Part D Utilization Management Barriers for Persons with Serious Mental Illness

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analysis to advance the health of vulnerable populations

Introduction

The introduction of Medicare Part D prescription drug benefits (passed in 2003, implemented in 2006) abruptly shifted pharmacy benefits from state (Medicaid) to federal (Medicare) responsibility[1] for persons with both Medicare and Medicaid coverage (duals). Duals with serious mental illness (SMI) are often adults who become disabled regarding work and more general cognitive and/or emotional functioning because of their SMI.[2] Adults with SMI are thus a large and uniquely vulnerable sub-population to track when considering the effectiveness of Medicare programs on persons with particular health care challenges. Because persons with SMI have substantial and often chronic need for both psychotropic and somatic medications, continuity of prescription drug benefits is often essential to them.[3]

Objective

We directly quantified Medicare Part D utilization management (UM) strategies as potential access barriers for duals with SMI. UM strategies considered were:

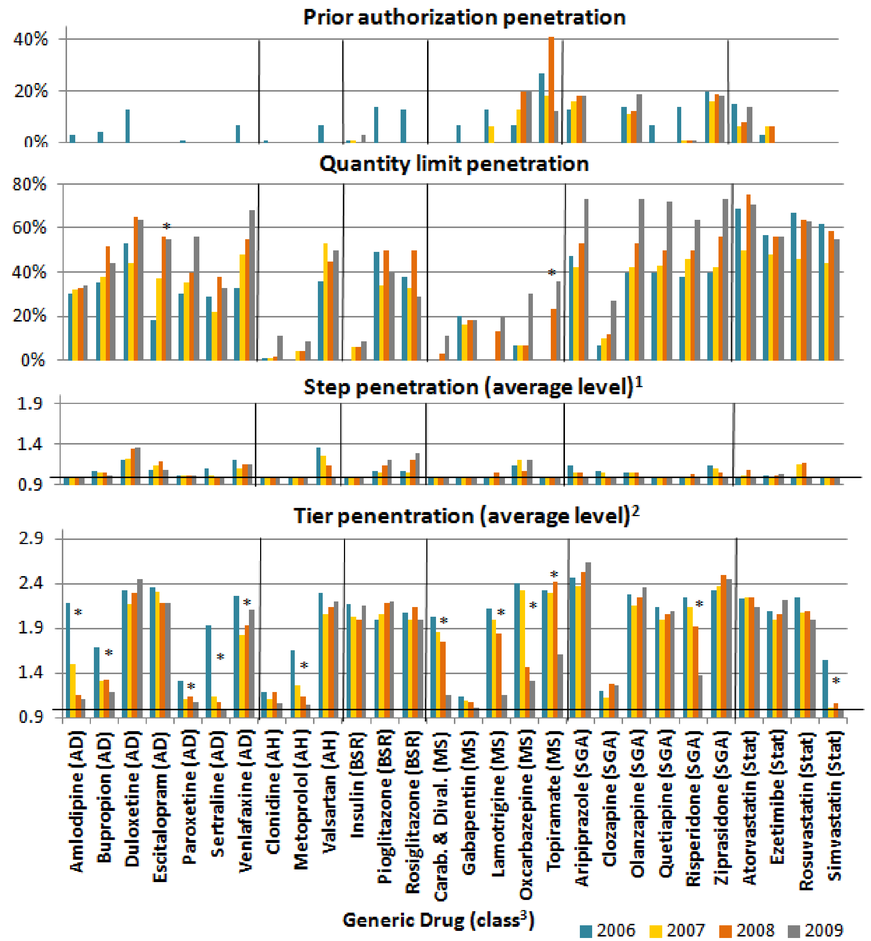
- Prior authorization (permission from payer to obtain medications)
- Quantity limits (on amount of medication supplied for each prescription)
- Step therapy requirements (use of an agent contingent upon trying other remedies first)
- Tiers (different levels of co-payment to fill a prescription)

Data/Population

We used Maryland Medicaid and federal Medicare administrative data to identify adults (aged 18-60 years) with SMI who had ≥11 months of Medicaid enrollment in 2004 and at least one Medicare low-income subsidy prescription drug plan (LIS-PDP) during 2006-2009 (n=9,538). Identified subjects had these general attributes: 56% White, 39% Black; 52% female; 41% schizophrenia, 26% bipolar/mania, and 40% depression.

Methods

We summarized Part D event files from 2006-2009 by year, LIS-PDP, and each of 28 generic drug forms spanning 6 distinct therapeutic classes (3 psychotropic and 3 somatic drugs) {x-axis of graph}. Average (LIS-PDP specific) UM use (% or level) by year-drug combination of each UM strategy was graphed and reviewed for apparent patterns. *T-tests* or *chi-squares* compared 2006 indices to each follow-up year within drug cluster.



[1]Range : 1 (no requirement) to 4 (3 other therapies must first be considered)
[2]Range: 1 (lowest patient co-pay) to 4 (highest patient co-pay)
[3]Therapeutic: **Anti**depressants, **Anti**hypertensives, **B**lood **S**ugar **R**egulators, **M**ood **S**tabilizers, **S**econd **G**eneration **A**ntipsychotics, **Stat**ins

Results

Across the LIS-PDPs, the average number of prescription claims in each year (in the 6 drug classes of focus) was >7,800; the number of persons in each plan exceeded an average of 382.

Prior authorization was typically rare (<20% average penetration) and somewhat concentrated among certain mood stabilizers, antidepressants, and statins; step requirements were rare across all agents. Quantity limits were evident for approximately 30-50% of agents with lower rates for most antihypertensives and mood stabilizers. Tier penetration was typically absent (i.e., average co-pay level was close to the lowest allowed), but more variability was apparent there than for the step penetration.

All 28 drugs were purchased at least once by all LIS-PDPs in 2006 and by most (>80% of) LIS-PDPs in the later years (data not shown).[4]

UM strategies were stable (i.e., statistically indistinguishable) between years except that quantity limit use increased for 2 drugs and tiers decreased for 12 drugs (* on graphs indicates $p<0.05$).

Conclusions/Policy Implications

In a sample of Medicare/Medicaid enrollees with SMI, some variability by drug and drug-year was evident from 2006-2009 (the first 4 years of the Part D program) for UM strategies that limit the use of such therapeutic agents. It remains to be tested if these UM strategies correlate negatively, positively, or neutrally with health outcomes for this vulnerable population.[5]

References

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