Case Study:
New protocols for behavioral health medications improve patient adherence and reduce negative medical outcomes

Clinical Pharmacy Services

Case Study

Dose Consolidation Reduces Drug Cost

The Challenge
When patients are asked to take multiple daily doses of behavioral health drugs, the cost of therapy increases — and so does the risk of negative medical outcomes due to complex dosing regimens. Still, many providers prescribe multiple daily doses for their patients, rather than a higher-strength tablet or once-a-day dose. Identifying and educating these providers and patients can be challenging, making it difficult to capture the potential savings of a once-a-day dosing regimen.

Background
Since behavioral health medications account for more than 13 percent of all Medicaid prescription claims in one state — at a cost of $26 million annually — the Medicaid officials wanted to identify ways to cut spending on these drugs.

In response to a request from the state’s Drug Utilization Review (DUR) Board, UMass Medical School’s Clinical Pharmacy Services designed new dosage consolidation and quantity limitation protocols for the lower strengths of five frequently-prescribed, brand-name behavioral health drugs:

- Abilify
- Zyprexa
- Effexor-XR
- Lexapro
- Zoloft

When patients are taking lower-strength, once-daily products as multiple units per day, dosage consolidation converts their regimens to an equivalent dose but uses a higher-strength tablet or capsule that is taken only one time each day. Such protocols can improve patient adherence and reduce medication costs.

The client also asked UMass Medical School’s Clinical Pharmacy Services to evaluate patient utilization and cost outcomes under the new program.

Solution
To determine the extent of the problem, UMass Medical School’s clinical staff looked at three months of data to identify potential dosage consolidation opportunities for these five behavioral health drugs. They found that 418 patients were taking lower-strength forms of these products multiple times per day — even though higher strength, single-dose forms of the same products were readily available.

Results at a Glance
By consolidating behavioral health drugs into higher-strength, once-a-day doses, one Medicaid program saved more than $310,000 in six months.
UMass Medical School’s team, which includes more than 60 pharmacists, then embarked on a prescriber education program and sent patient-specific, pharmacist-reviewed mailings to 250 physicians. Personalized letters provided specific information:

- Patients’ most recent pharmacy claims data
- Background and objectives of the dose consolidation program
- Notification of the forthcoming implementation of quantity limits for the five drugs
- A request for providers to review their patients’ records to determine whether dose consolidation would be appropriate
- Phone and fax numbers for the pharmacies patients used to fill their most recent prescriptions.

UMass Medical School developed a Physician Response Form, which was also included in the mailing, to track whether the physicians took action as a result of the dose consolidation initiative. Physicians also received a prior authorization request form to return if keeping the patient on the current dosage form and/or regimen was clinically justified.

Our clinical staff also compared claims data for behavioral health drugs from the six months before the client’s DUR Board implemented the new policy with data from the six months after dose consolidation and quantity limitation took effect. This information enabled the UMass Medical School team to evaluate the changes in utilization and cost generated by the new policy.

**Results**

By comparing pharmacy claims data from before and after the implementation of the DUR Board’s rule changes, UMass Medical School found that dose consolidation and quantity limitation initiatives were able to decrease utilization and cost for the five behavioral health drugs.

- The client saved more than $310,000 in a six-month period.
- A follow-up survey found that 51 percent of physicians agreed to change their prescribing regimens to a higher strength of the medication to be administered once each day.

UMass Medical School’s findings suggest that utilizing the same methodology across other therapeutic areas, such as asthma, insomnia, and heart disease, would likely result in additional cost savings and improved patient adherence.