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AN EVIDENCE BASED DRUG THERAPY RESOURCE

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An Update on the Partnership for Psychiatric Medication Access Project

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Medications are frequently used in the treatment of behavioral health conditions. The judicious use of these medications is defined by evidence- and consensus-based practice guidelines. Specific drug selection is based on multiple patient and drug-specific considerations. After clinicians have considered therapeutic benefits, side effect profiles, comorbidities, personal and family histories, and potential drug-drug interactions, cost is a reasonable factor to weigh. Table 1, on page 2, provides a cost comparison of the most commonly used behavioral health drugs.

The Offices of Medical Assistance Programs (OMAP) and Mental Health and Addiction Services embarked on a comprehensive and integrated approach to manage behavioral health drugs. This program, the Partnership for Psychiatric Medication Access (PPMA), includes three separate initiatives. The first two are retrospective in nature and focus on drug utilization review. The third initiative is a prospective approach to coordinating the care for the major psychiatric illnesses.

Behavioral Pharmacy Management System

Behavioral Pharmacy Management System (BPMS) is a retrospective utilization review approach based on pharmaceutical claims data and is operated by Comprehensive NeuroScience, Inc. (CNS). Prescribing providers whose prescribing is inconsistent with consensus-based approaches are identified and provided feedback through regular mailings and, when appropriate, clinical consultation to modify specific practices. It is hypothesized that the reduction in prescribing variation will translate into better care, better outcomes, and cost containment.

Table 2. Behavioral Pharmacy Management System Indicators

- Use of Multiple (≥ 2) Antipsychotics
- Three or More Behavioral Health Drugs in Children <18 Years
- High Dose of Atypical Antipsychotics
- Multiple Prescribers within the Same Drug Class
- Discontinuance of Antipsychotics within 30 Days of Prescription Ending
- Patients with ≥ 2 Atypical Antipsychotic Switches within 90 Days
- Two or More Drugs from the Same Therapeutic Class

Since its start in May 2004, this program has sent eight mailings to the top 400 prescribers by prescription volume and cost. Mailings are generated from the same set of indicators, or targets for intervention (Table 2) and are intended to be educational. The BPMS initiative provides prescribing providers access to a

psychiatric peer consultant. Optional phone consults are available to any of the prescribing providers that receive a monthly mailing.

Value Enhancement Initiative

The Value Enhancement Initiative, is focused on cost avoidance that can be obtained from dose optimization. OMAP contracts with Oregon State University (OSU) College of Pharmacy to administer this program. Dose optimization opportunities are identified from pharmaceutical claims data. Change request forms are generated for situations where the dose can be consolidated (once daily instead of multiple times) or divided in half (tablet-splitting). The forms are sent to prescribing providers and returned to OSU. Authorized changes are then relayed to dispensing pharmacies with a request to dispense a tablet splitter if appropriate. Both options maintain the same drug at the same dose, but are more economical than the previous prescription.

The first intervention focused on selective serotonin reuptake inhibitors (i.e. Zoloft, paroxetine, Lexapro and Celexa) that have a long half-life and can be easily split. This was an entirely voluntary program and response was good. Approximately 1580 change forms were sent, 70% were returned and 60% of all suggested changes were accepted. There is an average cost-avoidance of \$35 per change. It is estimated that the first intervention could avoid OHP costs of approximately \$33,000 each month. Similar interventions are planned in the near future.

Medication Management Algorithm Project

The Medication Management Algorithm Project (MedMAP), is a prospective, training-based effort to implement evidence-based practices for the treatment of serious psychiatric illnesses (schizophrenia, bipolar disorder, and major depression). It uses practice guidelines or algorithms, which provide consistent and standardized treatment approaches. This patient-centered medication management process will be implemented in both acute inpatient settings as well as outpatient community mental health centers and will incorporate the following goals:

1. The implementation of evidence-based clinical guidelines,
2. The provision of clinical and technical support as necessary to assure the implementation of the algorithms,
3. The provision of consumer-driven patient and family education programs, and
4. The dissemination and use of standard clinical documentation of treatment progress and clinical outcomes.

This initiative is currently in the planning stages. Implementation will begin in two to three pilot sites later this year.

As a first step toward the management of the mental health medications, the PPMA project will be evaluated routinely for its utility, acceptability, and effectiveness.

Table 1. Cost comparison of behavioral health drugs

Drug	Monthly Cost*
Antidepressants	
amitriptyline	\$3
nortriptyline	\$6
fluoxetine (<i>qd</i>)	\$15
mirtazapine	\$40
citalopram ($\frac{1}{2}$)	\$55
paroxetine ($\frac{1}{2}$)	\$60
Lexapro ($\frac{1}{2}$)	\$60
bupropion SR	\$75
Zoloft ($\frac{1}{2}$)	\$85
Paxil CR (<i>qd</i>)	\$85
Wellbutrin XL (<i>qd</i>)	\$95
Effexor XR (<i>qd</i>)	\$120
Sedative/Hypnotics – ^Quantity limit of 15 doses / 30 days	
temazepam^	\$2
trazodone	\$2
triazolam^	\$3
Sonata^	\$35
Ambien^	\$40
Anxiolytics	
alprazolam	\$4
diazepam	\$5
lorazepam	\$10
buspirone	\$25
Xanax XR	\$120
Tranxene SD	\$235

Drug	Monthly Cost*
Antipsychotics	
haloperidol	\$20
thiothixene	\$20
clozapine	\$155
Risperdal (<i>qd</i>)	\$195
Seroquel	\$205
Geodon	\$250
Zyprexa (<i>qd</i>)	\$325
Clozaril	\$345
Zyprexa Zydis (<i>qd</i>)	\$415
Antipsychotics—Depot	
haloperidol decanoate	\$70
Risperdal Consta	\$615
Mood Stabilizers	
lithium carbonate	\$20
carbamazepine	\$20
Depakote	\$130
Lamictal	\$235
Stimulants and ADHD Drugs	
methylphenidate IR	\$25
methylphenidate SR	\$35
amphetamine salt combo	\$55
Ritalin LA	\$85
Concerta	\$95
Adderall XR	\$100
Strattera	\$105
Provigil**	\$220

*30-day average cost (reflects actual doses used) to OHP; excludes rebate. Data from DSSURS, service dates 11/1/04-11/30/04.

**Provigil is not FDA indicated for the treatment of ADHD.

OHP clients pay lower co-pays for generic drugs (**bolded**).

($\frac{1}{2}$) – indicates that use of $\frac{1}{2}$ tablets is cost-effective

(*qd*) – indicates that dose consolidation is cost-effective

