



Kansas Medical Assistance Program Drug Utilization Review Bulletin



March 2008

The DUR Board recommends specific intervention topics based on utilization patterns that are identified from reviewing historical claims data. Since July 2006, five population based interventions have been mailed to physicians treating Kansas Medical Assistance Program recipients. These interventions have focused on the issues listed below in Table 1. These letters are informational in nature with the goal of providing physicians information about their patients drug utilization and potential opportunities for improvement. To date, a total of 3,607 letters have been mailed to physicians treating Kansas Medical Assistance Program recipients.

Table 1: Population-based Intervention Summary

Intervention Focus	# Physicians	Month
Diabetes Mellitus Disease Management	1,052	October 2006
Hypertension Management, JNC-7	1,317	December 2006
Hormone Replacement Therapy Post-Menopause	643	February 2007
Treatment of Migraine	140	April 2007
Management of Hyperlipidemia	554	October 2007
Total	3,607	

Table 2: Outcomes Report from Previous Interventions

Intervention	Results
Diabetes Mellitus Disease Management	<ul style="list-style-type: none">• 30% increase in medication adherence• 27% decrease in medication underutilization• 17% reduction in risk of adverse drug events• Annualized savings of \$15,148
Hypertension Management, JNC-7	<ul style="list-style-type: none">• 54% increase in medication adherence• 99% decrease in medication underutilization• 19% reduction in risk of adverse drug events• Annualized cost of \$19,373
Hormone Replacement Therapy Post-Menopause	<ul style="list-style-type: none">• Pending
Treatment of Migraine	<ul style="list-style-type: none">• Pending
Management of Hyperlipidemia	<ul style="list-style-type: none">• Pending

Additional information regarding the Kansas Drug Utilization Review Board may be found at:

<http://www.khpa.ks.gov/MedicalAssistanceProgram/PharmacyInformation/DrugUtilizationReview.html>

Fiscal Year 2006 Overview

An analysis of pharmacy expenditures for Fiscal Year 2007 was completed for the Kansas Medical Assistance Program.

Table 3: Program Summary

Period Covered:	July 2006 - June 2007
Total Rx Claims:	2,395,348
Total Rx Dollars Paid:	\$153,419,466
Avg. Members per Month:	294,590
Avg. Paid PMPM:	\$43.43

Figure 1 illustrates the number of prescription claims and dollars spent on prescriptions during this analysis period. The monthly prescription volume and amount paid averaged 199,612 and \$12.8 million. The highest volume and expense were in October 2006 with 250,730 and \$13.7 million. The lowest volume was in June 2007 with 149,165 claims while the lowest expense was in February 2007 with \$11.8 million.

Figure 1: RX Utilization/Cost Trends Pre and Post Medicare Part D

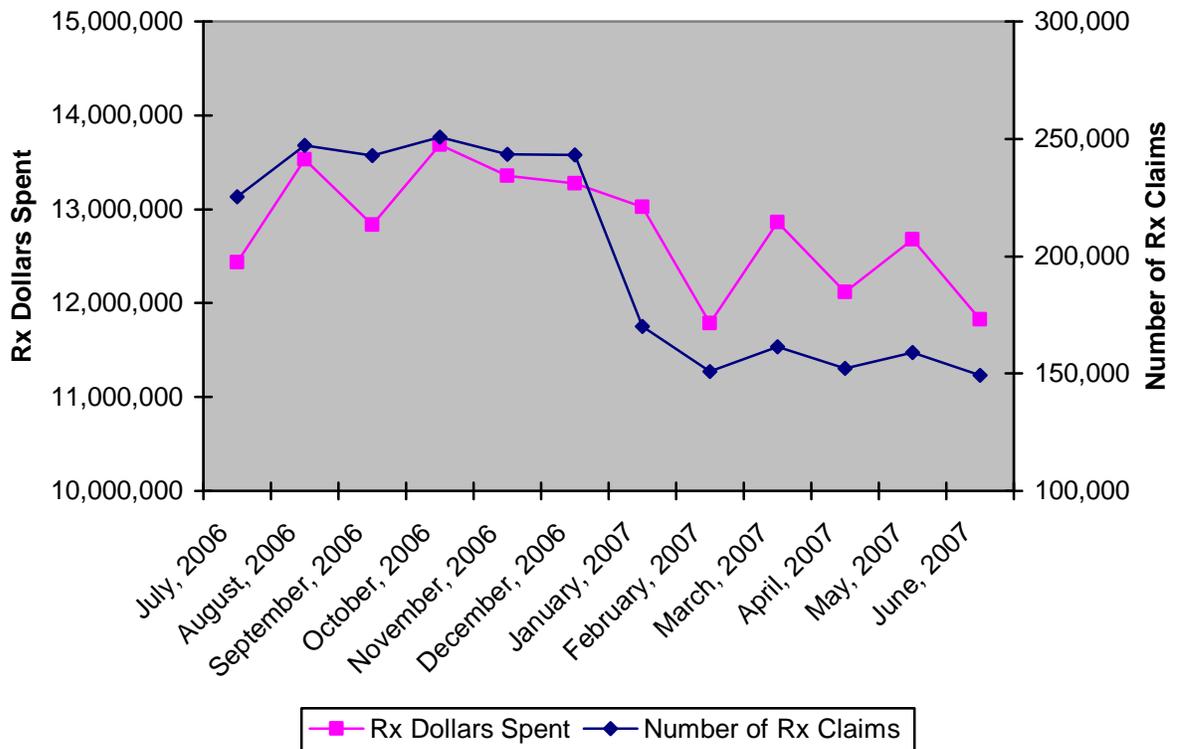


Figure 2 illustrates the total amount paid for the top five drug classes. Psychotherapeutics (antipsychotics, antidepressants, ADHD medications, etc.) expense accounted for 33% (\$51.4 million) of the overall drug spend. CNS Drugs (anticonvulsants, etc.), Anti-infectives, GI Agents, and Antiasthmatics accounted for 11%, 8%, 7%, and 5% of the overall spend, respectively. All other classes accounted for the remaining 36% of the total drug spend.

Figure 2: Amount Paid by Therapeutic Class

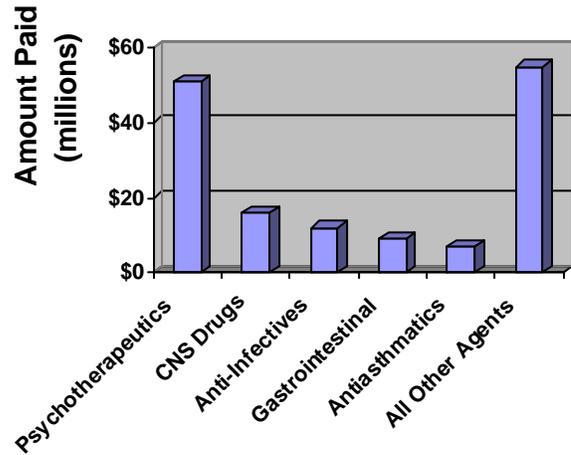


Table 4 illustrates Kansas Medical Assistance Program's top 10 drugs based on amount paid. While these medications collectively accounted for 33.4% of the total program's drug expense, they only accounted for 9.7% of all prescriptions. Their average amount paid per prescription (\$219.78) was also significantly more than the average amount paid per prescription for all drugs (\$53.63).

Table 4: Top Ten Drugs by Amount Paid

Drug	Paid	Rx	Paid/Rx
Quetiapine (Seroquel®)	\$9,317,269	37,990	\$245.26
Aripiprazole (Abilify®)	\$8,838,347	22,705	\$389.27
Risperidone (Risperdal®)	\$6,972,534	32,678	\$213.37
Lansoprazole (Prevacid®)	\$4,367,510	30,748	\$142.04
Olanzapine (Zyprexa®)	\$4,237,522	9,923	\$427.04
Antihemophilic factor, hum rec (Kogenate® FS, Helixate® FS, Recombinate rAHF®, Bioclata®)	\$3,988,534	301	\$13,250
Divalproex (Depakote®)	\$3,828,950	30,046	\$127.44
Lamotrigine (Lamictal®)	\$3,487,189	16,806	\$207.50
Ziprasidone (Geodon®)	\$3,239,416	13,071	\$247.83
Methylphenidate (Ritalin®, Metadate®, Methylin®, Concerta®)	\$2,984,634	38,972	\$76.58
TOTAL TOP 10	\$51,261,907	233,240	\$219.78

Clinical Assessment

In addition to the analysis on pharmacy expenditures, a Clinical Analysis was performed to identify potential opportunities for clinical improvement. The analysis was performed by utilizing both submitted pharmacy and medical claims data. The integration of this data allows for a more complete assessment, as the patient's ICD-9 and CPT codes are considered along with the pharmacy claims when identifying potential opportunities for improvement, thus decreasing the potential for "false positives".

Results of the Clinical Analysis identified the following potential opportunities for improvement:

- 34,344 instances were flagged for an Increased Risk of an Adverse Drug Event. Some of the issues relating to this indicator include lack of coordination of care for patients and polypharmacy.
- 16,190 opportunities to prescribe standard of care therapies. These issues relate to an apparent lack of treatment when published treatment guidelines indicate there should be an intervention (e.g., antilipemic therapy in patients with documented coronary artery disease).
- 8,246 instances were flagged for Medication Compliance.
- 6,607 instances where recipients appear to be over-utilizing prescribed therapy.
- 4,829 instances where recipients appear to be receiving a medication in the absence of an FDA-approved ICD-9 code.
- 4,706 cases related to high or low dosages.
- 1,890 situations where recipients appear to be receiving duplicate therapy.
- 1,199 situations where a recipient appears to be at risk for a serious drug-drug interaction involving medication combinations generally recognized to be contraindicated.

The DUR Board will be targeting some of the clinical issues listed above in future intervention mailings. If you receive a mailing, please view the information as educational only and consider it when caring for your patient. Your response and feedback to the mailing is always greatly appreciated. Thank you for serving the beneficiaries of the Kansas Medical Assistance Program.

Kansas DUR Committee Members:

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(Position vacant for a physician that is a medical director of a nursing facility; if interested contact DUR Director Anne Ferguson at 785-296-7788)