

Policy Proposal: Retrospective Drug Use Review (DUR) in Schizophrenia Patients

Goals:

1. Identify schizophrenia patients who are non-adherent to routine antipsychotic therapy, and notify their prescribing provider when they miss a medication refill.

Recommendations:

- Recommend implementation of a retrospective initiative to notify providers when patients on routine therapy for schizophrenia miss a medication refill.

Background and Program Description:

In order to improve care for patients with mental health conditions, the Mental Health Clinical Advisory Group (MHCAG), a subcommittee of the Pharmacy and Therapeutics Committee, has developed treatment algorithms for patients with schizophrenia. Medication algorithms emphasize the importance of adherence to treatments and recommend utilization of long-acting injectable formulations to promote adherence to therapies.¹ In an analysis of Oregon Medicaid patients with schizophrenia over 6 months, only 62% of patients were adherent to oral antipsychotic therapy defined as more than 75% of days of coverage.² Approximately 12% of patients had less than 45 days of antipsychotic therapy and 26% of patients had less than 135 days of therapy prescribed.² In an effort to encourage and promote treatment adherence, the following proposal will notify prescribers when patients who were previously adherent to antipsychotic therapy miss a medication refill.

Patient Selection Criteria:

Patients will be identified according to the following inclusion and exclusion criteria, and notifications will be sent out weekly to the most recent prescriber of the antipsychotic. Patients were included if they had a diagnosis of schizophrenia, were previously adherent to antipsychotic treatment, and had a history of medical visits for mental health conditions. Prescribers are notified if a patient had an interruption in medication therapy of more than 15 days. After a fax is sent, the same provider won't be notified for the same patient and drug for the next 6 months.

Patients are excluded from this program if they lose Medicaid eligibility or have other insurance with drug coverage (e.g., Medicare or primary insurance). If patients have primary insurance with drug coverage, claims data billed to Medicaid is likely incomplete. Members were also excluded if they had subsequent claims for a different antipsychotic drug, indicating that they are transitioning to other therapy or had a sum total of more than 110% of covered days in the 120 days prior to interruption in medication therapy indicating that they may have an excess supply of drug available.

Inclusion criteria:

- Patients currently enrolled in Medicaid (both fee-for-service [FFS] or coordinated care organization [CCO]) with diagnosis of schizophrenia (ICD-10 codes F20xx) within the past 2 years AND

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- Patients prescribed continuous oral antipsychotic therapy (PDL classes: antipsychotics, 1st gen or antipsychotics, 2nd gen) defined as claims for the same molecular identity for at least 90 covered days within past 120 days AND
 - Patients with an interruption in medication therapy after the most recent paid claim of more than 15 days for the identified drug (defined as drug discontinuation) AND
 - Patients with a history of hospitalization or emergency room visit for any psychiatric illness (ICD-10 codes F01xx-F99xx) based on the primary visit diagnosis in the past 2 years

Exclude patients meeting any of the following criteria:

- Patients not currently enrolled in Medicaid or patients who lost Medicaid coverage during interruption in antipsychotic coverage.
- Patients with Medicare or other primary insurance
- Members with a claim for a different oral or injectable antipsychotic drug after the most recent paid antipsychotic prescription (PDL classes: antipsychotics, 1st gen; antipsychotics, 2nd gen; antipsychotics, parenteral)
- Patients with sum of >110% of covered days for specific drug and dose in the past 120 days
- Providers identified as practicing in an emergency setting (specialty provider identification of 247 [emergency med practitioner])
- Providers who have been messaged for the same patient AND drug within the past 6 months

Reporting:

The goal of the program is to improve adherence thereby decreasing unnecessary hospitalizations or emergency department visits. Because billing for medical visits may be delayed by as much as 3 to 12 months, it is difficult to assess ongoing changes in utilization of hospital services for identified members. However, claims data evaluating adherence is reported in a more timely manner and can be reported quarterly on an ongoing basis.

The program will be added to the quarterly retrospective DUR reports with the following reporting parameters:

- Patients identified
- Prescribers identified
- Faxes successfully sent
- Patients with claims for the same antipsychotic within the next 90 days
- Patients with claims for a different antipsychotic within the next 90 days

References:

1. Mental Health Clinical Advisory Group. Schizophrenia. Mental health care guide for licensed practitioners and mental health professionals. Salem, OR: Oregon Health Authority; March 2019. OHA 7548. Available at <https://apps.state.or.us/Forms/Served/le7548.pdf>. Accessed April 22, 2019.
2. Drug Use Research and Management. Drug Use Evaluation: Antipsychotic Utilization in Schizophrenia Patients. March 2019. Available at http://www.orpdl.org/durp/meetings/meetingdocs/2019_03_21/archives/2019_03_21_Schizophrenia_DUE.pdf. Accessed April 22, 2019.

HEALTH SYSTEMS DIVISION

Provider Services
500 Summer St NE
Salem, OR 97301



Date issued: <Month Day, Year>

Voice: 800-336-6016
Fax: 503-945-6873
TTY: 711

<PROVIDER First Name><Last Name>
<1234 MAIN STREET>
<SUITE 100>
<PORTLAND, OR 97227>

For billing ID: «Billing_Provider_Medicaid_ID»

RE: <Generic Drug Name> for <Patient Name>
ID: XXXXXXXX DOB: <MM/DD/YYYY>

Notification of Late Antipsychotic Refill:

- The Oregon Health Authority has developed a safety program to notify prescribers when patients with schizophrenia have not filled their routine antipsychotic prescription as indicated by claims data.
- The patient listed above previously filled an antipsychotic prescription linked to your NPI number and has a history of hospitalization or emergency department visits due to psychiatric illness. They are at least 15 days late filling their antipsychotic medication.

What should you do?

- If you are already aware of this change in drug therapy, there is nothing further you need to do.
- Please follow-up with your patient as appropriate to assess adherence to therapy and reasons for drug discontinuation. Consider patient eligibility for a long-acting injectable antipsychotic.

Questions?

- There may be many reasons for a late refill such as changes in current insurance coverage, hospitalization, changes in lifestyle circumstances, or adverse events leading to treatment discontinuation. Please follow-up with your patient if necessary.
- For further information on treatment recommendations in patients with schizophrenia see the full treatment algorithm recommendations from the Oregon Health Authority Mental Health Clinical Advisory Group, posted at <https://apps.state.or.us/Forms/Served/le7548.pdf>.
- If you have questions about this message or feedback on this safety program, please contact the Division of Medical Assistance Programs at 503-947-5220.