

Attachment 3

On STATE letterhead
Merged name and address

Dear Provider:

The Division of Health Care Financing (DHCF), with input from a number of advisory committees, has directed the Drug Utilization Review (DUR) Board to undertake a review of drug claims for the atypical antipsychotic drugs. Drugs included in this analysis include clozapine, (aripiprazole) Abilify, (olanzapine) Zyprexa, (quetiapine) Seroquel, (risperidone) Risperdal, and (ziprasidone) Geodon,. These drugs have FDA approval for schizophrenia and bipolar disorders. The dosage ranges for the treatment of schizophrenia and bipolar disease are fairly well established but higher doses are being used in some patients who do not respond to labeled dose ranges.

Additionally, doses below labeled dose ranges may be prescribed for off-label indications with some evidence to support this usage. This does not mean that such prescribing is unwarranted. However, as an example, the use of any antipsychotic medication for anxiety without psychosis is almost always unwarranted.

Wisconsin Medicaid has conducted an analysis of drug claims for all recipients receiving an atypical antipsychotic drug as **monotherapy** in doses below normally accepted dose ranges used to treat schizophrenia and bipolar disorders. Low dose monotherapy was used in this analysis to avoid the situation where a patient may be on low doses of more than one atypical antipsychotic because of concerns about side effects. The doses defined as low dose for the purposes of this intervention are:

- Abilify (aripiprazole)-less than 10 mg/day
- clozapine-less than 200 mg/day
- Geodon (ziprasidone)-less than 80 mg/day
- Risperdal (risperidone)-less than 2 mg/day
- Seroquel (quetiapine)-less than 300 mg/day
- Zyprexa (olanzapine)-5 mg or less per day

You have received this letter because analysis of Medicaid pharmacy claims data places you in the top ten percent of prescribers of atypical antipsychotic drugs as monotherapy in doses below those normally recognized for the treatment of schizophrenia or bipolar disease, based on the overall cost of the prescriptions to the Medicaid program.

In presenting this information, we recognize that drug therapy needs to be individualized for each patient's particular needs and depends on an assessment of the patient's entire

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clinical situation about which we are not fully aware. The purpose of this intervention is to point out the number of prescriptions attributed to you that we have identified in the low dose range for the atypical antipsychotic drugs and to encourage you to carefully evaluate the use of these doses in your patients for appropriateness. Enclosed with this intervention is a list of patients and the atypical antipsychotic drugs written by you and dispensed to them from XXXXX through XXXX of this year to assist you in your review.

This intervention does not take into account patient mix, or the number of Medicaid patients you treat. All claims for the listed drugs since XXXX were extracted from the claims database.

The success of this program depends on an effective two-way exchange of information. Therefore, we would appreciate your reaction to this letter. Your participation is voluntary, but your input will help us refine our program to more effectively address important clinical problems. We have provided a response form and a postage-paid envelope for your convenience. Please return it to us within two weeks. You may also respond by FAX at (608) 258-3359. Any additional comments you would like to include are always welcome. If you have any questions, please contact Michael Mergener, R.Ph., Ph.D., at (608) 258-3348.

Sincerely,

Wisconsin Medicaid DUR Board*

WISCONSIN RETROSPECTIVE DRUG UTILIZATION REVIEW
ATYPICAL ANTIPSYCHOTIC DRUG INTERVENTION

All information used to generate the enclosed letter, including Prescriber Identification, was obtained from Medicaid paid claims data submitted by pharmacies. If there appears to be an error in the information provided, please note the discrepancy. Thank you for your cooperation.

PRESCRIBER RESPONSE

I have reviewed the information provided and found it:

- very useful.
- useful.
- neutral.
- minimally useful.
- not useful.

I have reviewed the information provided and:

- will review the treatment regimens for my patients.
- have already explored other options before prescribing these drugs.
- changed how I am prescribing atypical antipsychotic drugs for off-label indications.
- did not modify the drug therapy because I believe treatment is appropriate.
- have discussed an action plan with the patient.
- referred the patient for additional evaluation.

Comments: _____

Please return response form to:
APS Healthcare
10 East Doty Street, Suite 210
Madison, WI 53703

Merge doctor's name here