

MEDI-CAL DUR (DRUG UTILIZATION REVIEW) EDUCATIONAL PROGRAM ON ATYPICAL ANTIPSYCHOTICS

Title: *Fiscal Pharmacology of the Atypical Antipsychotics: Getting the Biggest Clinical and Economic Bang for the Buck through optimizing and individualizing patient therapy*

Sponsors: Department of Health Services, State of California Medi-Cal Division and the Drug Utilization Review (DUR) Committee of Medi-Cal

Accreditor: University of California San Diego

Creative and Logistics: Neuroscience Education Institute

Supporters: (alphabetically) Astra-Zeneca, Janssen, Lilly and Pfizer

Educational Committee: **DUR:** Stephen M. Stahl, Jude Simon-Leack
DHS: Vic Walker
Lilly: Welyn Bui, Robert Browne, Phyllis Marshall, Alan Lampe, Joe Gibson
Janssen: Kay Sadik, Sadie Heller, Peter Yoon, Hedy Chung, David Shestak, Rob Liskicki
Astra-Zeneca: David Cook, Mai Ngunen, Glen Cunningham
Pfizer: Richard Morita, Gary Ellenor

Mission Statement: The Medi-Cal DUR Educational Committee on Atypical Antipsychotics will develop high quality educational programs to inform prescribers, providers and mental health professionals about how these drugs are utilized in the fee for service Medi-Cal sector. Both evidence based and cost efficient uses will be highlighted and contrasted from unproven and cost inefficient uses. The Committee seeks to assure that utilization of these agents is optimized in the fee for service Medi-Cal sector and believes that educational programs are more beneficial than formulary restrictions in shaping best clinical practices. This educational program will thus seek to determine whether providing educational programs will reduce inappropriate and costly uses while enhancing best practices with these important therapeutic resources.

Objectives:

1. To review the current uses of atypical antipsychotics within the fee for service Medi-Cal sector, including cost trends, dosing, polypharmacy and concomitant therapies.
2. To compare these uses with national patterns and with various treatment algorithms including best practices
3. To highlight three areas of high cost use for atypical antipsychotics, including polypharmacy, high doses, and concomitant administration of augmenting agents
4. To review the evidence for the utility of these high dose uses and how to optimize clinical and economic outcomes by recognizing the uniqueness of the atypical medications and individualizing patient therapy in a cost effective evidence-based best practices algorithm

Abstract

Antipsychotics are the most costly drugs utilized by the Medi-Cal fee for service program, and use is accelerating due to the therapeutic advantages of these agents and also to expanding indications. Most use is for FDA-approved indications at approved doses, but some “off-label” uses are very expensive and poorly researched. For example, more than 9% of prescriptions for risperidone are higher than optimal doses, and 9% of olanzapine are above the labeled dose range. Whereas quetiapine is often under-dosed.

Over 20% of patients are taking more than one of these atypical antipsychotic and about one-sixth of these (3% of all patients) take two or more atypical antipsychotics for 60 days or more. Some use of more than one antipsychotic may be attributed to the tapering at medication switches, which studies have shown to be an optimal practice. However, sustained use of more than one of antipsychotic has not been thoroughly researched and can lead to doubling the medication costs without cost efficient improvement in patient outcomes. Although future studies may justify the effectiveness of high dosing and long-term polypharmacy among atypical antipsychotics, currently, this is the most expensive and least well-documented practice in psychiatry. Evidence-based best practice is to choose the medication best suited to the patient's needs, history and preferences, to assure an adequate monotherapy then try the next most appropriate therapy. A review of existing evidence suggests that adding certain augmenting agents for nonresponders has the best evidence base and the most inexpensive medication costs compared to high doses and polypharmacy among atypical antipsychotics. Prescribers, providers and mental health professionals should be encouraged to utilize atypical antipsychotics as effective but expensive resources whose use must be optimized through evidence-based best practices in order to assure continuing open access within the MediCal fee for service program.

AGENDA

- I. Pre-Course Practice Survey
- II. Introduction and Background
- III. Differences between Atypicals
- IV. Best Practices with Atypical Antipsychotics
- V. High dose use of atypical antipsychotics
- VI. Antipsychotic polypharmacy
- VII. Augmentation of atypical antipsychotics
- VIII. Evidence-based cost efficient treatment algorithms
- IX. Post-Course Practice Survey

Long Term Follow-up Practice Survey by Mail