Case Study: An examination of one state Medicaid program’s pharmacy data reveals unexpectedly high rates of physician adherence to standard HIV therapies.

Analysis Prevents Unnecessary Spending

The Challenge
In the U.S., antiretroviral drugs have transformed HIV into a chronic, but very expensive, disease — the average annual cost of HIV care is $10,000 to $15,000 per patient. Improper management of antiretroviral therapy can cause that figure to soar even higher, since medications account for 71 to 84 percent of HIV expenses. At the national level, Medicaid spends about $1.6 billion annually on antiretroviral drugs.

When providers do not comply with national antiretroviral prescribing guidelines, unnecessary expenses can be incurred and the average cost of care can increase.

Background
This state’s Medicaid program needed an evaluation of HIV antiretroviral therapy utilization and prescribing trends to effectively manage expenses. This high-cost Medicaid population has a deep impact on the state’s Medicaid budget:

- The state has 11,000 Medicaid members with HIV/AIDS.
- Pharmacy expenses for this group top $62 million annually.

To trim the prescription costs of members with HIV, the state Medicaid program wanted to ensure that providers were prescribing antiretroviral drugs in accordance with national standards. Medicaid staff contacted UMass Medical School to determine whether they should require prior authorization for members whose physicians recommended therapies outside the standard treatment.

Solution
Before instituting a prior authorization program, UMass Medical School’s Clinical Pharmacy Services launched a quality assurance analysis to determine whether the state’s Medicaid providers were prescribing antiretroviral medications properly or improperly. The analysis provided the following:

- Screening for 10 combination therapies
- Comprehensive review of six months of Medicaid pharmacy claims data

Results at a Glance
When a state Medicaid agency asked for a prior authorization program for HIV drugs, UMass Medical School’s first step — conducting a quality assurance analysis — examined whether such a program would be worth the added expense.
The results saved the Medicaid program from making unnecessary new hires.


- Identification of patients receiving antiretroviral medications in combinations not complying with national clinical guidelines
- Review of each individual case by a clinical pharmacist
- Determination of which patients were continuing to receive potentially inappropriate regimens

In the 22 cases with atypical prescribing patterns, UMass Medical School outlined the relevant clinical issues in a customized survey sent to the prescribers. The survey letters asked physicians to respond directly to the clinical pharmacist and include their exact rationales for continuing their patients on the same regimen.

- Prescribers who did not respond within one month received the information again by fax to remind them of the need for a response.
- If this approach did not work, UMass Medical School pharmacists called the prescriber directly.
- More than 50 percent of providers needed the phone call to prompt a response.
- Pharmacists also visited six providers in-person to discuss clinically appropriate times for utilizing non-preferred combination regimens.

Personal interaction with the prescribing physician enables the pharmacist to evaluate a patient’s particular circumstances and make appropriate recommendations for further pharmacy intervention.

**Results**

The UMass Medical School analysis found that the state’s Medicaid providers were prescribing antiretroviral drugs in compliance with national guidelines. The study also revealed that the prescribers were limiting the use of non-preferred drug combinations to those patients for whom the preferred options were not effective. As a result, UMass Medical School determined that prior authorization for non-preferred, combination antiretroviral therapy would not be necessary.

While the study did not reveal information that could reduce the cost of the antiretroviral medications, the state avoided significant expenses by commissioning UMass Medical School to examine the need for a prior authorization program before instituting one. Adding new medications to the prior authorization list requires additional staff to process those requests. In cases like these, in which the majority of requests received are appropriate, and therefore approved, the cost of increased staff is not offset by savings. UMass Medical School’s analysis averted that situation.