

**REPORT TO THE TWENTY-SEVENTH HAWAII STATE
LEGISLATURE
2014**

**IN ACCORDANCE WITH THE PROVISIONS OF
SECTION 346-59.9, HAWAII REVISED STATUTES
ON PSYHOTROPIC MEDICATION**

**DEPARTMENT OF HUMAN SERVICES
MED-QUEST DIVISION
NOVEMBER 2013**

**2013 ANNUAL REPORT ON PSYCHOTROPIC MEDICATION,
SECTION 346-59.9, HAWAII REVISED STATUTES**

Act 102, Session Laws of Hawaii (SLH) 2012, amended section 346-59.9, Hawaii Revised Statutes (HRS), Psychotropic Medication, Section 346-59.9 (g), now requires the Department of Human Services to report annually on:

- (1) The number of brand-name and generic prescriptions written to which this section applies; and
- (2) The amount expended on brand-name prescriptions and the amount expended on generic prescriptions written each fiscal year to which this section applies.

The information is provided in the tables below.

All Programs Combined

	Total Number of Claims				Total Expenditures				
	Brand		Generic		Brand		Generic		
	#	%	#	%	\$	%	\$	%	
Antipsychotic									
	7/1/2009-6/30/2010	41,568	77%	12,279	23%	\$20,120,498	93%	\$1,462,845	7%
	7/1/2010-6/30/2011	44,771	76%	13,863	24%	\$25,292,347	95%	\$1,399,257	5%
	7/1/2011-6/30/2012	36,942	60%	24,660	40%	\$23,577,237	81%	\$5,392,685	19%
	7/1/2012-6/30/2013	24,124	33%	49,545	67%	\$18,854,977	78%	\$5,343,676	22%
Antidepressant									
	7/1/2009-6/30/2010	22,358	25%	66,509	75%	\$3,403,691	60%	\$2,290,816	40%
	7/1/2010-6/30/2011	18,796	19%	80,114	81%	\$2,900,028	51%	\$2,838,201	49%
	7/1/2011-6/30/2012	13,520	13%	92,124	87%	\$2,487,651	50%	\$2,528,206	50%
	7/1/2012-6/30/2013	9,521	9%	102,226	91%	\$2,274,479	47%	\$2,578,048	53%
Anti-anxiety									
	7/1/2009-6/30/2010	293	1%	52,690	99%	\$40,861	7%	\$585,858	93%
	7/1/2010-6/30/2011	206	<1%	56,699	100%	\$38,126	6%	\$615,984	94%
	7/1/2011-6/30/2012	153	<1%	59,655	100%	\$39,009	6%	\$622,672	94%
	7/1/2012-6/30/2013	114	<1%	54,721	100%	\$44,039	8%	\$503,706	92%

Note: Updates have been included due to correction in claims adjudication on the past reports.

Medicaid Fee-For-Service (FFS) Program Only

		Total Number of Claims				Total Expenditure				Total No. Unique Utilizers
		Brand		Generic		Brand		Generic		
		#	%	#	%	\$	%	\$	%	
Antipsychotic										
	7/1/2009-6/30/2010	431	77%	121	23%	\$173,656	94%	\$11,761	6%	277
	7/1/2010-6/30/2011	243	68%	112	32%	\$108,078	91%	\$10,354	9%	201
	7/1/2011-6/30/2012	160	54%	134	46%	\$71,790	81%	\$16,384	19%	173
	7/1/2012-6/30/2013	10	24%	32	76%	\$7,623	76%	\$2,371	24%	20
Antidepressant										
	7/1/2009-6/30/2010	154	22%	561	78%	\$17,861	52%	\$16,566	48%	411
	7/1/2010-6/30/2011	77	15%	449	85%	\$11,535	40%	\$15,732	60%	324
	7/1/2011-6/30/2012	39	10%	368	90%	\$6,100	38%	\$9,790	62%	273
	7/1/2012-6/30/2013	0	0%	102	100%	\$0	0%	\$2,269	100%	49
Anti-anxiety										
	7/1/2009-6/30/2010	0	0%	360	100%	\$0	0%	\$2,969	100%	245
	7/1/2010-6/30/2011	0	0%	263	100%	\$0	0%	\$3,142	100%	202
	7/1/2011-6/30/2012	0	0%	237	100%	\$0	0%	\$3,092	100%	175
	7/1/2012-6/30/2013	0	0%	78	100%	\$0	0%	\$687	100%	52

Note: Updates have been included due to correction in claims adjudication on the past reports.

QUEST Program - AlohaCare

		Total Number of Claims				Total Expenditure				Total No. Unique Utilizers
		Brand		Generic		Brand		Generic		
		#	%	#	%	\$	%	\$	%	
Antipsychotic										
	7/1/2009-6/30/2010	5,887	85%	1,022	15%	\$2,182,797	94%	\$141,089	6%	1,259
	7/1/2010-6/30/2011	6,545	81%	1,460	19%	\$2,915,457	94%	\$183,521	6%	1,410
	7/1/2011-6/30/2012	5,062	64%	2,887	36%	\$2,614,657	83%	\$523,881	17%	1,392
	7/1/2012-6/30/2013	3,517	46%	4,138	54%	\$1,951,363	80%	\$484,644	20%	1,220
Antidepressant										
	7/1/2009-6/30/2010	4,380	26%	12,376	74%	\$602,689	59%	\$423,742	41%	3,355
	7/1/2010-6/30/2011	3,580	20%	14,613	80%	\$509,803	46%	\$607,128	54%	3,623
	7/1/2011-6/30/2012	2,303	12%	16,663	88%	\$375,886	38%	\$621,367	62%	3,593
	7/1/2012-6/30/2013	1,913	10%	17,247	90%	\$274,955	36%	\$489,987	64%	3,314
Anti-anxiety										
	7/1/2009-6/30/2010	15	<1%	8,206	100%	\$2,505	3%	\$79,318	97%	1,786
	7/1/2010-6/30/2011	18	<1%	8,111	100%	\$1,951	2%	\$80,947	98%	1,894
	7/1/2011-6/30/2012	2	<1%	8,362	100%	\$247	<1%	\$93,660	100%	1,835
	7/1/2012-6/30/2013	0	0%	6,731	100%	\$0	0%	\$61,849	100%	1,734

Note: Updates have been included due to correction in claims adjudication on the past reports.

QUEST Program - HMSA QUEST

	Total Number of Claims				Total Expenditure				Total No. Unique Utilizers	
	Brand		Generic		Brand		Generic			
	#	%	#	%	\$	%	\$	%		
Antipsychotic										
7/1/2009-6/30/2010	11,615	83%	2,430	17%	\$4,319,335	96%	\$160,146	4%	2,127*	
7/1/2010-6/30/2011	11,406	80%	2,810	20%	\$4,847,964	98%	\$103,154	2%	2,171	
7/1/2011-6/30/2012	9,978	66%	5,290	34%	\$5,009,526	88%	\$664,503	12%	2,221	
7/1/2012-6/30/2013	7,586	44%	9,642	56%	\$4,626,576	86%	\$768,865	14%	2,469*	
Antidepressant										
7/1/2009-6/30/2010	8,864	27%	24,262	73%	\$1,185,654	58%	\$875,185	42%	5,565*	
7/1/2010-6/30/2011	7,410	19%	30,843	81%	\$1,004,692	51%	\$947,123	49%	6,199	
7/1/2011-6/30/2012	5,237	13%	35,348	87%	\$904,502	54%	\$781,470	46%	6,442	
7/1/2012-6/30/2013	3,870	8%	43,422	92%	\$902,444	51%	\$880,628	49%	7,428*	
Anti-anxiety										
7/1/2009-6/30/2010	18	<1%	11,536	100%	\$5,910	4%	\$137,248	96%	2,360*	
7/1/2010-6/30/2011	31	<1%	13,316	100%	\$6,803	6%	\$111,448	94%	2,667	
7/1/2011-6/30/2012	18	<1%	13,545	100%	\$4,540	4%	\$116,889	96%	2,488	
7/1/2012-6/30/2013	34	<1%	17,584	100%	\$10,378	8%	\$118,503	92%	3,606*	

Note: Updates have been included due to correction in claims adjudication on the past reports.

*The change of a pharmacy claims processor during this period may result in some inconsistencies in data sets.

QUEST Program - Kaiser

	Total Number of Claims				Total Expenditure				Total No. Unique Utilizers	
	Brand		Generic		Brand		Generic			
	#	%	#	%	\$	%	\$	%		
Antipsychotic										
7/1/2009-6/30/2010	714	53%	628	47%	\$210,251	98%	\$3,932	2%	289	
7/1/2010-6/30/2011	853	54%	730	46%	\$301,307	98%	\$6,176	2%	360	
7/1/2011-6/30/2012	625	38%	1,023	62%	\$258,603	89%	\$32,444	11%	372	
7/1/2012-6/30/2013	404	24%	1,2307	76%	\$204,739	92%	\$17,232	8%	335	
Antidepressant										
7/1/2009-6/30/2010	497	8%	5,857	92%	\$75,263	66%	\$38,422	34%	1,181	
7/1/2010-6/30/2011	463	6%	6,968	94%	\$80,249	66%	\$41,292	34%	1,378	
7/1/2011-6/30/2012	485	5%	8,444	95%	\$107,488	66%	\$55,350	34%	1,589	
7/1/2012-6/30/2013	458	5%	7,943	95%	\$124,731	71%	\$51,058	29%	1,398	
Anti-anxiety										
7/1/2009-6/30/2010	1	<1%	2,469	100%	\$147	3%	\$4,851	97%	648	
7/1/2010-6/30/2011	1	<1%	2,789	100%	\$661	11%	\$5,101	89%	777	
7/1/2011-6/30/2012	15	1%	2,972	99%	\$5,503	53%	\$4,915	47%	867	
7/1/2012-6/30/2013	13	<1%	2,646	100%	\$4,555	53%	\$4,095	47%	758	

QUEST Expanded Access (QExA) Program - Ohana Health Plan

		Total Number of Claims				Total Expenditure				Total No. Unique Utilizers
		Brand		Generic		Brand		Generic		
		#	%	#	%	\$	%	\$	%	
Antipsychotic										
	7/1/2009-6/30/2010	15,653	76%	5,068	24%	\$7,510,115	92%	\$645,522	8%	1,944
	7/1/2010-6/30/2011	18,771	76%	6,008	24%	\$10,069,923	93%	\$701,013	7%	2,164
	7/1/2011-6/30/2012	15,357	58%	11,280	42%	\$9,537,668	75%	\$3,122,545	25%	2,129
	7/1/2012-6/30/2013	9,555	35%	17,735	65%	\$7,532,671	66%	\$3,936,457	34%	2,216
Antidepressant										
	7/1/2009-6/30/2010	5,462	26%	15,688	74%	\$786,111	60%	\$519,290	40%	2,559
	7/1/2010-6/30/2011	5,335	22%	19,287	78%	\$754,409	49%	\$800,750	51%	2,846
	7/1/2011-6/30/2012	4,310	16%	22,277	84%	\$736,653	49%	\$774,715	51%	2,856
	7/1/2012-6/30/2013	2,561	9%	24,647	91%	\$631,605	42%	\$881,158	58%	2,904
Anti-anxiety										
	7/1/2009-6/30/2010	76	<1%	18,057	100%	\$21,672	11%	\$171,815	89%	2,931
	7/1/2010-6/30/2011	49	<1%	19,805	100%	\$17,288	8%	\$191,471	92%	3,032
	7/1/2011-6/30/2012	48	<1%	21,810	100%	\$18,985	8%	\$207,492	92%	3,128
	7/1/2012-6/30/2013	51	<1%	18,104	100%	\$22,898	12%	\$173,596	88%	2,838

Note: Updates have been included due to correction in claims adjudication on the past reports.

Disclaimer: 7/1/12-6/30/13 data includes the small QUEST population that Ohana Health Plan also covers.

QUEST Expanded Access (QExA) Program - United HealthCare Community Plan

		Total Number of Claims				Total Expenditure				Total No. Unique Utilizers
		Brand		Generic		Brand		Generic		
		#	%	#	%	\$	%	\$	%	
Antipsychotic										
	7/1/2009-6/30/2010	7,268	71%	3,010	29%	\$5,724,344	92%	\$500,395	8%	2,045
	7/1/2010-6/30/2011	6,953	72%	2,743	28%	\$7,049,618	95%	\$395,039	5%	1,634
	7/1/2011-6/30/2012	5,760	58%	4,046	42%	\$6,084,993	85%	\$1,032,928	15%	1,493
	7/1/2012-6/30/2013	3,052	35%	5,691	65%	\$4,532,005	83%	\$902,203	17%	1,593
Antidepressant										
	7/1/2009-6/30/2010	3,001	28%	7,765	72%	\$736,113	64%	\$417,611	36%	2,697
	7/1/2010-6/30/2011	1,931	20%	7,954	80%	\$539,340	56%	\$426,176	44%	2,093
	7/1/2011-6/30/2012	1,146	11%	9,024	89%	\$357,022	56%	\$285,514	44%	1,979
	7/1/2012-6/30/2013	719	8%	8,865	92%	\$340,744	56%	\$272,948	44%	2,301
Anti-anxiety										
	7/1/2009-6/30/2010	183	1%	12,062	99%	\$10,627	5%	\$189,657	95%	2,640
	7/1/2010-6/30/2011	107	1%	12,415	99%	\$11,423	5%	\$223,875	95%	2,880
	7/1/2011-6/30/2012	70	1%	12,729	99%	\$9,734	5%	\$196,624	95%	2,813
	7/1/2012-6/30/2013	16	<1%	9,578	100%	\$6,208	4%	\$144,976	96%	2,779

Note: Updates have been included due to correction in claims adjudication on the past reports.

Disclaimer: 7/1/12-6/30/13 data includes the small QUEST population that United HealthCare Community Plan also covers.

Discussion

Act 205, SLH 2010, was effective July 1, 2011, and implemented by the different plans during different quarters in State Fiscal Year (SFY) 2010-2011. SFY 2011-2012 and SFY 2012-2013 each are a full year of all the plans complying with Act 205. Data for SFY 2009-2010, prior to the implementation of Act 205, SLH 2010, is represented for comparison purposes, a baseline.

Different approaches and combinations were initiated by the different plans during SFY 2010-2011, such as the following: Preferred Drug Lists/Formulary Coverage, Prospective DUR edits, Point-Of-Sale messaging, Step Therapy, Prior Authorization, Provider Education and Call Center intervention.

Act 205 had minimal impact on anti-anxiety prescribing because the generic rate was already extremely high. In SFY 2009-2010, the All Programs Combined anti-anxiety generic prescribing rate was 99% and increased to 100% by SFY 2011-2012 and continues at 100% in SFY 2012-2013. During SFY 2012-2013, the number of prescriptions for anti-anxiety medications (generic and brand) decreased by 8% over the previous SFY 2011-2012, as well as the expenditures decreasing by 17%.

For antidepressants, the generic prescribing rate increased from 75% in SFY 2009-2010 to 87% in SFY 2011-2012 and again increased in SFY 2012-2013 to 91% as expected with Act 205. Although the number of prescriptions for antidepressants increased by 6%, the expenditures on antidepressants continued to decrease by 3%.

Section 346-59.9, Hawaii Revised Statutes, requires unrestricted antipsychotic prescribing. However, the generic prescribing rate increased from 23% in SFY 2009-2010 to 40% in SFY 2011-2012 and again increased to 67% in SFY 2012-2013. This shift was likely due to three (3) major brand antipsychotics becoming available in generic forms during SFY 2011-2012: Olanzapine for Zyprexa[®] as of November 2011, Quetiapine for Seroquel[®] as of March 2012, and Ziprasidone for Geodon[®] as of March 2012. In addition, to help ensure safety, the Med-QUEST Division (MQD) issued guidance to health plans regarding use of antipsychotics for Food and Drug Administration (FDA) approved diagnoses, FDA approved age criteria, Quantity Limits (FDA approved and dose optimization), Post-payment Reviews and Case Management. Although the number of prescriptions for antipsychotics (generic and brand) increased by 6%, the expenditures on antipsychotics continued to decrease by 3%. Nevertheless, brand medications comprised 33% of the antipsychotic prescriptions that were filled and at 78% of the expenditures (at a cost of \$19 million).

By State law, the MQD cannot limit or restrict access to antipsychotic medications despite national efforts to reduce over-prescribing among children, particularly foster care children. Changes to Act 205 could give MQD the authority to proactively work to reduce over-prescribing among children such as through prior authorization, which has become a national best practice.