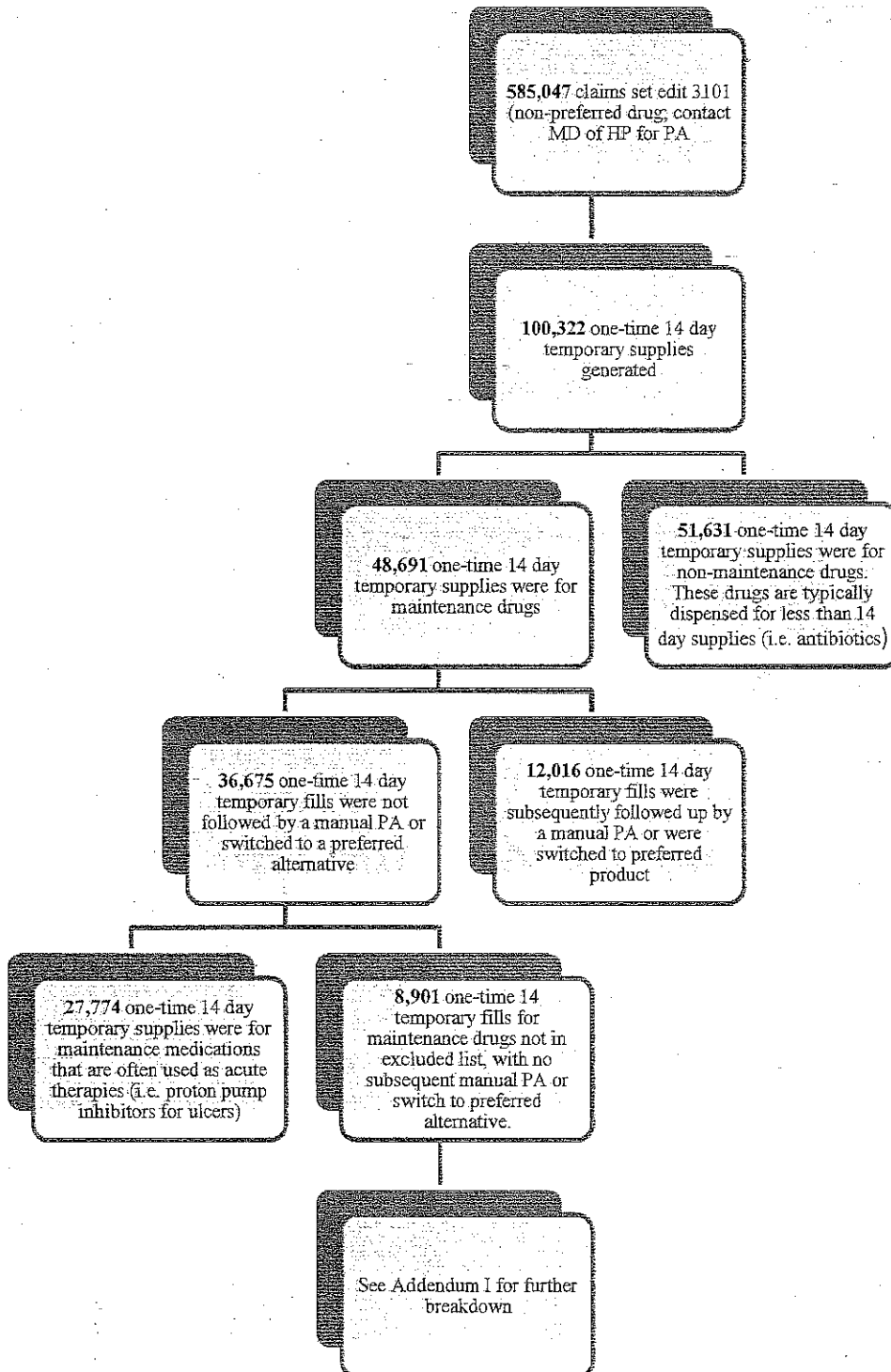


2013 Auto Prior Authorization Analysis (one-time 14-day supply)

The purpose of this document is to examine the prescribing trends after the use of a one-time 14-day override for non-preferred medications on the Connecticut Medicaid Preferred Drug List (PDL). Hewlett Packard (HP) analyzed several thousand client medication histories which yielded trends.



Methodology and Results

In the calendar year 2013 (Jan through Dec) HP received **585,047** claims which set the edit for non-preferred drugs (Edit 3101 – Non- preferred drug – Contact MD or HP for PA). Of these claims, **100,322 one-time 14-day fills** for non-preferred medications were generated. If a client has previously received a one-time 14-day fill for the same medication, they will not be allowed an additional one-time 14-day fill for that same medication. This will account for some of the claims hitting this edit not having a one-time 14-day fill dispensed. In addition, pharmacies often submit multiple claims for the same drug before dispensing the one-time 14-day fill, or rebill the claim for the corresponding preferred brand/generic equivalent and then do not require the dispensing of the one-time 14-day fill. All of these circumstances can contribute to the difference between number of claims setting edit 3101 and the number of one-time 14-day fills actually dispensed.

HP has determined that only maintenance medications should be examined in the analysis, as acute therapies such as antibiotics, creams/ointments/gels, and eye/ear drops should not require more than the dispensed 14-day supply for adequate treatment. As a result, any one-time 14-day fills that were generated for medications not categorized as maintenance medications have been excluded from this analysis. This was achieved by using the maintenance indicator tied to the drug information panel and assigned by First Data Bank (FDB). Only **48,691** of the one-time 14-day fills were for a medication classified as a maintenance medication.

In addition, HP sought to exclude any one-time 14-day fills that had a subsequent manual PA approved (request submitted to HP/approved by HP) for the same medication OR had a preferred medication in the same AHFS (American Hospital Formulary Service) code filled after they received a one-time 14 day fill. AHFS codes group drugs with similar pharmacologic, therapeutic and chemical characteristics. These instances would be viewed as appropriate outcomes since the provider either submitted an acceptable rationale for the use of the non-preferred medication, or switched the client's therapy to a preferred alternative agent. The total number of one-time 14-day fills which were not followed by a manual PA or switched to a preferred alternative was **36,675**.

One-time 14-day fills for maintenance medications (defined by FDB) that were generated in drug groups that are often used as acute therapies were also excluded. The following FDB Hierarchal Ingredient Codes (HIC) D4J, H6H, P5C, S2B, W5A, Q7P, Z2A, Z2I and Z2Q contain medications such as NSAIDS (diclofenac tablets), Proton Pump Inhibitors (omeprazole), corticosteroid nasal inhalers, anti-virals (valcyclovir), muscle relaxants (tizanidine), anti-histamines(desloratadine) and others which are consistent with acute usage. After excluding these HIC codes, the total number of one-time 14-day fills remaining was **8,901**. (Please reference the following table for specific HIC/medication relationships):

HIC Codes Containing Maintenance Indicators Often Used for Acute Therapy	Drug Classification (uses)	Typical Medications in HIC
D4J	Proton Pump Inhibitors (ulcers, acid reflux, "heartburn")	omeprazole, pantoprazole, lansoprazole
H6H	Muscle Relaxants (muscle aches, spasms, strains)	tizanidine, metaxalone
P5C, Q7P	Steroid Nasal Sprays (rhinitis or "runny nose" due to allergy or cold)	triamcinolone nasal spray, fluticasone nasal spray
S2B	NSAIDs (acute inflammation, aches and pains)	diclofenac
W5A	Anti-virals (viral infections, "cold sores")	valacyclovir
Z2A, Z2I, Z2Q	Antihistamines (acute rhinitis, or "runny nose", due to allergens, common cold, etc)	fexofenadine, desloratadine

Conclusions and Flowchart

When examining the prescribing practices following the use of the one-time 14-day override, the majority of these claims have a resolution which is appropriate. The client has either received a medication for which the one time fill is adequate, the prescriber followed up with a manual PA for the non-preferred product, or the client was switched to a preferred product in the same AHFS class. The percentage of outstanding issues not resolved by the physician, patient, or pharmacist that remain when compared to the total amount of one-time 14-day fills generated for the year is **8.87%**. This percentage is below what current literature cites for typical patient non-adherence. Recent studies fluctuate from 30% to 50% for maintenance medications.¹

¹ Albert Wertheimer and Thomas Santella, "Medication Compliance Research: Still so far to Go," *The Journal of Applied Research* Vol 3 Issue 3

Addendum I

Further examination of the remaining 8,901 unresolved one-time 14-day fills identifies several recurring medications that may be used on a "one-time" or "as needed" basis, and other times may be used for chronic therapy. The following were identified as the most recurring: Ventolin HFA inhaler (2,474 PAs), Xopenex (and generics) HFA inhaler and nebulizer solution (143 inhaler PAs and 203 nebulizer solution PAs), Celebrex (958 PAs), and azelastine nasal spray (190 PAs).

Additionally, beginning September 1, 2013, the Department/HP implemented claims editing that alerts pharmacies when they have submitted a claim for a generic medication in which its brand equivalent is the preferred drug on the PDL. Prior to this editing, the claim would simply set editing which indicated it was a non-preferred drug and advised that PA is required for that therapy. With this change on 9/1/13, the pharmacist is informed that they can simply bill for the brand name medication and it will be covered, without initiating the prior authorization process. Since this editing was not implemented until the last quarter of the year, we saw some high one-time 14-day fills for generic drugs in which the brand was preferred. Examples of this are the drugs budesonide solution for nebulizer (351 PAs), and metoprolol succinate (105 PAs). The expectation is that the number of one-time 14-day fills for non-preferred generics with preferred brand name equivalents will decrease significantly in 2014 with this editing now in place.

Oral Contraceptive medications accounted for an additional 1,351 of the remaining unresolved one-time 14-day fills. This is a class which historically has poor refill compliance, which may explain the lack of follow up on these PAs.