Provider Engagement Reduces Concurrent Utilization of Antipsychotics

Crystal Henderson, PharmD, BCPP

Sr. Director of Behavioral Health Pharmacy Solutions

Kristin Brown-Gentry, M.S., Health Outcomes Scientist

Magellan Rx Management

11/7/2017

Statements of Disclosure

All research was conducted by Magellan Rx Management, Scottsdale, AZ without external funding.

Crystal Henderson and Kristin Brown-Gentry are both employed by Magellan Rx Management.

Magellan Health: One company, two unique platforms

Magellan HEALTHCARE SM

Focused on Complex Populations, Delivering Differentiated Services

State Medicaid programs and integrated management for special populations, including individuals with serious mental illness and those needing long-term services and supports

Behavioral health management and employee assistance programs

Specialty healthcare management, including musculoskeletal, cardiac and advanced imaging

25.3 million commercial behavioral lives

25.1 million commercial specialty lives

5.1 million lives in government programs

Offices in 26 states & D.C.

Magellan Rx MANAGEMENT SM

Full-Service PBM Focused on High-Growth Specialty Spend

Full-service Pharmacy Benefit Manager (PBM) that expands beyond traditional core services

Value-driven solutions: targeted clinical and powerful engagement strategies, advanced analytics, leading-edge specialty pharmacy programs

More than 40 years of Medicaid and more than 30 years of self-funded employer experience

Medicare Part D Prescription Drug Program

13.3 million medical pharmacy lives

1.9 million commercial PBM lives

26 states & Washington, DC in State Medicaid PBA business

10,000 Total Employees

Agenda

- Background/Context
- Intervention Details
- Intervention Evaluation and Results
- Discussion

BACKGROUND/CONTEXT

Literature Review of Antipsychotic Polypharmacy

"Despite guidelines recommending the use of polypharmacy only as a last resort, the use of antipsychotic polypharmacy for prolonged periods is very common during the treatment of schizophrenia patients in usual care settings."

Faries, D., Ascher-Svanum, A., Zhu, B., Correll, C., Kane, J. Antipsychotic Medication Prescribing Practices Among Adult Patients Discharged From State Psychiatric Inpatient. *BMC Psychiatry*. 2005; 5(26): 283-297.

"There is clear evidence that antipsychotic polypharmacy presents complications for the patient, including risk of drug interactions, increased medication side effects, increased risk for metabolic disorders, and complex medication regimens, which may lead to medication nonadherence among patients."

Ortiz, G., Hollen, V. and Schacht, L., 2016. Antipsychotic Medication Prescribing Practices Among Adult Patients Discharged From State Psychiatric Inpatient Hospitals. *Journal of Psychiatric Practice*. 2016; *22*(4): 283-297.

"[Antipsychotic Polypharmacy] is related to patient, illness, and treatment variables that all point toward a greater illness acuity, severity, and chronicity. However, there also seem to be provider characteristics at play that suggest that, at least, some [antipsychotic polypharmacy] may be idiosyncratic or unfounded. The latter idea is supported by studies suggesting that more than half of patients on longer-term [antipsychotic polypharmacy treatment] can be safely and successfully converted to antipsychotic monotherapy."

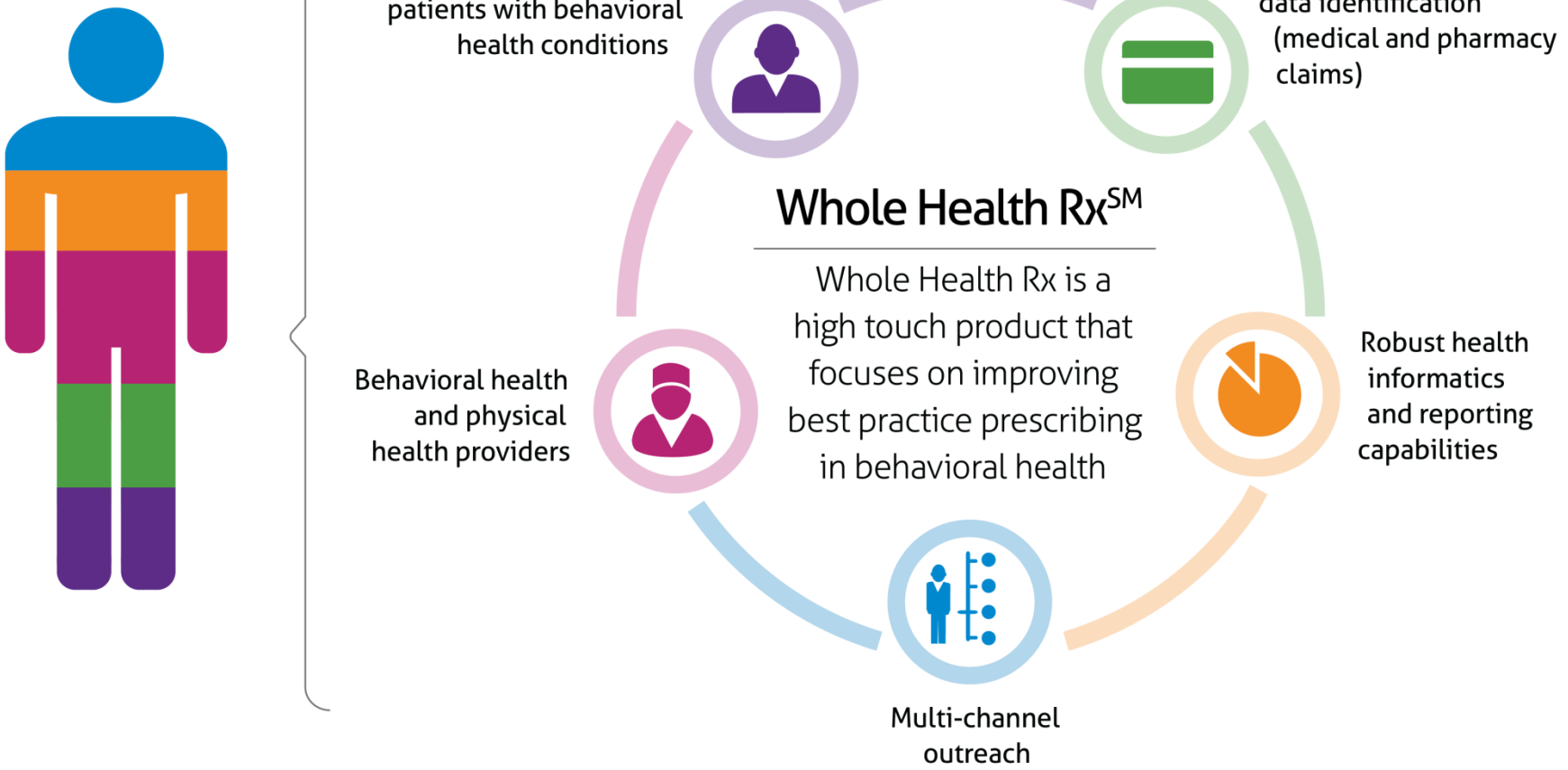
Correll, C., Gallego, J. Antipsychotic Polypharmacy: A Comprehensive Evaluation of Relevant Correlates of a Long-Standing Clinical Practice. Psychiatry Clin. North Am. 2016; 35(3): 661-681.

Agenda

- Background/Context
- Intervention Details
- Intervention Evaluation and Results
- Discussion

INTERVENTION DETAILS

Whole Health Rx:
Our Approach to Whole Patient Management



INTERVENTION DETAILS

Behavioral Health Center of Excellence

- The Behavioral Health Center of Excellence is a multi-disciplinary team which includes adult and child/adolescent psychiatrists, board certified psychiatric pharmacists, substance abuse specialists, primary care providers, nurses and social workers
  - Quarterly evaluations of the most recent clinical guidelines, literature, and prescribing trends will lead to the development of new algorithms
  - Create provider letters
  - Review and update current algorithms and provider material

- Support and assist in:

INTERVENTION DETAILS

Antipsychotic Polypharmacy Clinical Template

Clinical Considerations

- There is limited literature to support the efficacy and safety of antipsychotic polypharmacy (AAP) or the clinical superiority of AAP over monotherapy.
- A complex medication regimen may increase the potential for adverse effects, poor adherence, and adverse drug-drug interactions.
- AAP has been shown to independently predict both shorter treatment duration and discontinuation before 1 year.
- There is strong association between extra pyramidal side effects and AAP in studies.
- AAP may increase the risk of metabolic syndrome.

Requested Actions

- Determine if nonadherence to monotherapy has resulted in duplicative therapy. If so, identify reasons for nonadherence, remove barriers and consider use of long acting injectables.
- If the patient has a partial response to one medication at maximal dose, review medication profile for other medications that can decrease plasma levels or efficacy of the drug.
- Consider a trial of clozapine monotherapy if the patient has had suboptimal response to at least two antipsychotic monotherapy trails.
- If the patient is receiving antipsychotics from multiple providers, consider discussing treatment plans with the other providers and consolidate regimen.
- Determine if the patient is refilling a medication that has been discontinued.

Agenda

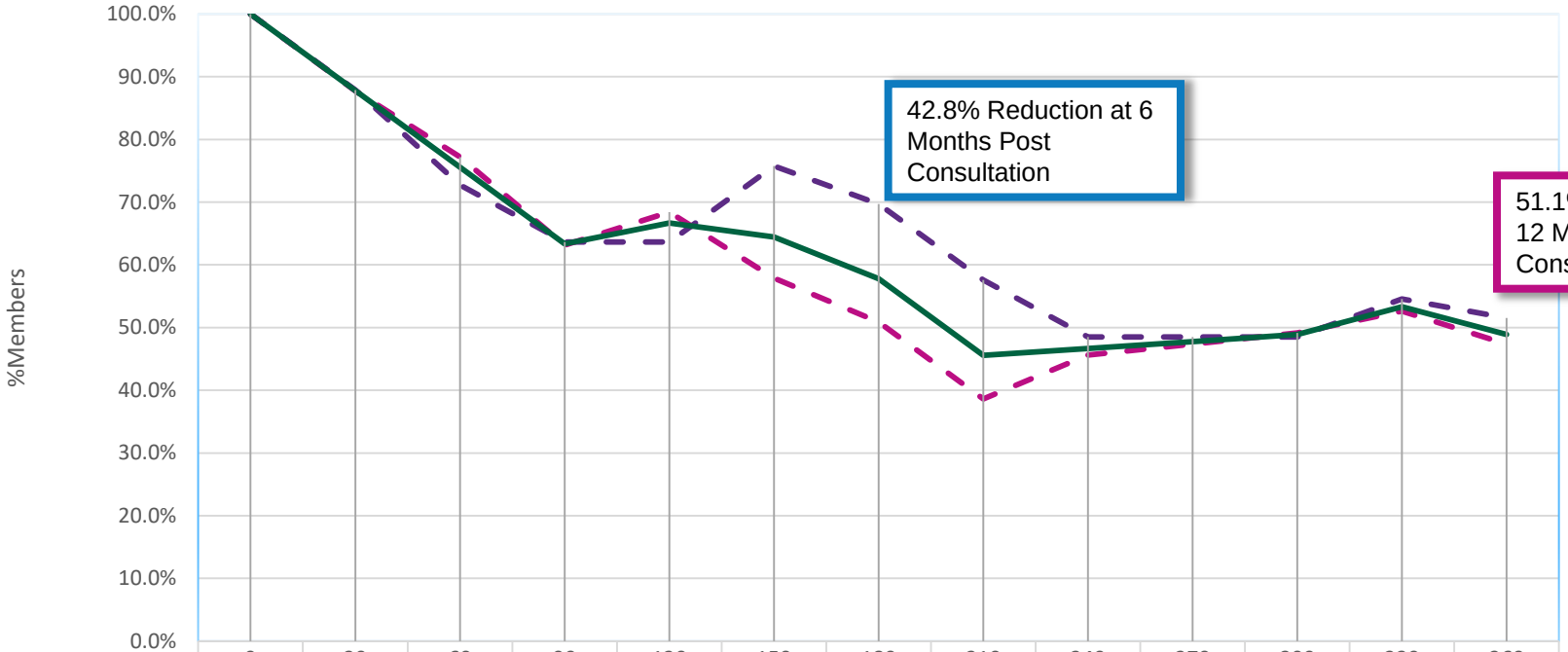
- Background/Context
- Intervention Details
- Intervention Evaluation and Results
- Discussion

Antipsychotic Polypharmacy Evaluation

- Purpose
  - To evaluate the clinical and economic impact of the Whole Health Rx Antipsychotic Polypharmacy algorithm on prescribing utilization trends
- Methodology
  - Employed a six month cross-sectional study design
  - SAS version 9.4 was used to extract claims data and intervention data for all members that were prescribed two or more antipsychotics during a 30 day window
  - Proxy for continuous enrollment – URAC's Pharmacy Benefit Management Performance Measurement Specifications
    - Two or more claims
    - Claims with a date of service that spanned 150 or more days
  - Members without claims during the post intervention period were excluded
- Eligible Sample
  - 49 distinct prescribers received an intervention
  - 90 distinct members identified as being prescribed two or more antipsychotics during a 30 day window and whose provider received an Antipsychotic Polypharmacy intervention
  - All consultations were face-to-face visits and were performed during between July and August 2016

Results

Percentage of Members Prescribed Two or More Antipsychotics Concurrently Over Time



	0	30	60	90	120	150	180	210	240	270	300	330	360
July	100.0%	87.9%	72.7%	63.6%	63.6%	75.8%	69.7%	57.6%	48.5%	48.5%	48.5%	54.5%	51.5%
August	100.0%	87.7%	77.2%	63.2%	68.4%	57.9%	50.9%	38.6%	45.6%	47.4%	49.1%	52.6%	47.4%
Combined	100.0%	87.8%	75.6%	63.3%	66.7%	64.4%	57.8%	45.6%	46.7%	47.8%	48.9%	53.3%	48.9%

Key Takeaways

- Observed 15.5% reduction in antipsychotic utilization: 1,253 claims to 1,059 claims
- Average PMPM count of antipsychotics decreased from 2.4 to 2.0 ($p<0.0001$)
- Observed a 59.3% reduction in the number of members prescribed 3+ antipsychotics
- Observed a 7.8% reduction in the number of members prescribed 2+ antipsychotics
- Continued reduction in members prescribed antipsychotics concurrently after the 6 month evaluation window

Magellan Rx MANAGEMENT

Agenda

- Background/Context
- Intervention Details
- Intervention Evaluation and Results
- Discussion

DISCUSSION

Provider Barriers Specific to Antipsychotic Polypharmacy

- "You don't know my patients. They are more difficult then other providers."
- Use of off-label, low dose Seroquel adjunct to other antipsychotics
- As needed use of a second antipsychotic agent
- Second agent is augmenting the other or being used to treat side effects of the first
- It is better to use two agents at low doses then a full dose of one
- Provider misconceptions (long acting injectables are not covered)

Key Takeaways

- Providers are unaware their patients are nonadherent vs. medication was ineffective
- Providers are still not using clozapine or long acting injectable antipsychotics
- Lack of coordination of care
  - Members continue picking up their previous antipsychotic that had been discontinued along with the new one.
  - No medication reconciliation at hospital discharge resulting in patients taking old and newly prescribed antipsychotics

DISCUSSION

General Program Barriers

- Incorrect provider contact information (addresses, telephone numbers)
- Obtaining appointments
- Large territory/Pharmacist to target provider ratio
- Delay in claims data
- Provider requests for customizable reports

DISCUSSION

Successful Strategies

- Introduce program through office in-services – “Road Shows”
- When all else fails, just show up at the office
- Value of face to face interaction
- Format of the clinical packet (concise, patient specific)
- Providing expertise beyond academic detailing
  - Aiding providers with health plan issues and questions (formulary questions, prior authorizations)
  - Being available to provide clinical consultation services or other education to providers/offices
- Leveraging our Behavioral Health Center of Excellence/Key Opinion Leaders
- Outcomes, Outcomes, Outcomes!!!!!

DISCUSSION

Provider Comments

Questions?

Crystal Henderson, PharmD, BCPP

Email: clhenderson@magellanhealth.com

Kristin Brown-Gentry, MS

Email: KBGentry@magellanhealth.com

“LEADING HUMANITY TO HEALTHY, VIBRANT LIVES”