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OHP Benzodiazepine Drug Use Evaluation: Follow-up

This is a follow-up to a benzodiazepine (BZO) drug use evaluation presented to the Committee in November 2013 that found 37.5% of patients on a BZO used it longer than 90 days despite little evidence to support use longer than 8 weeks. The mean length of long-term use was 256 days (8.5 months). The most commonly used long-term BZOs were all highly potent, short acting drugs.

In an effort to prevent inappropriate long-term BZO use, it was recommended to implement a prior authorization for prescriptions extending beyond 4 weeks for newly started patients (no history within last 100 days). Approval would be granted in any of the three situations:

1. Diagnosis of malignant neoplasm or other end of life diagnosis
2. Diagnosis of epilepsy
3. OHP Covered Indication and all of the following
 - Rationale to support long-term BZO use for the supplied indication(s)
 - No concurrent sedative/hypnotic or opioid
 - Dose < 3mg diazepam equivalents

The Committee asked for more data to determine if there were any discernible patterns of long-term BZO prescribing in geography or provided specialty.

Results:

Table 1 reports the top 10 specialties of the prescriber on BZO claims by claim count. Only BZO claims for patients identified with long-term therapy in the previous DUE were included. Patients may access more than one prescriber so the “patient” cannot be used for the unit of analysis. However, only one prescriber is listed on the claim. The top 10 prescriber specialties accounts for 88% of all claims. There is a high “UNKNOWN” specialty because of the high number of managed care claims included. Primary care physicians account for the highest number of claims with Family Practice (22%) and Internist (12%). Nurse Practitioners (11%), Family Nurse Practitioners (8%) and Advance Practice Nurses (6%) are the next highest group. Mental Health providers were third with Psychiatrists (10%) and Psychiatric Mental Health Nurse Practitioners (6%). The percentage drops to less than 1% of claims per specialty after the top 10. Emergency Medicine ranked 12th with 638 claims (0.7%).

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Table 1: Study Group Patients - By Prescriber Specialty

Rank	Prescriber Specialty	Unique Patients	%	Claim count	%	Total Amount Paid	%
		n= 7,559		89,644		\$1,036,214	
1	Family Practitioner	2,452	32.4%	19,640	21.9%	\$240,729	23.2%
2	UNKNOWN	1,396	18.5%	9,341	10.4%	\$77,642	7.5%
3	Internist	1,283	17.0%	10,307	11.5%	\$120,977	11.7%
4	Nurse Practitioner	1,296	17.1%	9,704	10.8%	\$108,753	10.5%
5	Psychiatrist	1,015	13.4%	8,976	10.0%	\$109,346	10.6%
6	Family Nurse Practitioner	1,119	14.8%	7,004	7.8%	\$79,827	7.7%
7	Psychiatric Mental Health Nurse Practitioner	634	8.4%	5,331	5.9%	\$74,745	7.2%
8	Advance Practice Nurse	655	8.7%	4,929	5.5%	\$54,098	5.2%
9	Physician Assistants	724	9.6%	3,781	4.2%	\$43,921	4.2%
10	Physician	496	6.6%	3,326	3.7%	\$39,932	3.9%

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Table 2 reports the top 10 counties by claim count per rounded enrollment for Nov 2013. It suggests that Benton, Lake and Lincoln counties may have higher prevalence of chronic BZO use. But, these counties represent small absolute numbers of chronic use patients.

Table 2: Study Group Patients - by Prescriber County

Rank	Prescriber County	Claim Count	%	Estimated Enrollment Nov 2013	Claim Count / Enrollment
	n=	89,644			
1	Benton	3,500	3.9%	7000	0.50
2	Lake	382	0.4%	1000	0.38
3	Lincoln	1,942	2.2%	9000	0.22
4	Josephine	3,687	4.1%	19000	0.19
5	Harney	191	0.2%	1000	0.19
6	Tillamook	745	0.8%	4000	0.19
7	Coos	2,178	2.4%	13000	0.17
8	Lane	9,368	10.5%	58000	0.16
9	Wheeler	29	0.0%	200	0.15
10	Jackson	5,643	6.3%	39000	0.14
10	Curry	421	0.5%	3000	0.14
10	Douglas	2,787	3.1%	20000	0.14

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Table 3 displays the top 10 NPIs by claim count. It demonstrates that chronic use prescribing is widely distributed. In fact, the top 50 NPIs account for less than 18% of all claims.

Table 3: Study Group Patients Only - By Top Prescribers by Claim Count

Rank	Specialty	County	Unique Patients	% Claim Count	% Total Amount Paid	%		
		n=	7,559	89,644	\$1,036,214			
1	Nurse Practitioner (default Spec)	Lane	67	0.9%	712	0.8%	\$6,141	0.6%
2	Psychiatrist	Benton	62	0.8%	676	0.8%	\$8,863	0.9%
3	Family Practitioner	Marion	96	1.3%	586	0.7%	\$5,982	0.6%
4	-	Multnomah	58	0.8%	547	0.6%	\$6,384	0.6%
5	Psychiatric Mental Health Nurse Practitioner	Lane	42	0.6%	497	0.6%	\$5,777	0.6%
6	Internist	Washington	41	0.5%	491	0.5%	\$6,696	0.6%
7	Nurse Practitioner (default Spec)	Washington	44	0.6%	474	0.5%	\$4,716	0.5%
8	Family Nurse Practitioner	Lane	50	0.7%	473	0.5%	\$4,917	0.5%
9	Psychiatric Mental Health Nurse Practitioner	Marion	39	0.5%	428	0.5%	\$5,616	0.5%
10	Advance Practice Nurse	Washington	60	0.8%	428	0.5%	\$5,138	0.5%

Discussion:

Primary care physicians and nurse practitioners are the primary prescribers of long-term BZOs. However, this prescribing appears to be widely distributed and not concentrated by individual or geography.

In addition, internal reviewers identified three areas of concern in the previous recommendations. First the 3mg diazepam equivalent dose limit is appropriate for patients over 65 years old only. It was recommended to edit or delete this requirement from the approval criteria.

Secondly, to avoid false positive identification of “new patients” from mail order claims, it was recommended to extend the look back period to 120 days from 100 days. Finally, it was recommended that automated provider education letters be sent to the prescriber when a patient is identified as a new patient and will be limited to 4 weeks of therapy without a prior authorization request in order to avoid unnecessary gaps in therapy for appropriate patients.