



The Impact of Removing Prior Authorization Requirements for Second Generation Long Acting Injectable Antipsychotics for Prescribers in a Community Mental Health Center

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Purpose

 To evaluate the clinical and economic outcomes of the prescriber focused pilot program

Background

- Non-adherence rates in schizophrenia are estimated at 50%, with some research citing up to 74% ¹. This often leads to hospitalizations and worsened clinical outcomes for patients
- Evidence from one study indicates that prior authorization requirements on atypical antipsychotics are associated with an increase chance of a schizophrenic patient being imprisoned in a state ²
- Long Acting Injectables (LAIs) have the potential to decrease overall healthcare costs. Research evaluating over 3000 Medicaid patients with schizophrenia found that initiating a LAI decreased hospitalization days from baseline by 31% and all-cause hospitalization was reduced by 24% which was able to produce reductions in all-cause cost 1
- LAIs are underutilized due to a number of possible barriers to prescribers including utilization management criteria that is often required and administration requirements
- A pilot program for one community mental health center (CMHC) was created to remove a potential barrier to LAIs by removing the utilization management criteria and providing open access to LAIs for the prescribers at the CMHC
- This pilot study will provide information regarding the impact prior authorizations (PA) have on the prescribing of LAIs. It is imperative to understand any barriers to prescribing LAIs, as they have been shown to improve adherence and have the potential to decrease hospitalizations

Discussion

- This pilot project is still underway with data being collected and evaluated for long-term outcomes
- First-generation agents are more frequently prescribed than second-generation agents with Haldol Decanoate being the most frequent
- LAI prescribing frequency and agent choice is highly prescriber dependant
- Post data is trending towards an increase in use of second generation agents
- Removal of PA process is likely to give prescribers greater opportunity for placing ideal patients on a LAI

Disclosures

- Crystal Henderson, PharmD, BCPP: Former employee of Otsuka America Pharmaceuticals, Inc.
- · Vanessa Zeilinger, PharmD, BCPS: Nothing to disclose
- · Kristin Brown-Gentry: Nothing to disclose
- We would like to acknowledge for contribution and support:
 - Romi Kishmore

Methods

- · Study Design:
 - A pilot project analysis of utilization of LAIs at a CMHC
 - Pre-intervention look back is 3 months (September 2015 through November 2015)
- Inclusion Criteria:
 - Patients receiving a LAI as evidenced by paid claim data
 - Patients with a diagnosis of schizophrenia, schizoaffective, or bipolar disorder
 - ° ≥ 18 years of age
- Procedure:
- Ten psychiatrists that treat patients at a CMHC in a state Medicaid plan are included. Education will be provided to the prescribers on the correct use and dosing of second generation injectable antipsychotics. Prescriptions for those medications will not have to undergo prior authorization criteria before being dispensed in order to facilitate their use.
- PA edits were lifted for the following SGAs
 - Invega Sustenna (paliperidone)
- · Abilify Maintena (aripiprazole)
- Aristada (aripiprazole lauroxil)
- · Risperdal Consta (risperidone)
- Zyprexa Relprevv (olanzapine)
- Statistical Analysis:
 - Retropesctive data was analyzed through medical and pharmacy claims data
 - Prospective data will be analyzed using medical and pharmacy claims
- Primary endpoint:
 - Evaluate if there will be increased utilization with the removal of the PA process for LAIs
- · Secondary endpoint:
 - Evaluate if there is a change in hospitalizations, medication adherence, office visits, and emergency room visits

References

¹Kamat SA, Offord S, Docherty J, et al. Reduction in inpatient resource utilization and costs associated with long-acting injectable antipsychotics across different age groups of Medicaid-insured schizophrenia patients. Drugs in Context. 2015;4:212267. doi:10.7573/dic.212267

²Goldman, Dana, et al. "Medicaid Prior Authorization Policies and Imprisonment Among Patients With Schizophrenia," American Journal of Managed Care, July 2014, 20 (7), 577-586

³Acosta FJ, Hernández JL, Pereira J, Herrera J, Rodríguez CJ. Medication adherence in schizophrenia. World Journal of Psychiatry. 2012;2(5):74-82. doi:10.5498/wjp.v2.i5.74

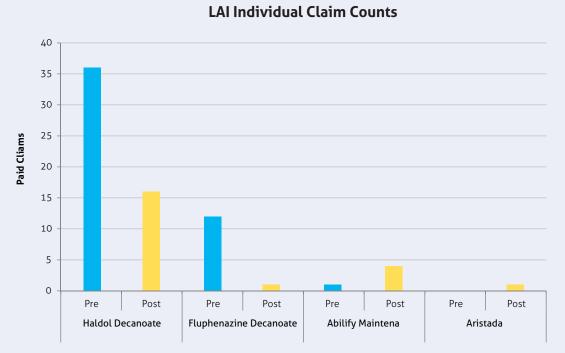
4Vogt WB, Joyce G, Xia J, Dirani R, Wan G, Goldman DP. Medicaid cost control measures aimed at second-generation antipsychotics led to less use of all antipsychotics. Health Aff (Millwood). 2011;30(12)

⁵Seabury SA, Goldman DP, Kalsekar I, et al. Formulary restrictions on atypical antipsychotics: impact on costs for patients with schizophrenia and bipolar disorder in Medicaid. Am J Manag Care 2013 Feb; 20(2):e52-e60

Results

- The 3 month pre-intervention analysis demonstrated
 - o A total of 49 LAI paid claims across all 10 prescribers
- · Post intervention data is ongoing and future LAI paid claims are anticipated
 - o In 31 days there has been a total of 23 LAI paid claims
- There is increased utilization of second-generation agents as compared to pre period data
- The pilot project is a six month analysis, complete post intervention data is pending

Paid Claims by Prescriber Detail



^{*}Risperdal Consta, Invega Sustenna, and Zyprexa Relprevv did not have paid claims during this time period

Percent LAI Claims Per Prescriber

