Analysis of Medical Resource Utilization Secondary to Automated Prior Authorization Criteria for the Oral Atypical Antipsychotics in a Medicaid Population

Sheen JV, Holeman A, Williams A, Brink D, Cully A

Introduction

Automated prior authorization criteria was put in place for West Virginia Medicaid for oral atypical antipsychotics. A proprietary rules system evaluated two years of medical and pharmacy claims data in an algorithm-based yes/no format to determine authorizations. Criteria focused on age, diagnosis, step therapy and use of preferred agents.

Objective

Describe the impact of prior authorization approval versus denial of the oral atypical antipsychotic medications on medical resource utilization (e.g. emergency room visits and hospital admissions).

Methods

Between May 1, 2014 and March 30, 2015, prior authorization criteria for the oral atypical antipsychotics were in place with no significant criteria changes. Members included were limited to those who remained eligible during the study period. Utilization of emergency room (ER) and hospital admissions were measured from the index point-of-sale date of the prescription to six months later. Medical utilization claims were identified by Place of Service Code. A code of 23 identifies emergency room; codes of 21 and 51 identify inpatient admissions.

A retrospective claims database analysis categorized members into three groups: 1. Approved (approved and received requested therapy), 2. Denied and No Utilization (received a denial and did not receive an oral antipsychotic during the next six months) and 3. Denied and then Approved (denied initially but later approved). The category of "Denied and then Approved" was split by days without (3a) or with (3b) antipsychotic therapy. Per member per month (PMPM) medical utilization rates were calculated by dividing the number of events by the count of members multiplied by six months.

Results

After eliminating members that did not have eligibility for six months post-index, there were 1,834 members in the approved category, 748 members who were denied and had no utilization, and 1,137 members who had an initial denial and later received an oral antipsychotic. The denied then approved group was evaluated based on days without therapy and days with therapy. There was no increase in ER utilization or hospital admissions for members who were denied and did not receive oral antipsychotic medication when compared with the members that were initially approved or with members who were initially denied and later approved. Members in the third group who were denied and later approved saw no difference in medical resource utilization when evaluating days without therapy versus days with therapy.

Table 1: Possible Reasons for Claim Denial

Age: ≤6 years old
Non-preferred products: Manual review required
Brand with a generic available: Absence of 14 days of therapy with the generic in the past year
Preferred brands (Fanapt, Latuda and Saphris): Absence of 14 days of therapy with one preferred generic in the past year
Generic quetiapine 25mg: No history of diagnosis of schizophrenia or bipolar disorder and absence of therapy with other strengths of quetiapine in the last 30 days
Abilify: • <18 years old or • Diagnosis of major depressive disorder and absence of therapy with SSRI, SNRI or bupropion in past 45 days or • Diagnosis of major depressive disorder and daily dose >15mg
Invega: Absence of therapy with Invega for 90 days in the past 105 days

Conclusion

The data indicates this prior authorization criteria for the oral atypical antipsychotics did not adversely increase medical utilization for the members who were denied therapy.

Figure 1: Patient Count

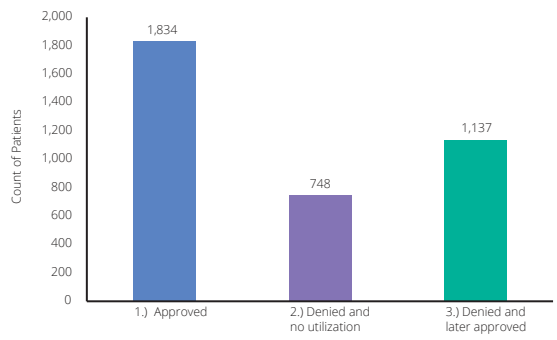

Figure 2: ER Utilization Rate (PMPM), by Group

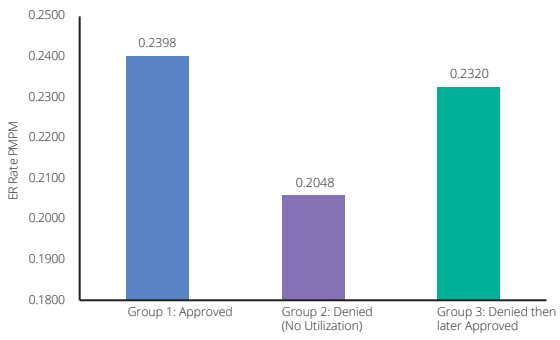

Figure 3: Inpatient Utilization Rate (PMPM), by Group

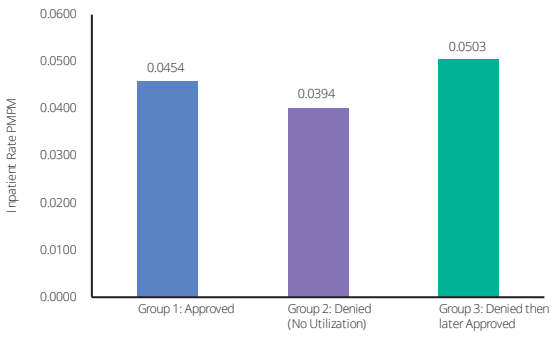

Figure 4: ER Utilization Rate (PMPM) for Group 3, by Days with or without Therapy

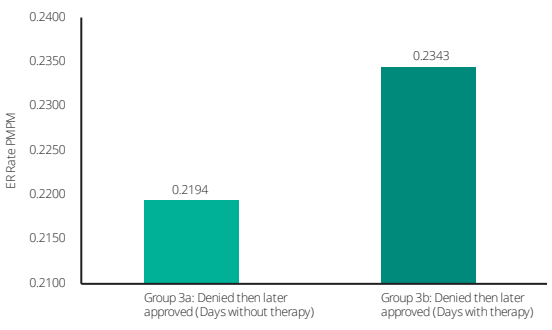

Figure 5: Inpatient Utilization Rate (PMPM) for Group 3, by Days with or without Therapy