

## Sedative Hypnotic Quantity Limit Policy Impact Analysis

Effective 12/06/02 OMAP implemented a 15 tablet per 30 day quantity limit on non-barbiturate sedative hypnotics for FFS patients. This policy was made at the request of the Oregon DUR board upon review of claims analyses showing the average duration of use for these agents being 3-6 months, despite the fact that most guidelines recommend only short-term (7-10 days) use.

Additionally, approved quantities over 15 were required to be for an above the line diagnosis. The following agents were affected by the policy: zolpidem (Ambien), zaleplon (Sonata), temazepam (Restoril), triazolam (Halcion), quazepam (Doral), flurazepam (Damlmane), and estazolam (ProSom). The policy was only applied to new start patients and those already receiving on of the aforementioned sedative hypnotics received an automatic override. Prescribing patterns within this class are difficult to ascertain because of the copay policy that was enacted soon after the quantity limits were established in February of 2003.

Figure 1 below illustrates the quantity of dispensed units per 100 member per month. Ambien and generic temazepam were the two highest utilized drugs within the affected class. The average utilization of these two agents decreased by 16% for Ambien and 14% for temazepam. Although, the copayment policy likely contributed to part of the decline, a notable reduction in dispensed quantities is appreciable starting in December.

Figure 1: Quantity Dispensed/100 Members (Ambien and Sonata on left axis)

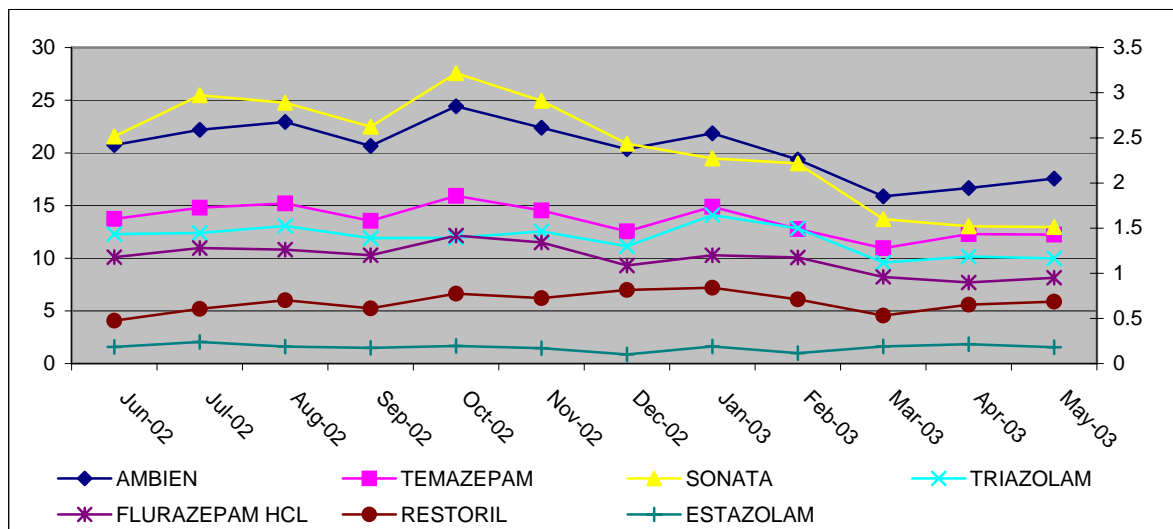


Table 1: Average Monthly Quantity Dispensed/100 Members

	PRE	POST	Absolute Change	% Change
<b>AMBIEN</b>	22.23	18.62	-3.61	-16.25%
<b>TEMAZEPAM</b>	14.63	12.63	-2.01	-13.70%
<b>SONATA</b>	2.85	1.93	-0.93	-32.49%
<b>TRIAZOLAM</b>	1.44	1.32	-0.12	-8.53%
<b>FLURAZEPAM</b>	1.28	1.05	-0.24	-18.39%
<b>RESTORIL</b>	0.65	0.71	0.06	8.78%
<b>ESTAZOLAM</b>	0.19	0.16	-0.03	-13.84%

Data: SYBASE Drug2002, 2003

Cost=ingredient cost: [amtpridclm]+[amtcopay]+[othrinpay]-[proffee]

Service dates reported

Eligibility/Enrollment from OMAP "first of month report" – accessed 1/15/04

Calculation adjusts for gabapentin coverage change back to Medical Plans on October 1, 2003

Medically Needy Excluded: PERC = NG, NH, NI, NJ, NK

Figure 2: Rx Dispensed Per 1000 member (Ambien and Sonata on Left Axis)

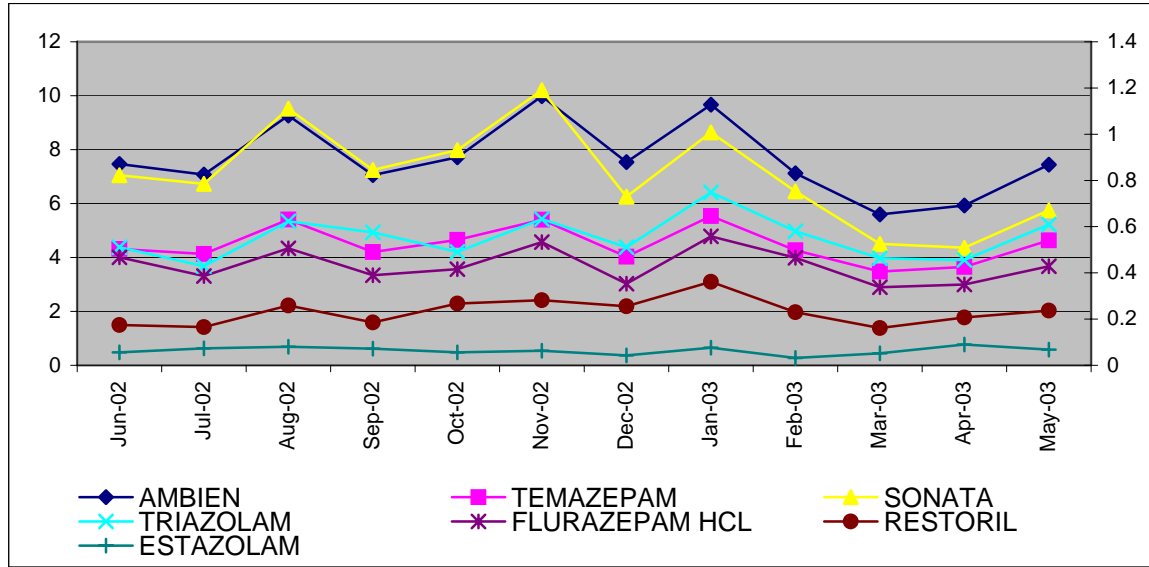
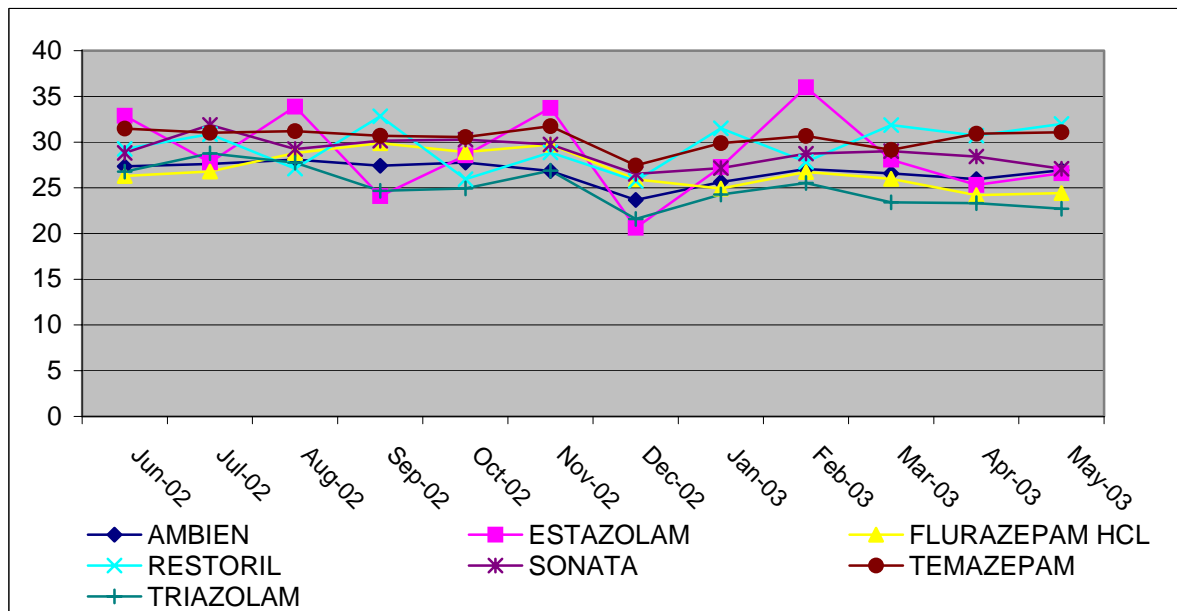


Figure 3: Average Quantity Dispensed/Rx



Data: SYBASE Drug2002, 2003

Cost=ingredient cost: [amtpridclm]+[amtcopay]+[othrinspay]-[proffee]

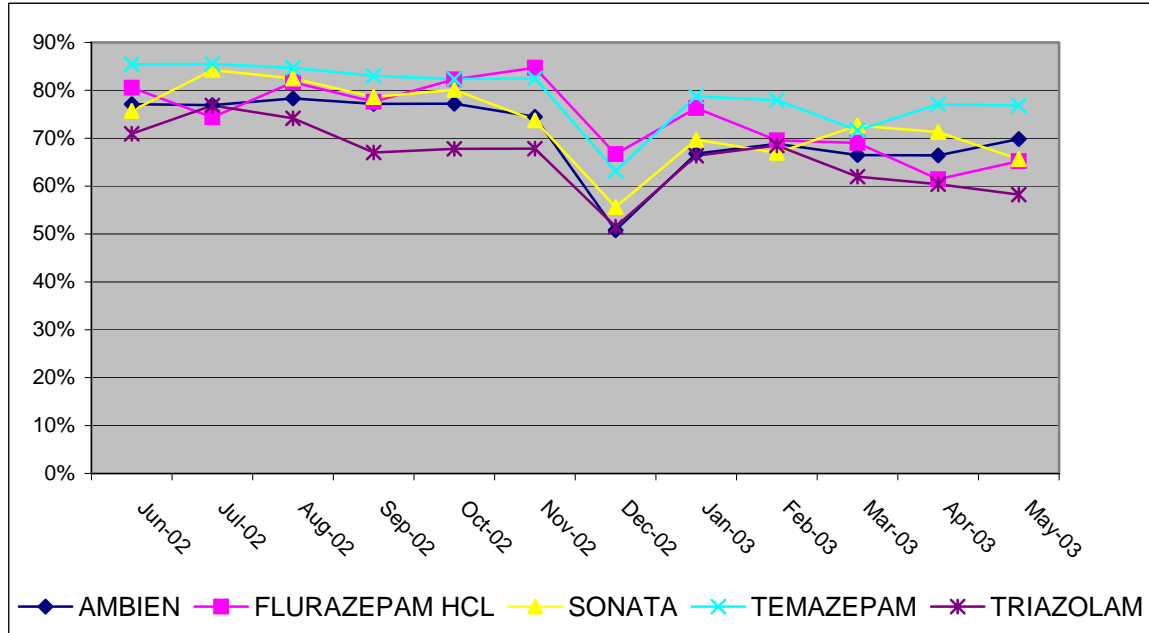
Service dates reported

Eligibility/Enrollment from OMAP "first of month report" – accessed 1/15/04

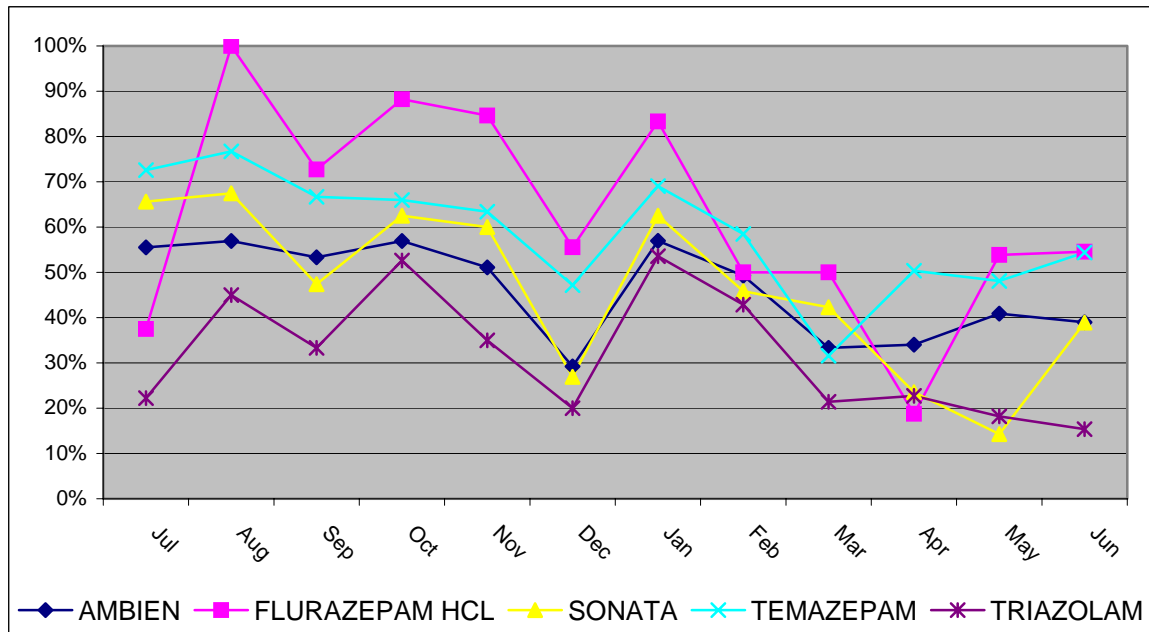
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**Figure 4: % of Rx dispensed with Quantity >15 units**



**Figure 5: % of Rx dispensed with quantities >15 units (first rx in therapy only)**



Data: SYBASE Drug2002, 2003

Cost=ingredient cost: [amtpaidclm]+[amtcopay]+[othrinspay]-[proffee]

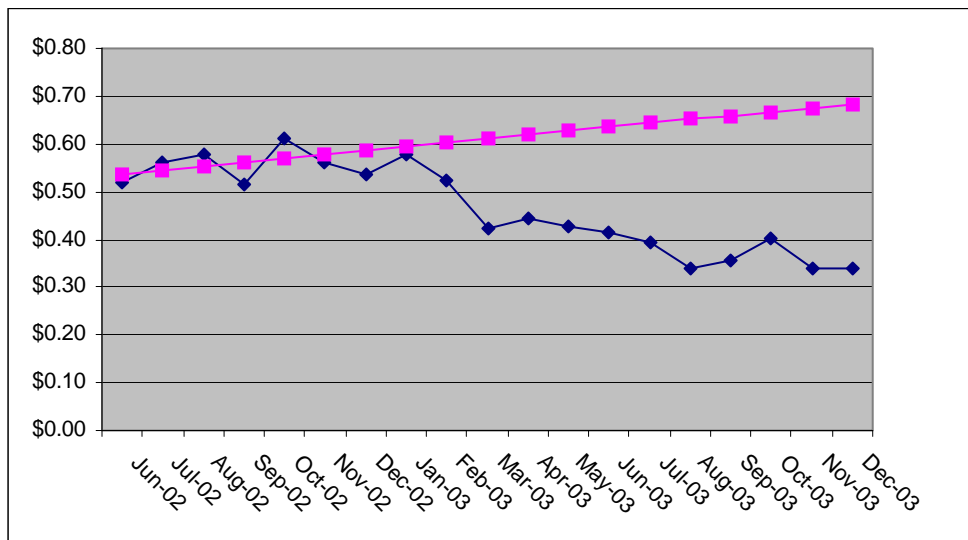
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**Figure 6: Actual and Projected Costs Per Member**



	Jan-03	Feb-03	Mar-03	Apr-03	May-03	Jun-03	Jul-03	Aug-03	Sep-03	Oct-03	Nov-03	Dec-03
<b>Predicted</b>	\$0.59	\$0.60	\$0.61	\$0.62	\$0.63	\$0.64	\$0.64	\$0.65	\$0.66	\$0.67	\$0.68	\$0.68
<b>Observed</b>	\$0.58	\$0.52	\$0.42	\$0.44	\$0.43	\$0.42	\$0.39	\$0.34	\$0.36	\$0.40	\$0.34	\$0.34
<b>Difference</b>	\$0.02	\$0.08	\$0.19	\$0.17	\$0.20	\$0.22	\$0.25	\$0.31	\$0.30	\$0.27	\$0.34	\$0.35
<b>Utilization Savings</b>	\$2,807	\$12,757	\$36,302	\$32,971	\$35,219	\$38,951	\$44,948	\$53,733	\$48,877	\$40,366	\$50,935	\$52,258
<b>PA Costs</b>	\$600	\$622	\$544	\$750	\$436	\$422	\$1,616	\$3,119	\$1,825	\$1,500	\$1,183	\$1,849
<b>Total (TF) Savings</b>	\$2,207	\$12,135	\$35,758	\$32,221	\$34,783	\$38,529	\$43,332	\$50,614	\$47,052	\$38,866	\$49,752	\$50,410

Data: SYBASE Drug2002, 2003

Cost=ingredient cost: [amtpaidclm]+[amtcopay]+[othrinspay]-[proffee]

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## Summary

The initial impact of this policy on utilization appears to be minimal. While it was apparent that the overall quantities dispensed decreased following the PA activation, the size of the reduction was not large (figure 2-4). The moderate impact observed was likely due to the generous grandfather clause, in which patients with a previous prescription for a sedative hypnotic were automatically exempt from the PA policy. This was meant to be a safety measure to ensure that patients who had become physically dependent on an agent would not be subjected to the health hazards associated with drug withdrawal. This excluded a large proportion of users and likely diluted any true effect on new users.

Figure 5 shows the proportion of dispensed initial therapy prescriptions of quantities greater than 15 among those patients who no history of a prescription for the filled sedative hypnotic for at least 180 days. From this graphic the impact of the policy on non-grandfathered prescriptions can be more readily observed.

Estimating attributable savings directly to the policy is difficult because of the delayed effect on overall utilization and the near concomitant implementation of the copay policy. However, as more new members churn into the plan and become new users of this class, the policy will likely have a more pronounced economic impact. Initial analyses of the first 12 months after implementation indicate that the average monthly total fund savings attributable to the quantity limit is approximately \$36,000 (figure 6). However, it is difficult to separate out utilization changes due to the copay and those due to the quantity limit.

Data: SYBASE Drug2002, 2003

Cost=ingredient cost: [amtpaidclm]+[amtcopay]+[othrinspay]-[proffee]

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