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Two New Drug Review Programs Set to Start in May

By Rose-Ellen Hope, RPh; Dan Hartung, PharmD; and Kathy L. Ketchum. RPh, MPA:HA ; all from OSU College of Pharmacy

The Department of Human Services - Office of Medical Assistance Programs (DHS), in cooperation with Oregon State University – College of Pharmacy (OSU), is prepared to launch two targeted prescriber education programs in May. This article will describe the development and goals of both programs.

POLYPHARMACY REVIEW PROGRAM

The Polypharmacy Review Program was developed because DHS was directed by HB-3624 to prior authorize any drug beyond 15 unique drugs within 180 days for a fee-for-service (FFS) Oregon Health Plan (OHP) patient. (1) While permissive in statute, the clear intent of the legislation was for DHS to reduce polypharmacy as a means of drug cost-containment. This is verified by $8 million in General Fund biennial budget cost-savings assigned to the policy.

Polypharmacy generally refers to use of more medications than clinically indicated. (2) As much as a third of prescription drugs are estimated to be unnecessary. (3) A potential contributor to polypharmacy is direct-to-consumer advertising of prescription drugs. (6) However, the incidence of polypharmacy is highest among frail elderly patients who have multiple chronic conditions. (2, 7) A typical long-term care resident receives seven medications. (7)

While some drug combinations are known to be beneficial, other combinations can be detrimental and most drug combinations lack evidence of effectiveness. (4, 5) The risk of adverse drug reactions is 6% with just two drugs and climbs to 100% with eight or more drugs with varying degree of clinical significance. (2, 3) Polypharmacy contributes to medication errors, adverse effects and drug interactions that can result in more visits to emergency rooms and hospitals. (2, 8) It has been estimated that for every dollar spent on pharmaceuticals in nursing homes, another dollar is spent treating iatrogenic illness due to drugs. (3, 9)

Polypharmacy programs have already been undertaken by Florida, North Carolina, Texas, Utah, Washington, and Wyoming, as well as Veterans Administration Medical Centers, and managed care organizations. (3, 10, 11, 12) Each differs in scope and methods.

Oregon's program applies only to open-card (FFS) OHP patients. Recipients involved in other OHP disease state management programs or managed care plans are excluded. OSU identified approximately 5,000 OHP recipients (4% of FFS patients) who met the "15 drugs in 180 days" polypharmacy criteria set by the legislature.

Oregon's program primarily targets improved outcomes and safety for patients and secondarily addresses cost-effectiveness. It will focus on overuse due to duplicate therapy (often from more than one prescriber), over-utilization of narcotics and tranquilizers, and under use of generics. Issues of interacting drugs, additive adverse effects, inappropriate dosage, and lack of indication will be addressed. (13, 14) The program will also coordinate with Oregon's prioritized list of services and the Oregon Plan Drug List (PDL). (19, 20) Reviews will prioritize patients based on number of drugs used.

A few physicians agreed to test the Polypharmacy Review Program. Other major stakeholders, such as the Oregon Medical Association, the Oregon State Pharmacy Association and some long-term care pharmacies, were part of the program planning process. Feedback from these providers refined the process and improved user-friendliness. OSU clinical pharmacists will review the drug profiles of patients meeting the criteria and fax recommendations to prescribers. After response from the prescriber, any changes are forwarded to the recipient's pharmacy and the recipient will be notified by mail. Prescribers who do not respond within 30 days will be re-contacted.

If the recommended changes are accepted, or there is agreement the recommendation is not clinically appropriate, then the recipient is excluded from further review for a full calendar year. If no agreement is reached on the pharmacist recommendations, a referral is made to the OHP Medical Director. The Oregon Drug Utilization Review (DUR) Board will assist with evaluation of appropriate drug therapies when necessary. (15) If deemed inappropriate therapy by the DUR Board and the Medical Director, DHS may withhold payment for the specified drug. Occurrence of the latter is anticipated to be rare.

Results of the polypharmacy program, including cost savings, will be reported to the DUR Board.

PDL EDUCATIONAL INITIATIVE

The Plan Drug List (PDL) Educational Initiative was developed in response to the same HB-3624 legislation, which removed the department's authority to enforce the OHP's highly praised, evidence-based PDL. To this end, achieving wide use of the Oregon PDL and its associated cost-savings, is contingent on educational efforts and provider awareness.

The Oregon PDL has garnered national attention for using a transparent, evidence-based process to evaluate the clinical effectiveness of several classes of prescription drugs for the OHP open-card (FFS) program. (16, 17, 18) Over the past 2 years, the DHS, under the advisement of the Oregon Health Resources Commission and using evaluations by the Oregon Evidence-based Practice Center, has selected benchmark agents in 12 drug classes. Specific agents within each class were chosen first based on evidence of effectiveness. If the evidence did not support superior effectiveness of one drug over the others, the drugs were included based on cost. Complete evidence reviews and information about Oregon's review process can be found at www.oregonrx.org.

A key feature of the PDL is that compliance is voluntary and prescribing off the list is relatively easy. While the PDL has been enforced under a variety of mechanisms, currently no formal process exists to actively encourage prescribing preferred agents.

A series of general and targeted educational initiatives will be developed and sent to clinicians. A survey to assess OHP prescribers' knowledge and attitudes regarding the Oregon PDL was sent in April to high volume prescribers of OHP PDL drug classes. A key finding from that survey was that over 75% of prescribers had no or minimal awareness of the PDL and this is perceived to be a major barrier to using the comparative information produced by the evidence-based development process.

In May, an OHP Pocket Drug Guide developed jointly by OSU and DHS will also be distributed. The Guide is available for download at www.oregonrx.org or can be requested from OSU at 503-494-9954. A prescriber-specific, PDL adherence report will be generated and sent to clinicians as well. The reports will be generated from the OHP pharmacy claims. Individual prescriber adherence to the PDL will be compared to the aggregate statewide level of PDL adherence. This mailing will be educational only and will not request prescriber action.

In the months following the Pocket Guide and adherence report, patient-specific prescription change forms will be sent to prescribers. The prescription change forms will have specific recommendations for voluntary changes to the most cost-effective Oregon PDL agent. The forms will include a valid prescription blank which will facilitate a prescription change by allowing the prescriber to make an appropriate mark, sign the blank, and fax it back to OSU. OSU will then forward the prescription to the patient's pharmacy and notify the patient by letter.

Finally, a second survey to assess changes in attitudes and knowledge will be administered to those providers who responded to the first survey. The impact of this program will be evaluated using both returned executed prescriptions, trend data from OHP pharmacy claims and the follow-up survey.

CONCLUSION

DHS in cooperation with OSU College of Pharmacy is launching two prescriber education initiatives in May. The Polypharmacy Review Program and PDL Educational Initiative were developed in response to recent legislation. These programs are intended to mitigate increasing drug costs in the open-card (FFS) OHP program while avoiding prospective prior authorization of specific drugs.

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Managing Editor: Kathy L. Ketchum
Ketchumk@ohsu.edu or 503-494-1589