

Comprehensive  *NeuroScience*

***BEHAVIORAL PHARMACY
MANAGEMENT SYSTEM***

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Company Overview

Founded:	1999
Headquarters:	21 Bloomingdale Road White Plains, NY 10605
Business:	Pharmaceutical Clinical Research, Specialized Education, and Managed Prescribing in Neuropharmacology
Clients:	Pharmaceutical and Biotechnology Companies, State Government
Internet:	<i>www.cnswebsite.com</i>



CNS, Inc. Divisions

- ***Clinical Trials Division:*** Comprehensive and integrated network of clinical trial sites focused in neuroscience

- ***Expert Knowledge Systems:*** Unique scientific approach and leading clinical expertise utilized for creation and transfer of knowledge on best practices
 - 16 Major Guidelines Published
 - Served as an Initial Guideline for TMAP in 1996

- ***Behavioral Pharmacy Management (BPM):*** Trend-based Pharmacy Analysis, Prescriber Education and Outlier management for Medicaid and Health Insurance Plans

Factors That Impact Medicaid Pharmacy Costs

■ Factors beyond the control of State Medicaid Agencies:

- Medicaid membership changes
- New products
- Product Inflation (same drug, year over year)

■ Factors Medicaid/MH agencies can impact:

- *Product Utilization*
- *Quality of BH prescribing practice*

BPMS Goals & Principles

■ Goals:

- Improve the quality of Behavioral Health prescribing practice based on best-practice guidelines
- Improve patient adherence to medication plans
- Improve the effectiveness of dollars spent on Medicaid behavioral drugs

■ Principles:

- Supportive of existing providers and Educational in Nature
- Trend-based, Continuous quality improvement
- CNS provides data analysis and operational support to State

BPMS Clinical Outcomes

- **Improve continuity of care**
- **Eliminate redundant treatments**
- **Coordinate care among providers**
- **Decrease risks associated with inappropriate use**

BPMS Assumptions

- Prescribing within quality standards results in better patient outcomes at lower cost:
 - *Better consumer (patient) adherence to medication plans*
 - *Reduced urgent care/emergency room visits & inpatient days*
- Most physicians will *voluntarily* prescribe within quality standards when they know what they are

What BPMS Does

- *Reviews Medicaid claims related to 130 + Medicaid behavioral drugs and reports across 4 recipient age bands regarding:*
 - Trends in overall utilization and costs by drug class
 - Claims that deviate from quality standards
- *Engages Targeted Outlier Prescribers through:*
 - Educational messages
 - Benchmarking prescribing patterns against peers
 - Peer-to-Peer consultation using noted in-state physicians
- *Alerts all prescribers to patients who:*
 - Fail to refill antipsychotic prescriptions in timely fashion
 - Are prescribed same-class BH drugs by multiple prescribers

BPMS Message to Prescribers

- In communicating with Prescribers, BPMS makes no recommendations regarding specific Products (Blind to Brand)
- The BPMS message asks the Prescriber to voluntarily consider his/her prescriptions for specific patients during a specified timeframe
- Requests feedback on claims data that is inconsistent with their records, or if a clinical consultation is required

BPMS Prescriber Feedback Process

- Prescribers can provide feedback through a fax back form and a secure web interface
- Prescribers can alert CNS to claims problems/coding errors:
 - *“Not my Patient”*
 - *“I didn’t write this script”*
 - BPMS often identifies state Medicaid systems problems related to claims and prescriber ID inaccuracies
- Prescribers can offer clinical comments or request peer consultation
- CNS organizes prescriber feedback by claims problems or clinical comments to send to the appropriate State Authority



Sample of BPMS Quality Indicators

- Therapeutic duplication of antipsychotic drugs
- Excess or Inadequate dosing of atypical antipsychotic drugs
- Children concurrently receiving 3 or more behavioral health drugs
- Use of two or more drugs from the same chemical class
- Excessive Switching of atypical antipsychotic drugs
- Multiple concurrent prescribers of same class drugs
- No refill of critical therapeutic prescriptions in timely fashion (Discontinuance)



Quarterly Totals by Drug Class

Drug Class	# Patients	% Total Patients	# Prescriber	% Total Prescriber	Claims Amount	PUPM
Atypical Antipsychotic	44,817	28.8%	6,506	38.5%	\$30,305,451	\$225.40
Typical Antipsychotic	5,107	3.3%	2,062	12.2%	\$533,848	\$34.84
Any Anxiolytics/ Sedative Hypnotics	57,630	36.8%	9,997	59.2%	\$4,798,818	\$27.89
Antidepressants	94,908	61.0%	11,519	68.2%	\$19,917,127	\$69.95
Anticonvulsants/ Mood Stabilizers	40,409	26.0%	8,064	47.7%	\$15,334,539	\$126.49
Sympathomimetics/ Stimulants	21,779	14.0%	4,488	26.6%	\$5,042,145	\$77.17
Antidiskinetics	9,781	6.3%	3,723	22.0%	\$360,438	\$12.28
Any ADHD Non-Stim.	5,408	3.5%	1,603	9.5%	\$1,323,880	\$81.60
Totals - <i>Unduplicated</i>	155,704		16,896		\$76,136,878	



Focus of Interventions

	Total	Flagged	Quality Message	Alert Message	% of Flagged
Patients	155,704	44,936	21,308	3,602	55%
Prescribers	16,896	8,050	400	2,200	5% / 32%
Claims	1,024,527	282,740	127,532	15,437	51%
Cost	\$76,136,878	\$19,161,383	\$11,442,258	\$1,393,063	60% / 67%



Indicators Targeting Atypical Antipsychotics

Indicator	Patients	Pre-scribers	Claims	PUPM
>=2 Concurrently for > 45 days	1,389	785	13,331	\$702.01
High Daily Dose > 45 days	976	519	5,891	\$843.42
Low Daily Dose > 45 days	9,435	2,938	34,397	\$118.00
Two or more Switches in 90 days	161	198	1,170	\$490.15



Other Polypharmacy

Indicator	Patient	Prescriber	Claims	Claims Amounts
2 + Benzodiazepines	909	891	7,284	\$130,637
2 + Stimulants	438	327	3,402	\$273,314
2 + SSRIs	134	152	982	\$67,836
2 + Typical Antipsychotics	71	77	537	\$21,467
2 + Antidyskinetics	40	45	292	\$4,213
2 + TCAs	30	45	215	\$3,914
2 + Sedative Hypnotics	21	24	152	\$1,248
3 + Anticonvulsants	380	373	5,297	\$835,583
3 + Antidepressants	202	268	2,208	\$130,705



Prescriber Alerts

Indicator	# Patients	# Prescribers
No Refill of Antipsychotic Drugs - Within 30 Days	673	472
Multiple Prescribers of Same Class Drugs - Any Class of Drug for ≥ 45 days:	1,961	2,289

Number of Drugs Per Patient: 60 Concurrent Days or More

# DRUGS Per Patient	Patients	Percent	Cumulative Percent
1	99,898	64.16%	64.16%
2	31,257	20.08%	84.23%
3	15,386	9.88%	94.12%
4	6,103	3.92%	98.04%
5	2,133	1.37%	99.41%
6	678	0.44%	99.84%
7	187	0.12%	99.96%
8	49	0.03%	99.99%
9	9	0.01%	100%
10	3	0.00%	100%
11	1	0.00%	100%



First Quarter Mailings and Prescriber Response

■ Mailings:

	January	February	March
Prescriber	1,790	1,649	1,761
Patients	13,660	16,253	15,993

■ Response:

	My Patient Not My Script	Not/No Longer My Patient	Consultant Wrote Script
Count	26	173/147	10

