



# Kansas Medical Assistance Program Drug Utilization Review Bulletin



October 2006

The DUR Board recommends specific intervention topics based on utilization patterns that are identified from reviewing historical claims data. Since February 2005, eight 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 7,457 letters have been mailed to physicians treating Kansas Medical Assistance Program recipients.

**Table 1: Population-based Intervention Summary**

Intervention Focus	# Physicians	Month
Dose Consolidation	381	Feb 2005
Falls in the Elderly	811	May 2005
NSAID Drug Usage Evaluation	774	July 2005
Gabapentin Drug Usage Evaluation	1,219	Dec 2005
Medication Compliance	1,310	Feb 2006
Short Acting Opiate Drug Usage Evaluation	570	March 2006
GI Drug Usage Evaluation	1,427	May 2006
Asthma Disease Management Program	965	June 2006
<b>Total</b>	<b>7,457</b>	

**Table 2: Outcomes Report from Previous Interventions**

Intervention	Results
Dose Consolidation (Drug Regimen Simplification)	<ul style="list-style-type: none"> <li>67% increase in medication adherence</li> <li>Annualized savings of \$35,808</li> </ul>
Falls in the Elderly	<ul style="list-style-type: none"> <li>Annualized savings of \$117,647</li> </ul>
NSAID Drug Usage Evaluation	<ul style="list-style-type: none"> <li>Improved clinical outcomes (e.g., drug-drug interactions, overutilization, etc) in targeted vs control group</li> </ul>
Appropriate Use of Gabapentin	<ul style="list-style-type: none"> <li>75% reduction in the number of patients prescribed gabapentin for indications other than epilepsy or neuropathic pain.</li> <li>Estimated 6-month savings of \$338,828</li> </ul>
Dose Consolidation	<ul style="list-style-type: none"> <li>Pending</li> </ul>
Medication Adherence	<ul style="list-style-type: none"> <li>Pending</li> </ul>
Opiate Short-acting/Long-acting DUE	<ul style="list-style-type: none"> <li>Pending</li> </ul>

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

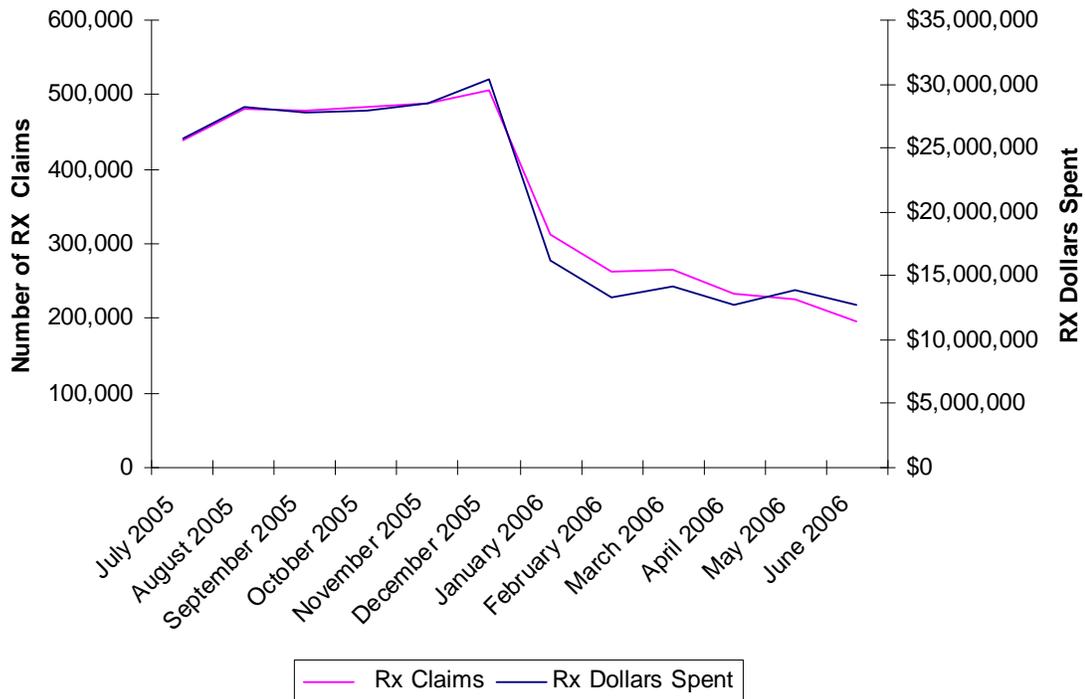
An analysis of pharmacy expenditures for Fiscal Year 2006 was completed for the Kansas Medical Assistance Program.

**Table 3: Program Summary**

<b>Period Covered:</b>	July 2005 - June 2006
<b>Total Rx Claims:</b>	4,372,001
<b>Total Rx Dollars Paid:</b>	\$251,543,689
<b>Avg. Members per Month:</b>	297,729
<b>Avg. Paid PMPM:</b>	\$66.74

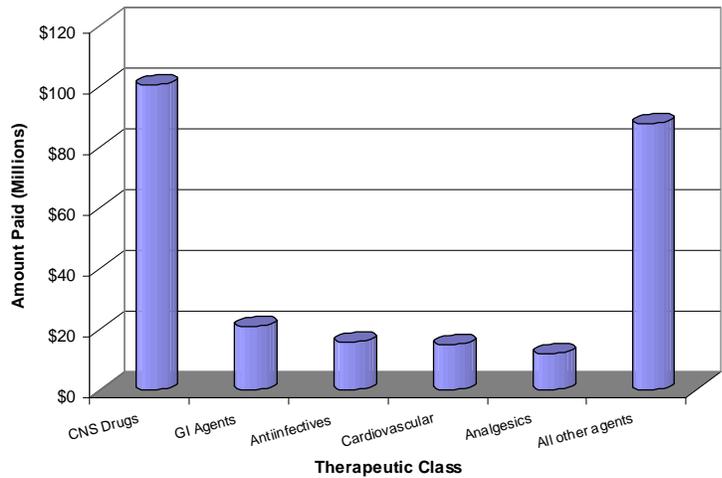
**Figure 1** illustrates the number of prescription claims and dollars spent on prescriptions during this analysis period. Before Medicare Part D was implemented, the monthly prescription volume and amount paid averaged 479,154 and \$28.1 million. After Part D was implemented, the respective monthly averages were 249,513 and \$13.8 million.

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



**Figure 2** illustrates the total amount paid for the top five therapeutic classes. CNS drug (antipsychotics, antidepressants, anticonvulsants, etc.) expense accounted for 40% (\$100.4 million) of the overall drug spend. GI Agents, Antiinfectives, Cardiovascular, and Analgesics accounted for 8%, 6%, 6%, and 5% of the overall spend, respectively. All other classes accounted for the remaining 35% 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 29.3% of the total program's drug expense, they only accounted for 9.3% of all prescriptions. Their average amount paid per prescription (\$181.56) was also significantly more than the average amount paid per prescription for all drugs (\$57.54).

(Quetiapine Fumarate 25mg accounted for a large portion of claims and expense for this drug; this strength is often used to treat insomnia. Sedative/Hypnotics available as preferred drugs are the most cost effective for the program and include Lunesta® and Rozerem®.)

**Table 4: Top Ten Drugs by Amount Paid**

Drug	Paid	Rx	Paid/Rx	% of Total Program
Quetiapine Fumarate (Seroquel®)	\$12,546,227	58,136	\$215.81	5.0%
Aripiprazole (Abilify®)	\$9,992,813	29,820	\$335.10	4.0%
Risperidone (Risperdal®)	\$9,758,502	52,380	\$186.30	3.9%
Olanzapine (Zyprexa®)	\$9,151,797	25,765	\$355.20	3.6%
Lansoprazole (Prevacid®)	\$8,769,972	63,872	\$137.31	3.5%
Divalproex Sodium (Depakote®)	\$5,782,867	46,977	\$123.10	2.3%
Esomeprazole mag trihydrate (Nexium®)	\$5,188,020	37,273	\$139.19	2.1%
Ziprasidone HCL (Geodon®)	\$4,221,325	17,530	\$240.81	1.7%
Sertraline HCL (Zoloft®)	\$4,178,688	53,037	\$78.79	1.7%
Lamotrigine (Lamictal®)	\$4,061,673	20,868	\$194.64	1.6%
<b>TOTAL TOP 10</b>	<b>\$73,651,884</b>	<b>405,658</b>	<b>\$181.56</b>	<b>29.3%</b>

## 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:

- 34,472 instances were flagged for Medication Compliance.
- 18,936 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.
- 6,943 instances where recipients are prescribed therapy in the absence of an FDA-approved ICD-9 code.
- 6,836 opportunities to prescribe standard of care therapies (e.g., antilipemic therapy in patients with documented coronary artery disease).
- 6,080 instances where a patient took a medication for shorter or longer than recommended by package labeling or clinical literature.
- 4,238 cases related to high or low dosages.

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)