

Case Study

Impact of a Monitored Dispensing Program for Fertility Medications

Walgreens Specialty Pharmacy has the flexibility to provide plan-specific solutions designed to meet the cost-saving goals of payors while providing members with access to prescription medication and support services designed to achieve optimal healthcare. Not a one-size-fits-all model, Walgreens Specialty Pharmacy recognizes that different medications and health conditions require different approaches based on payors' needs and priorities.

Objective

To illustrate how careful monitoring of on-hand medication supplies prior to subsequent dispensing can eliminate waste, achieving cost savings for both the payor and patient.

Background

Most reproductive endocrinologists prescribe an average number of vials (gonadotropins) per in vitro fertilization (IVF) cycle based on the patient's age and weight. In doing so, any unused vials from a previous month's therapy are not necessarily taken into account. For example, if the dosage is reduced, as sometimes occurs among fertility patients, an excess number of unused vials may remain at the end of each cycle. To help manage costs, Schraft's, A Walgreens Specialty Pharmacy began offering a monitored dispensing program in March 2006. This program was specifically designed for IVF therapy and was implemented for a large managed care plan with 2.5 million lives, utilizing a closed network of nine pharmacy providers, including Schraft's.

According to the 2004 Assisted Reproductive Technology Success Rates by the Centers for Disease Control and Prevention, the number of assisted reproductive technology (ART) cycles performed in the United States has almost doubled, from 64,681 cycles in 1996 to 127,977 in 2004. IVF is one of the most popular ARTs selected by patients because of its high success rate.

Methods

Through its monitored dispensing program, Schraft's reviewed the prescription and called the patient to determine if there were any unused vials from a previous IVF cycle. Schraft's then sent the remainder of the medication necessary to complete the cycle. In this way, the payor and the member did not pay for extra vials.

Results

With the monitored dispensing program, the plan reported savings of approximately \$250 per patient per IVF cycle. The average patient can expect to complete at least three cycles before a successful pregnancy is achieved (the number of cycles increases with the patient's age), saving the plan an estimated \$750 per patient.

The plan reported that Schraft's monitored dispensing program achieved the greatest savings, 7.8 percent, when compared with the average savings of the other eight providers combined, 6.9 percent, over an approximate 12-month period. The 7.8 percent savings mean that less medication was shipped to the patient when compared with what was originally prescribed, thereby reducing unnecessary costs.

Additional savings could also be achieved by implementing an enhanced monitored dispensing program, which involves more patient outreach.

Conclusion

Schraft's monitored dispensing programs can provide significant cost savings for plans and their members. These programs can allow plans to offer their members more IVF cycles per dollar, which is especially

important when plans have a lifetime maximum infertility benefit. It is important to note that greater cost savings can be achieved through a closed network as it provides payors with the best possible rates and more closely monitored gonadotropin usage. The more limited or closed the network is, the better the likelihood of keeping waste to a minimum. In addition, a closed network promotes consistency of care for all members undergoing this highly complex medication therapy.

Equally important is selecting the right fertility pharmacy provider. A provider with expertise in fertility pharmacy care such as Schraft's can help payors learn about fertility treatment and implement cost-control measures to help minimize medication waste and manage cost.



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