

West Virginia Bureau for Medical Services Drug Utilization Review Board

September 19, 2012



Agenda

Recent RetroDUR Activities

Intervention Outcomes

Retrospective DUR Interventions for Consideration

- Atypical Antipsychotic Coordinations of Care
- Chronic Benzodiazepine Use in Anxiety

Recent RetroDUR Activities

Oral Anticoagulants Newsletter

- Mailed June, 2012
- Provider letters mailed = 4,661

Hyperlipidemia Management

- Mailed June, 2012
- Provider letters mailed = 549
- Patients Targeted = 1,876

Depression Management

- In Process

Atypical Antipsychotic Newsletter

- In Process

Atypical Antipsychotic Use in Children – Outcomes

Intervention Mailing Date = July, 2011

- Target Group = Children up to 6 years of age who will now require a PA to continue to be prescribed atypical antipsychotics
- Mailed to 54 prescribers
- There were 97 targeted patients

Intervention Impact

- There was a 72% decrease in atypical antipsychotic use in the targeted patients

Drug Expenditures

- Target Group Medication Expenses Decreased 42.5%
- Estimated 6 month Savings = \$3,719

Polyparmacy Mailing Outcomes

Intervention Mailing Date = September, 2011

- Mailed to 1,712 prescribers
- There were 7,001 targeted patients
- 3,102 patients remained for the control group

Drug Expenditures

- Target Group Decreased 2.15%
- Control Group Decreased 1.53%
- Estimated 6 month Savings = \$234,428

Medical Expenses

- Target Group Increased 2.15%
- Control Group Increased 2.90%
- Estimated 6 month Savings = \$455,544

Top 200 Opiate Prescribers Mailing Outcomes

Intervention Mailing Date = September, 2011

- Mailed to top 200 prescribers
- Control Group = prescribers ranked 201-400

Outcomes

- Volume of opiate scripts decreased 6.31% per month in target group compared to a 2.52% decrease in control group
- Target group increased prescribing of Long-Acting Opiates and decreased use of Short-Acting Opiates compared to control group

Target Group Script Volume	Control Group Script Volume
80 → 75 per month	26 → 25 per month

Drug Expenditures

- Target Group Increased 2.61%
- Control Group Decreased 3.61%

Fibromyalgia Mailing Outcomes

Intervention Mailing Date = November, 2011

- Mailed to 404 prescribers
- There were 443 targeted patients

Indicator Changes = 36% Decrease Post-Intervention

- Tricyclic as First Line Therapy = 41.1%
- Chronic Hypnotic Use = 25.1%
- Opiates for Pain = 56.1%

Expenditures

- Target Group Medications Increased \$4.90 per month
- Target Group Medical Expenses Increased \$23.51 per month

No Control Group Available

Retrospective DUR Interventions for Consideration

- *Atypical Antipsychotic Coordination of Care*
- *Chronic Benzodiazepine Use in Anxiety*

Atypical Antipsychotics: Coordination of Care

Purpose:

- To assist physicians in the evaluation of atypical antipsychotic therapy, specifically when multiple prescribers and other health care providers may be involved.

Why Issue was Selected:

- Newer atypical antipsychotics with fewer movement-related adverse effects have virtually replaced older antipsychotics
- Atypical antipsychotic related adverse effects often include both psychiatric and medical issues, so multiple providers may be involved
- The benefits of treatments are limited when adherence is a problem and non-adherence is relatively common in patients with chronic psychosis
- Claims data indicate that in the West Virginia Medicaid Program there are approximately 9,000 individuals being treated with atypical antipsychotics

Atypical Antipsychotics: Coordination of Care

Setting & Population:

- All patients with a drug claim for an atypical antipsychotic in past 60 days
- Providers ranked based on their prescribing rates of antibiotics in general and rate of broad-spectrum agents in particular

Type of Intervention:

- Cover letter and individual patient profiles

Anticipated Results:

- Physician re-examination of atypical antipsychotic use as a result of this mailing may reduce potential adverse events, including metabolic-related complications, in selected patients and risk of relapse in non-adherent chronically psychotic patients

Atypical Antipsychotics: COC

Performance Indicators

Performance Indicators	Exceptions
<ul style="list-style-type: none">• Duplicate Therapy when Multiple Prescribers are Involved	247
<ul style="list-style-type: none">• Use in Type 1 or Type 2 Diabetic Patients Without Blood Glucose Monitoring in the past 180 days	539
<ul style="list-style-type: none">• Use of clozapine or olanzapine in Obese Patients	136
<ul style="list-style-type: none">• Ziprasidone and Cardiac Concerns	268
<ul style="list-style-type: none">• Long-Acting Injection options for non-adherent, chronically psychotic patients	192

Chronic Benzodiazepine Use in Anxiety

Purpose:

- This intervention is designed to promote prudent prescribing of benzodiazepine anxiolytics in adults

Why Issue was Selected:

- Benzodiazepine anxiolytics are generally well tolerated and very effective agents but most experts and available treatment guidelines do not recommend their use on a long-term basis
- Long-term use of benzodiazepines may be associated with physical and/or psychological dependence
- Alternative, non-controlled medications are available for most conditions treated chronically with benzodiazepine anxiolytic medications.
- Claims data indicate that in the West Virginia Medicaid Program there are over 25,000 individuals being treated with a benzodiazepine anxiolytic

Chronic Benzodiazepine Use in Anxiety

Setting & Population:

- All patients 18 years of age or older with therapy with a benzodiazepine anxiolytic agent the in past 30 days
- Those with seizures or spastic muscle disorders will be allowed chronic therapy with clonazepam, clorazepate, diazepam, or lorazepam.

Type of Intervention:

- Cover letter and modified individual patient profiles

Anticipated Results:

- Physician re-examination of the use of benzodiazepine anxiolytic medications in adults as a result of this mailing may reduce unnecessary or inappropriate long-term benzodiazepine use

Chronic Benzodiazepine Use

Performance Indicators

Performance Indicators	Exceptions
<ul style="list-style-type: none">• Use of a benzodiazepine anxiolytic for more than 60 of the last 90 days without a diagnosis of an anxiety disorder	5,676
<ul style="list-style-type: none">• Use of a benzodiazepine anxiolytic in individuals with a history of substance abuse and/or dependence	2,021
<ul style="list-style-type: none">• Chronic use of a benzodiazepine anxiolytic for anxiety (more than 180 of the last 200 days)	7,287

