
DRUG BENEFIT NEWS

Some PBMs Make Performance Guarantees For Improvements in Statin Adherence

Health plans are tackling the big adherence problems surrounding cholesterol-lowering drugs with a range of strategies including barrier surveys, physician and patient communications, and incentive programs. And some PBMs now are offering performance guarantees to back up their promises that they will improve adherence with drugs, including statins.

"Adherence with statins falls off pretty precipitously in four to six months," says Michael Cartier, executive vice president of Envision Pharmaceutical Services, Inc., a Twinsburg, Ohio-based PBM. "After a year, there's only 40% to 45% compliance." He adds that "it's not any particular statin drug — it's just statins in general."

A study in the November/December 2009 *Journal of Managed Care Pharmacy* found that just 56% of patients prescribed statins continued to use the drugs six months later.

A 50% drop in adherence is significant, says George Van Antwerp, general manager of pharmacy solutions at Silverlink Communications, Inc., "because you know most people haven't gotten their cholesterol back down where it should be." One reason patients stop taking statins is because high cholesterol is an asymptomatic condition, so patients don't notice health changes when they discontinue therapy, he adds.

Another issue is the gap in patient/physician communication, says Jan Berger, M.D., chief medical officer at Silverlink and the former chief clinical officer at CVS Caremark Corp. It's not unusual for physicians to assume that the patient fills the medication. "Not until we see the patient back in the office six months or a year later do we have the conversation, 'Did you take it? Did you stop taking it?'"

Recent studies that call into question the effectiveness of some statins may add to patients' confusion over whether to take the drugs. An analysis released Nov. 18 by UnitedHealth Group subsidiary Prescription Solutions indicated that there is no significant difference in cardiovascular outcomes between patients on Merck & Co., Inc.'s Vytorin (a combination drug with ezetimibe and simvastatin), Pfizer Inc.'s Lipitor (atorvastatin) or simvastatin alone. Another study

posted Nov. 15 on the *New England Journal of Medicine* Web site found that niacin was more effective than Merck's Zetia at reducing thickness of carotid artery walls.

CVS Caremark is one PBM that has added adherence-related performance guarantees to contracts with employers and health plans.

Adherence is one of five areas in which CVS Caremark offers performance guarantees, says Anita Allemand, the PBM's vice president of analytics and outcomes. The others are generic-drug utilization, preferred pharmacy choice, specialty drugs and utilization management. Although the results in each area are aggregated into one guarantee, CVS Caremark may adjust the importance of different areas to address specific issues faced by each client, she explains.

For adherence, CVS Caremark analyzes relevant drug history over the previous 12-month period for patients with asthma, diabetes, heart failure, hyperlipidemia or hypertension. The PBM reviews not only adherence to medications, but also clinical gaps in care, such as members who should be on a different medication or who haven't had a needed diagnostic test, Allemand says. Then CVS Caremark pledges to meet a goal for improved adherence by the end of the contract period, and agrees to make a dollar payment per patient if that goal isn't met. She declines to discuss the specifics of calculations or amount to be paid.

"Our preference, especially for adherence [measures], is to be a three-year contract," Allemand says, but she adds that CVS Caremark also has incorporated the provisions into one-year contracts.

CVS Caremark Uses Refill Reminders

Allemand emphasizes that the provision does not require any investment from the employer in the event that CVS Caremark meets the goal. Since contracts with performance guarantees still are fairly new, she declines to disclose outcomes, but says an "initial view" of the PBM's success at meeting goals should be available next year.

Among the tools used by CVS Caremark are "timely messaging, education and interventions designed to

help keep them adherent to medications for chronic conditions,” says spokesperson Chris Cramer. “These interventions include IVR [i.e., interactive voice response] and Web refill reminders, renewals and pick-up prompts. Patients who have stopped filling a maintenance prescription even receive a letter or call reminding them of the importance of staying on a prescribed therapy, and their health care provider is also notified.”

Medco Health Solutions, Inc. and CVS Caremark are the only major PBMs that now offer performance guarantees related to adherence, says Kristin Begley, national pharmacy practice leader at Hewitt Associates Inc. She says the PBMs’ willingness to put dollars at risk without asking the employer to share in that risk makes the concept unique. Begley says the payouts range from \$800 to \$1,300 per patient who has the condition, received interventions and still did not achieve treatment compliance.

PBMs and health plans use a range of strategies to actually improve compliance. Health Care Service Corp. (HCSC) saw a 25% increase in statin adherence in a pilot program it conducted at Blue Cross Blue Shield of Texas. HCSC this fall expanded the program to the other three Blues plans it operates, in Illinois, New Mexico and Oklahoma, according to Kevin Slavik, HCSC’s senior pharmacy director.

In the pilot program, the percentage of members with at least an 80% medication possession ratio (the days’ supply of medication divided by the days between refills) rose by 25% from the first six months of 2008 to the second half of the year. HCSC sent a letter to non-compliant members “explaining the importance of taking their medication,” Slavik says. A second letter to the patient’s physician included lab results, drug quantities filled, dispensed dates and refill due dates.

Van Antwerp cites his company’s experience with providing refill reminders to members of one health

plan. The program targeted members who had filled a 90-day statin prescription, and then had gone three weeks without refilling the prescription. “Twenty percent of people who didn’t interact with the call came back to therapy anyway,” he says. “They were just late” in getting refills. “But 40% of people who interacted with the call came back to therapy. So just by doing a pretty basic call reminding them about the need to refill and asking them some barrier questions if they said they were not planning to refill, we were able to double the percentage” who returned to statin therapy.

Electronic prescribing also can assist, by providing a real-time feedback loop to physicians, PBMs and health plans about whether patients got a first fill or refills of medications, Berger adds.

Some Payers Use Adherence Incentives

Envision has had success in using value-based benefit designs to improve adherence to statins, Cartier says, such as by providing rewards to patients who remain compliant with statin treatment plans. Some employer clients also require patients to be active participants in high-cholesterol disease management (DM) programs in order to qualify for incentives. Envision assists DM vendors by supplying individual patients’ drug histories, Cartier says, to arm nurses who speak with patients who may insist that they are compliant. “We also send patients progress reports, kind of like you get in high school,” to tell patients how adherent they are with medication treatment plans, he tells *DBN*.

Contact HCSC spokesperson Ross Blackstone at (972) 766-1735, Cramer at ckramer@cvs.com, Cartier at mcartier@envisionrx.com or Van Antwerp at gvanantwerp@silverlink.com. ↵

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