayed on therapy for 90+ days and (b) 5+% of new starts had discontinued therapy before 30 days.
- Drugs which were expected to generate the most savings from this policy were further evaluated for potential savings from a 15-day initial fill policy.

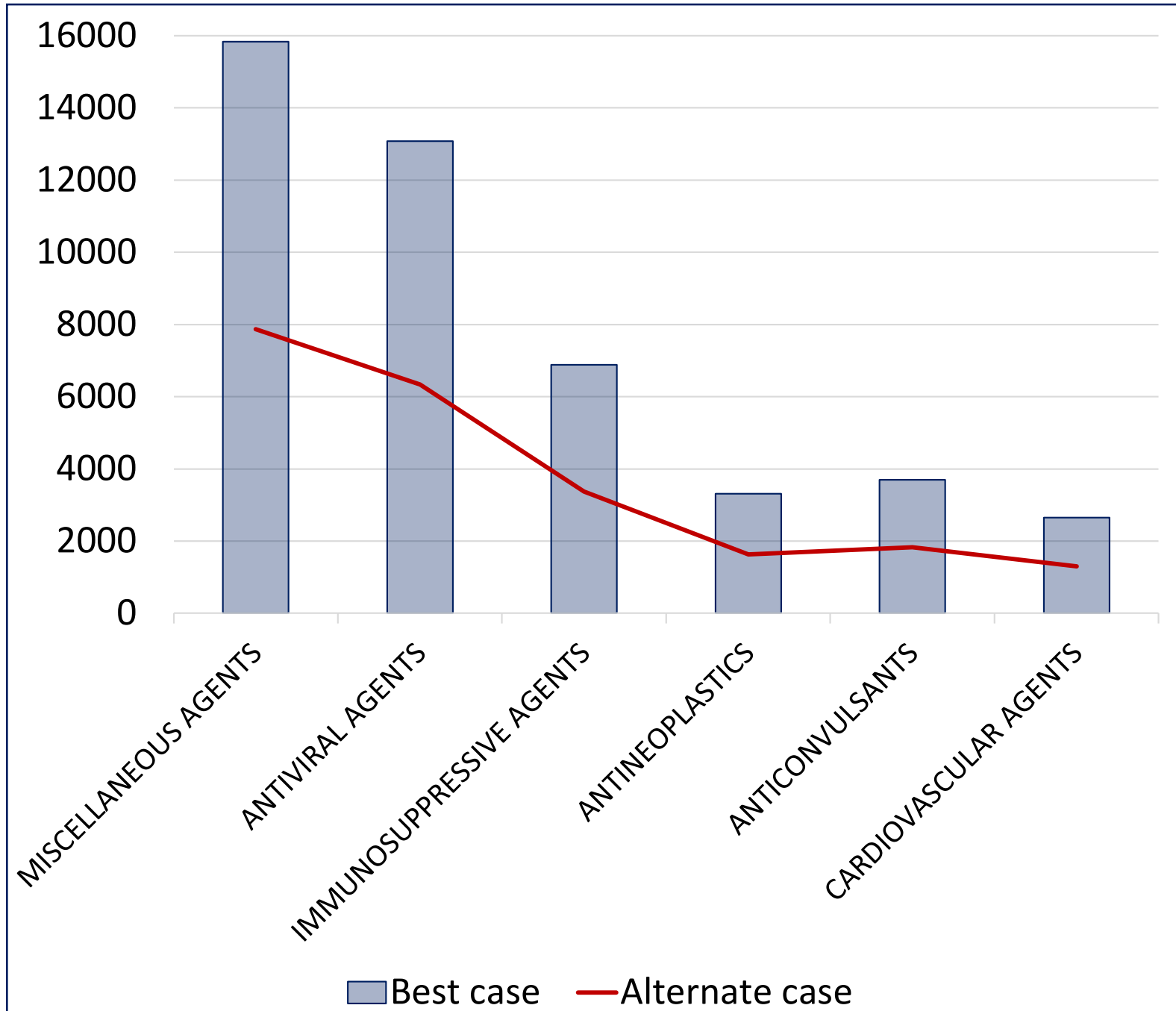


Figure 1: Potential Savings from a 15-day Initial Fill Policy by Drug Category

Table 1: Potential Savings from a 15-day Initial Fill Policy for Selected Out-patient Medications

Drug name	Drug category	Average duration of therapy	Average paid amount	Discontinuation rate (%)	Persistency rate (%)	Best case savings	Alternate case savings
Deferasirox	Miscellaneous Agents	122	\$6,412	23.7	57.6	\$ 44,656	\$ 22,181
Efavirenz/Emtricitabine/Tenofovir	Antiviral Agents	122	\$1,958	25.5	58.2	\$ 24,116	\$ 11,813
Emtricitabine-tenofovir	Antiviral Agents	111	\$1,275	22.3	54.7	\$ 19,221	\$ 9,263
Atazanavir	Antiviral Agents	110	\$1,146	22.1	54.7	\$ 11,664	\$ 5,595
Darunavir	Antiviral Agents	102	\$1,120	26.9	56.4	\$ 11,472	\$ 5,541
Emtricitabine/Rilpivirine/Tenofovir	Antiviral Agents	127	\$2,005	17	66	\$ 7,823	\$ 3,794
Dimethyl Fumarate	Immunosuppressive Agents	129	\$4,665	11.1	81.5	\$ 6,878	\$ 3,371
Lapatinib	Antineoplastics	113	\$4,639	37.5	62.5	\$ 6,934	\$ 3,447
Abacavir-lamivudine	Antiviral Agents	139	\$1,082	22.2	63.9	\$ 4,189	\$ 2,004
Vigabatrin	Anticonvulsants	137	\$7,444	14.3	71.4	\$ 3,692	\$ 1,828
Imatinib	Antineoplastics	163	\$7,110	14.3	85.7	\$ 3,525	\$ 1,745
Ambrisentan	Cardiovascular Agents	107	\$5,701	14.3	71.4	\$ 2,821	\$ 1,393
Tadalafil	Cardiovascular Agents	133	\$1,678	30	50	\$ 2,482	\$ 1,216
Tofacitinib	Miscellaneous Agents	120	\$2,154	40	60	\$ 2,139	\$ 1,057
Procarbazine	Antineoplastics	75	\$1,533	50	50	\$ 1,523	\$ 751
Everolimus	Antineoplastics	131	\$3,042	9.1	54.5	\$ 1,471	\$ 708
Dalfampridine	Miscellaneous Agents	220	\$1,475	33.3	66.7	\$ 727	\$ 356

### DISCUSSION

- Results indicate potential savings could be achieved from a 15-day initial fill policy for some outpatient medications.
- Further consideration of such a policy must take into account the specific disease states and potential problems in disruption of therapy.

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