

Data Analysis Brief
Medicare Part D Utilization Trends for Atypical Antipsychotics: 2006-2008
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June 2009

Introduction

Psychotherapeutic drugs represent a significant portion of the utilization among Medicare Part D enrollees. During the Medicare Prescription Drug Benefit Symposium at the Centers for Medicare and Medicaid Services (CMS) in October 2008, an analysis of the top 100 drugs utilized by beneficiaries in 2006 was presented¹. Among all beneficiaries, this therapeutic class was second behind cardiovascular drugs when examining the top 100 drugs ranked both by fills (one fill equals one Prescription Drug Event (PDE) record) and by cost (total gross drug cost). Psychotherapeutic drugs accounted for 17.0% of total gross drug costs for the top 100 drugs ranked by cost and 9.2% of the fills for the top 100 drugs ranked by fill.

None of these medications appeared in the top 10 drugs ranked by fill for 2006, but several medications that are in a specific class of psychotherapeutic drugs named atypical antipsychotics appeared in the top 10 list by cost. There are currently seven atypical antipsychotics on the market. These include aripiprazole (Abilify), clozapine (Clozaril), olanzapine (Zyprexa), paliperidone (Invega), quetiapine (Seroquel), risperidone (Risperdal), and ziprasidone (Geodon). Overall, olanzapine (Zyprexa) was ranked 3, quetiapine (Seroquel) was ranked 5 and risperidone (Risperdal) was ranked 6. Furthermore, there is a black box warning for atypical antipsychotics due to an increased mortality risk in elderly patients with dementia-related psychosis². As a result, there is an interest in examining trends in the number of Medicare Part D beneficiaries, especially elderly beneficiaries, who utilized these medications.

Approach

This analysis utilized 2006 and 2007 Part D PDE data from the Standard Analytic file (SAF) from the Integrated Data Repository (IDR) which reflects final resolution of adjustment and deletion claims submitted by Part D Sponsors to obtain information on the beneficiary's drug utilization. Preliminary 2008 PDE data were obtained from the May 2009 PDE Tap file. 2008 Part D PDE data are not final until Payment Reconciliation occurs subsequent to the payment year.

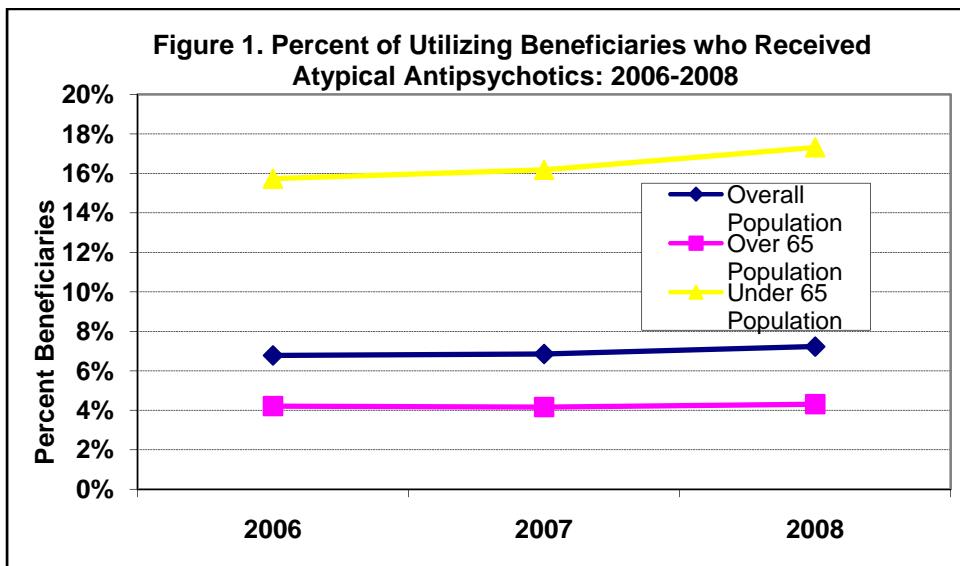
The following list of atypical antipsychotics was used: aripiprazole, clozapine, olanzapine, paliperidone, quetiapine, risperidone, ziprasidone. There were no data for paliperidone in 2006 because it was not approved by the FDA until December 19, 2006. The number of beneficiaries who had at least one fill for any of these atypical antipsychotics during each year was determined among all beneficiaries, beneficiaries under the age of 65, and beneficiaries age 65 and over. The number of beneficiaries who had at least one fill for any medication ("utilizing beneficiaries") was also determined for each age breakout. The percent of utilizing beneficiaries who received atypical antipsychotics was then calculated.

Summary of Findings

From 2006 to 2008, the share of utilizing elderly beneficiaries 65 years and older who received atypical antipsychotics has remained relatively stable in contrast to increasing utilization in the under 65 population (Figure 1). A smaller share of utilizing beneficiaries received atypical antipsychotics in the 65 and older population compared to the under 65 population.

¹ October 30, 2008 Part D Data Symposium Presentations and Fact Sheet available at:
http://www.cms.hhs.gov/PrescriptionDrugCovGenIn/08_PartDData.asp#TopOfPage

² <http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/DrugSafetyInformationforHealthcareProfessionals/ucm084149.htm>



In 2006, overall, 6.78% of utilizing beneficiaries received atypical antipsychotics. In the 65 and older population, 4.21% of utilizing beneficiaries received atypical antipsychotics versus 15.73% of utilizers in the under 65 population. A similar trend was observed in 2007. Among all beneficiaries, 6.86% of utilizing beneficiaries received atypical antipsychotics but a smaller share of utilizing beneficiaries in the 65 and older population (4.17%) received these medications. A higher share were utilizers of atypical antipsychotics in the under 65 population (16.18%) in 2007. For 2008, 7.23% of all utilizing beneficiaries received atypical antipsychotics, 4.31% of utilizing beneficiaries 65 and older received atypical antipsychotics, and 17.32% were utilizers in the under 65 population. Table 1 provides additional detail.

Table 1. Beneficiaries Utilizing Atypical Antipsychotics by Age: 2006 to 2008

Age Group	2006		2007		2008			
	# of Benes Utilizing Atypical Antipsychotics	# of Benes Utilizing Any Medication	% of Benes Utilizing Atypical Antipsychotics	# of Benes Utilizing Atypical Antipsychotics	# of Benes Utilizing Any Medication	% of Benes Utilizing Atypical Antipsychotics	# of Benes Utilizing Any Medication	% of Benes Utilizing Atypical Antipsychotics
All	1,498,958	22,103,006	6.78%	1,636,973	23,874,658	6.86%	1,828,726	25,290,144
65 and older	723,602	17,169,056	4.21%	771,817	18,520,095	4.17%	845,414	19,604,773
Under 65	774,736	4,925,138	15.73%	864,396	5,342,123	16.18%	982,593	5,674,202
								17.32%

Discussion

We caution that these data do not provide information about the diagnosis associated with the prescribing of a medication (such as off-label use), only that the medication was dispensed. Nevertheless, important trends can be observed. The Food and Drug Administration (FDA) has issued warnings for using atypical antipsychotics in elderly patients with dementia-related psychosis which may have stabilized utilization in the 65 and older population. While an increasing share of utilizing beneficiaries under 65 years old were receiving atypical antipsychotics, this was not observed in the elderly population.

CMS will continue to monitor the utilization of atypical antipsychotics. Currently, CMS uses established measures to assess plan performance, and to date, there hasn't been an endorsed measure in the area of atypical antipsychotics. If developed, CMS will consider for use. Through the Part D Plan Ratings and related patient safety analyses, CMS assesses plan performance using the High Risk Medication (also known as Drugs to be Avoided in the Elderly) measure first developed by the National Committee for Quality Assurance (NCQA), through its Healthcare Effectiveness Data and Information Set (HEDIS), and then adapted and endorsed by the Pharmacy Quality Alliance (PQA). CMS provides Patient Safety reports via a Patient Safety website to Part D sponsors to allow them to compare their performance to overall averages and monitor their progress in improving the patient safety measures. CMS plans to expand the Patient Safety Plan Ratings for the 2010 open enrollment period in November 2009 and provide additional reports to sponsors.