Attachment 2: Additional information from targeted intervention on low dose monotherapy for atypical antipsychotics

At the September 2008 DUR Board meeting, Board members requested some additional information about some of the demographics from the intervention.

Pre and post results by prescriber

One request was that we try to identify by prescriber whether use of the drugs changed. Because of the transition from DEA to NPI to identify prescribers in the post analysis period, the data was incomplete. There were a number of prescribers in the post period in which the prescriber was not identified. The number of these claims was enough to invalidate any comparison.

Prescriber specialty

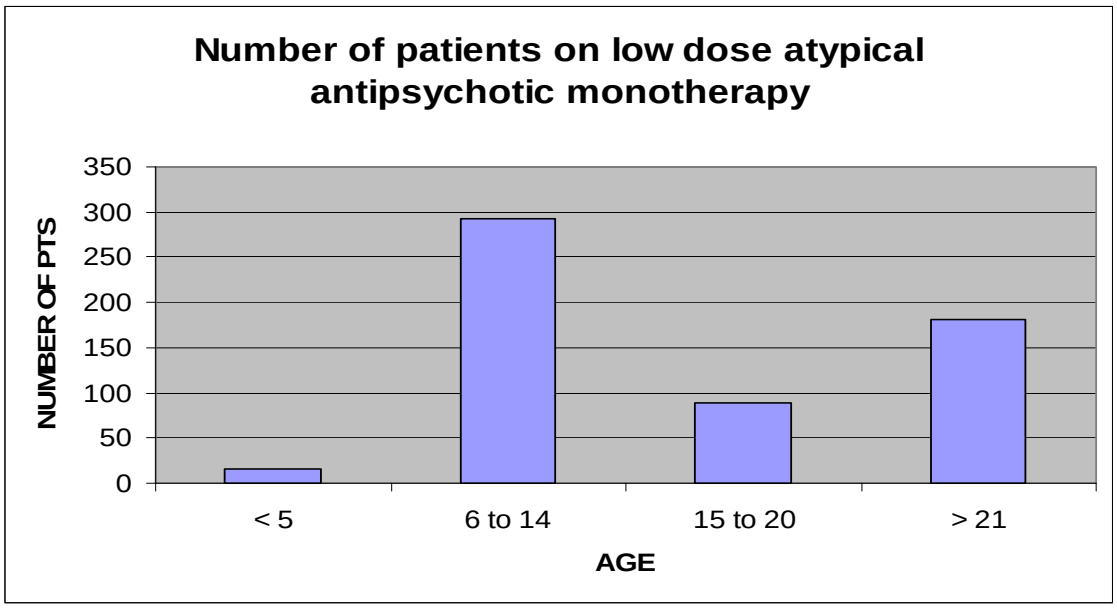
The Board requested that the specialty of the prescriber be identified to see if any differences between psychiatric and other prescribers might be detected. The specialties of the prescribers are listed in Table 1. The vast majority of prescribers of low dose atypical antipsychotics were psychiatrists with pediatricians the next most common. These two specialties represent almost 85 percent of the prescribers while an additional 9 percent had no specialty on file. This did not leave a meaningful comparison group for analysis.

Table 1: Specialty of prescribers of low dose monotherapy atypical antipsychotics

SPECIALTY	Count
PSYCHIATRY	61
PEDIATRICS	9
FAMILY PRACTICE	3
CERTIFIED PEDIATRIC NURSE PRACTITIONER	2
NEUROLOGY	1
GENERAL PRACTICE	1
ADVANCED PRACTICE NURSE PRESCRIBER - PSYCH SPECIALTY	1
UNSPECIFIED	8
TOTAL	86

Patient age

Since low doses may be prescribed more frequently in pediatric patients, the Board request that the patient population be broken down by patient age. The following chart shows the numbers of patients for selected age groupings. Slightly more than half of the patients on low dose monotherapy were less than 15 years old.



Other drug therapy

All additional drug therapy for the patients in the intervention was extracted pre and post intervention. Drugs with substantial changes pre to post are listed in Table 2

Table 2: Pre/post comparison of other drug use for atypical antipsychotic intervention

DESCRIPTION	RXs pre	cost pre	RXs post	cost post	Change
OXCARBAZEPINE	33	$5,909.03	28	$4,690.23	-20.6%
BUPROPION	86	$7,313.98	67	$6,089.42	-16.7%
ATOMOXETINE	133	$19,941.90	144	$22,801.51	14.3%
DIVALPROEX SODIUM	202	$27,820.76	219	$32,000.69	15.0%
DEXMETHYLPHENIDATE	72	$12,606.69	102	$14,502.90	15.0%
METHYLPHENIDATE	384	$42,925.97	476	$52,289.93	21.8%
LEVETIRACETAM	31	$9,051.60	40	$12,683.53	40.1%
VENLAFAXINE	73	$10,738.63	81	$15,049.97	40.1%
ZOLPIDEM	57	$1,730.29	85	$2,457.45	42.0%
LISDEXAMFETAMINE	21	$2,345.16	45	$4,946.67	110.9%
DIAZEPAM	29	$728.70	35	$23,248.54	3090.4%

Patient diagnoses

Diagnoses for all patients were extracted from the medical claims data. The diagnoses were aggregated by patient. Table 3 shows the percentage of patients with a diagnosis that appeared for at least 10% of the subjects in the intervention.

Table 3: Diagnoses extraction for patients included in the intervention

Diagnosis description	Percent of patients with diagnosis
ATTN DEFICIT W HYPERACT	60%
HYPERKINETIC SYNDROME	53%
ATTN DEFIC NONHYPERACT	44%
DEPRESSIVE DISORDER NEC	43%
UNSPECIFIED EPISODIC MOOD DISORDER	41%
CONDUCT DISTURBANCE NOS	35%
OPPOSITIONAL DEFIANT DISORDER	30%
ANXIETY STATE NOS	29%
HEADACHE	28%
BIPOLAR DISORDER, UNSPECIFIED	20%
POSTTRAUMATIC STRESS DISORDER	19%
DEVELOPMENT DELAY NOS	18%
OTHER CONVULSIONS	16%
HYPERKINETIC SYND NOS	15%
OTHER SPECIFIED PERVASIVE DEVELOPMENTAL DISORDERS, CURRENT OR ACTIVE STATE	15%
DYSTHYMIC DISORDER	15%
ATTENTION DEFICIT DIS	14%
ADJUSTMENT DISORDER WITH MIXED DISTURBANCE OF EMOTIONS AND CONDUCT	14%
AUTISTIC DISORDER, CURRENT OR ACTIVE STATE	13%
BIPOLAR I DISORDER, MOST RECENT EPISODE (OR CURRENT) UNSPECIFIED	12%
TOBACCO USE DISORDER	12%
PSYCHOSIS NOS	12%
DIZZINESS AND GIDDINESS	12%
GENERALIZED ANXIETY DIS	11%
SPEECH/LANGUAGE DIS NEC	11%
DEPRESS PSYCHOSIS-UNSPEC	11%
RECURR DEPR PSYCHOS-MOD	11%
EXPRESSIVE LANGUAGE DISORDER	10%
IMPULSE CONTROL DIS NOS	10%