REPORT TO THE TWENTY-FIFTH HAWAII STATE LEGISLATURE 2010

IN ACCORDANCE WITH THE PROVISIONS OF SECTION 346-59.9, HAWAII REVISED STATUTES

DEPARTMENT OF HUMAN SERVICES
MED-QUEST DIVISION
January 2010

2009 ANNUAL REPORT ON PSYCHOTROPIC MEDICATION, SECTION 346-59.9, HAWAII REVISED STATUTES.

In accordance with section 346-59.9, Hawaii Revised Statutes (HRS), the Department of Human Services is required to submit an annual report on psychotropic medication. The following information is required:

1) The number of prescriptions written pursuant to section 346-59.9, HRS;

2) The cost and impact of psychiatrists, physicians, or advanced practice registered nurses (APRNs) prescribing medications pursuant to section 346-59.9 that are not part of the existing formulary; and

3) The overall utilization of psychotropic medication under chapter 346, HRS.

Section 346-59.9, HRS, as amended by Act 311, SLH 2006, removed the requirement that a licensed physician, who was not a psychiatrist, consult with a psychiatrist before prescribing psychotropic medications and also deleted the repeal date for the QUEST plans. Act 39, SLH 2007, amended section 346-59.9, HRS, to allow advanced practice registered nurses (APRNs) with prescriptive authority under chapter 457, HRS, to also prescribe psychotropic medications, along with licensed physicians and psychiatrists.

Medicaid Fee-For-Service Only

Medicaid Fee-For-Service Prescription Utilization: 2006, 2007, 2008 and 2009

Service Period	Average Number of Prescriptions Per Month			Average Payment Per Month		
	Psychiatrists	Other Physicians	Advanced Practice Registered Nurse	Psychiatrists	Other Physicians	Advanced Practice Registered Nurse
01/01/06-06/30/06	6,035	4,361	18	$1,018,091	$232,918	$ 867
07/01/06-06/30/07	5,580	4,860	50	$ 988,046	$354,281	$ 9,471
07/01/07-06/30/08	4,783	6,131	85	$ 892,178	$682,333	$21,880
07/01/0–01/31/09	3,946	7,114	22	$ 763,033	$889,585	$ 5,334
02/01/09-06/30/09	69	173	0.2	$ 13,955	$ 21,471	$ 26

Note: All claims for reimbursement can be submitted up to one year after their date of dispensing; therefore, the numbers for the current year can change as claims are received and the numbers from last year's report have been revised to give the final numbers.

Also, the report specifications were adjusted from last year to provide more accurate trending.

Medicare Part D was implemented on January 1, 2006, which transferred the coverage of drugs from the State to the Federal government for about 25,000 Hawaii residents covered by Medicaid Fee-For-Service.

Act 311, SLH 2006, was implemented on July 1, 2006, which removed the requirement that a licensed physician, who was not a psychiatrist, consult with a psychiatrist before prescribing psychotropic medications. While this Act 311 amendment has caused little change in the average number of prescriptions per month, the advent of Act 311 has shown a shift to different medications, price increases in drug costs overall, and an increase in average payment per month for "Other Physicians".

Act 39, SLH 2007, was implemented on July 1, 2007, to authorize APRNs to prescribe. Next year's report will allow trending analysis.

QUEST Expanded Access (QExA) was implemented on February 1, 2009, which transferred approximately 95% of the Medicaid population from the Medicaid Fee-For-Service (FFS) program which naturally resulted in a significant drop in utilization in the FFS program. The remaining Medicaid FFS population is minimal, with an approximate population of 2,500.

Since 2006, the cost for psychotropic medications has increased each year in both average number of prescriptions written and the in the costs. It is of concern that the number of prescriptions written by psychiatrists has fallen, while there is a marked increase in the number of prescriptions written by physicians.

Medicaid QUEST Only

Act 311 was implemented on July 1, 2006, which allowed unrestricted psychotropic medication coverage for Medicaid recipients in the QUEST program. AlohaCare QUEST, HMSA QUEST, Kaiser QUEST, and Summerlin QUEST have provided data below.

AlohaCare QUEST Prescription Utilization: 2006, 2007, 2008 and 2009

Service Period	Average Number of Prescriptions Per Month			Average Payment Per Month		
	Psychiatrists	Other Physicians	Advanced Practice Registered Nurse	Psychiatrists	Other Physicians	Advanced Practice Registered Nurse
01/01/06-06/30/06	374	303		$76,172	$12,763	
07/01/06-06/30/07	435	284		$90,614	$12,291	
07/01/07-06/30/08	432	460	2	$99,478	$39,362	$ 391
07/01/08-06/30/09	577	524	5	$142,599	$34,213	$1,598

HMSA QUEST Prescription Utilization: 2006, 2007, 2008 and 2009

Service Period	Average Number of Prescriptions Per Month			Average Payment Per Month		
	Psychiatrists	Other Physicians	Advanced Practice Registered Nurse	Psychiatrists	Other Physicians	Advanced Practice Registered Nurse
01/01/06-06/30/06	2,302	1,551		$314,959	$105,456	
07/01/06-06/30/07	2,956	2,212		$382,907	$120,228	
07/01/07-06/30/08	2,409	2,845	8	$326,251	$224,514	$ 665
07/01/08-06/30/09	2,637	3,009	61	$385,837	$270,697	$9,581

Kaiser QUEST Prescription Utilization: 2006, 2007, 2008 and 2009

Service Period	Average Number of Prescriptions Per Month			Average Payment Per Month		
	Psychiatrists	Other Physicians	Advanced Practice Registered Nurse	Psychiatrists	Other Physicians	Advanced Practice Registered Nurse
01/01/06-06/30/06	227	377	12	$13,342	$7,999	$408
07/01/06-06/30/07	253	400	10	$15,922	$8,459	$389
07/01/07-06/30/08	231	436	3	$13,435	$8,328	$ 96
07/01/08-06/30/09	311	489	3	$16,797	$7,976	$ 65

The average number of prescriptions for Kaiser has increased from those reported last year due to the inadvertent exclusion of various psychotropic medications previously from this report. The average payment per month has also decreased due to the use of formulary generic drugs when available. The use of generic drugs has decreased costs dramatically.

Summerlin QUEST Prescription Utilization: 2007, 2008 and 2009

Service Period	Average Number of Prescriptions Per Month			Average Payment Per Month		
	Psychiatrists	Other Physicians	Advanced Practice Registered Nurse	Psychiatrists	Other Physicians	Advanced Practice Registered Nurse
08/01/07-06/30/08*	35	323	5	$4,533	$10,335	$217
07/01/08-06/30/09**	18	294	6	$1,648	$11,148	$146

* August 1, 2007 – Summerlin QUEST began operations.
** June 30, 2009 – Summerlin QUEST ceased operations for the QUEST population.

Medicaid QUEST Expanded Access (QExA) Only

QExA was implemented on February 1, 2009. It is the managed care program for the Aged, Blind and Disabled (ABD) Medicaid population, which previously consisted of approximately 95% of the Medicaid FFS population. Evercare and Ohana Health QExA plans have provided data below:

Evercare QExA Prescription Utilization: 2009

Service Period	Average Number of Prescriptions Per Month			Average Payment Per Month		
	Psychiatrists	Other Physicians	Advanced Practice Registered Nurse	Psychiatrists	Other Physicians	Advanced Practice Registered Nurse
02/01/06-06/30/09*	2,144	2,204	73	$406,213	$147,746	$11,155

* February 1, 2009 – Evercare QExA began operations.

Ohana Health Plan QExA Prescription Utilization: 2009

Service Period	Average Number of Prescriptions Per Month			Average Payment Per Month		
	Psychiatrists	Other Physicians	Advanced Practice Registered Nurse	Psychiatrists	Other Physicians	Advanced Practice Registered Nurse
02/01/09-06/30/09*	1,436	3,526	NA	$291,307	$507,351	NA

* February 1, 2009 – Ohana Health Plan QExA began operations.

Concerns

1) At a recent Drug Utilization Review Board meeting, an area of concern related to the antipsychotic class was discussed. The Food and Drug Administration (FDA) has approved Seroquel® for use of depressive episodes and acute manic episodes in bipolar disorder; long-term maintenance treatment of bipolar disorder in combination with lithium or divalproex; and schizophrenia. In retrospective review, utilization of low dose Seroquel® (25 and 50mg) may include off-label use as an expensive prescribed sleep aid rather than as a psychotropic medication.

   It is not only Seroquel® that is subject to off-label use; other antipsychotic medications have also been reported to be prescribed for off-label use. A recent Comparative Effectiveness Review by the Agency for Healthcare Research and Quality reviews the efficacy and comparative effectiveness of off-label atypical antipsychotics. It concludes that "with few exceptions, there is insufficient high-grade evidence to reach conclusions about the efficacy of atypical antipsychotic medications for any of the off-label indications, either versus placebo or versus active therapy."

2) With the recent State revenue deficits and budget concerns, it is important to be aware of rising costs of health care. Prescription drugs are the fastest growing health care cost, with psychotropic medications as the leading drug expenditure in Medicaid. Patients with behavioral health and emotional disorders are a particularly vulnerable population and often require prescription drugs to treat their conditions. These patients deserve to have access to effective medications, but they would also benefit from the necessary management to ensure health and safety.

   Systematic reviews completed by federal evidence-based practice centers on atypical antipsychotics for schizophrenia and second-generation antidepressants for depression and anxiety, addressing both behavioral health and emotional conditions, overall, found comparable effectiveness among drugs within a class.

   Generic medications are also becoming increasingly available. The FDA requires that generic medications demonstrate bioequivalence with the brand name product in order to receive approval.

   For second generation antidepressants, nearly all of the medications with the best evidence of effectiveness are available in generic form, including fluoxetine (Prozac), sertraline (Zoloft), paroxetine (Paxil), citalopram (Celexa), venlavaxine (Effexor), fluvoxamine (Luvox), bupropion (Wellbutrin), mirtazapine (Remeron), and nefazadone (Serzone). For atypical antipsychotics, risperidone (Risperdol) and clozapine (Clozaril) are currently available as generics, and according to the FDA website, olanzapine (Zyprexa), quetiapine (Seroquel), and ziprasidone (Geodon) have tentative approval for generic products.

   Providers often assume that newer means better, but newer medications are not necessarily more effective nor safer than older medications, and as mentioned in Item #1 above, they are often prescribed for non-FDA approved indications. The availability and marketing of atypical antipsychotics has led to an explosion of their use. However, the

evidence is not clear that that they are being appropriately prescribed nor that they are more effective or safer than other agents.

The New York Times printed a story on November 18, 2008, on the FDA advisory panel that criticized the overprescribing of antipsychotics for children, and printed another story on December 12, 2009, reporting that Medicaid children are four times more likely to be prescribed an antipsychotic compared to middle-class children and that this disparity is unexplained by differences in mental health problem prevalence. According to the most recent article, antipsychotic medications can have severe physical side effects, causing drastic weight gain and metabolic changes resulting in lifelong problems.

It is important for patient safety to prevent psychotropic polypharmacy (which means taking multiple psychotropic medications at the same time) and to prevent prescribing at doses in excess of those approved. Outpatients may see different providers and unknowingly receive multiple psychotropic medications. Studies have found that more than half of nursing home residents receiving antipsychotics were given doses that exceeded recommended maximum levels, received duplicative therapy, or had conditions, like memory problems or depression, for which such drugs are considered inappropriate.

It is important to highlight Kaiser QUEST's experience with decreased costs from the increased use of generic psychotropics. Kaiser's pharmacy works very closely with prescribers to move patients from brand to generic drugs when appropriate; however, it may be difficult to do this outside of an integrated health care system like Kaiser. In addition, although many of these drugs are now available generically, prescribers are still hesitant to make the change to generic from a mental health brand drug on which a patient is stable, so any legislation that may be considered should make allowances to grandfather patients who are currently stable on a specific medication.

The available evidence for psychotropic medications demonstrates the comparative effectiveness of the drugs within a class and the safety problems associated with their overprescribing. Unlimited and unmanaged prescribing places this vulnerable population at further safety risk and is fiscally wasteful.

Conclusion

The Department believes the purpose of Act 239, Act 311 and Act 39 – "to improve access to psychotropic medication for Hawaii Medicaid clients" – is being met. However, open, unmanaged access appears to have led to inappropriate utilization and increased costs. It will be important to take steps to ensure the health and safety of the clients whom we serve, by not only ensuring access but also by more efficiently and effectively managing the use of these medications.