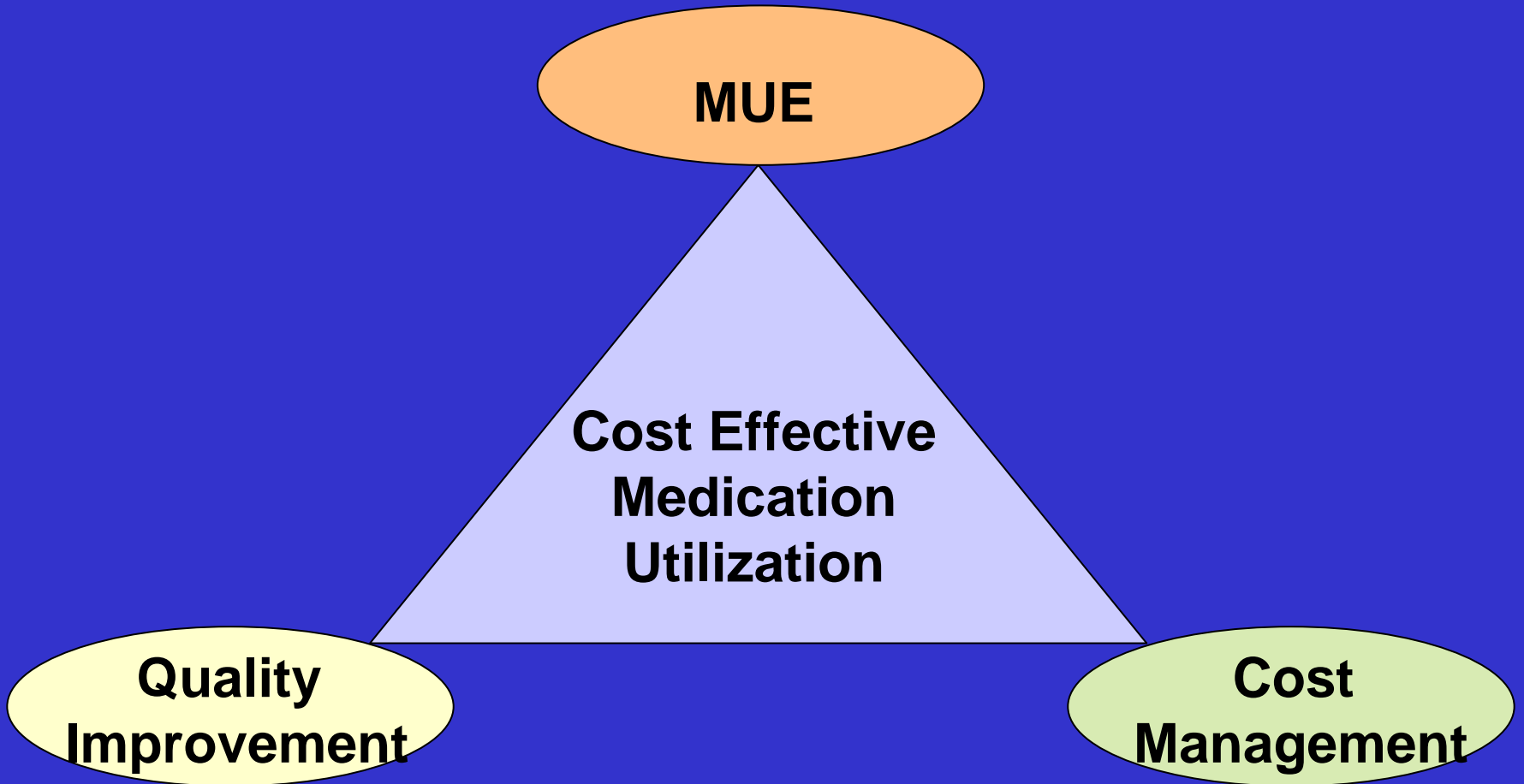


# Pharmacy 483



**February 14, 2006**

# Janet Kelly, Pharm.D.

- Outcomes & Cost Management UWMC
- Provide pharmacy leadership for medication related outcomes
  - Pharmacy & Therapeutics
  - Treatment guidelines/criteria for use

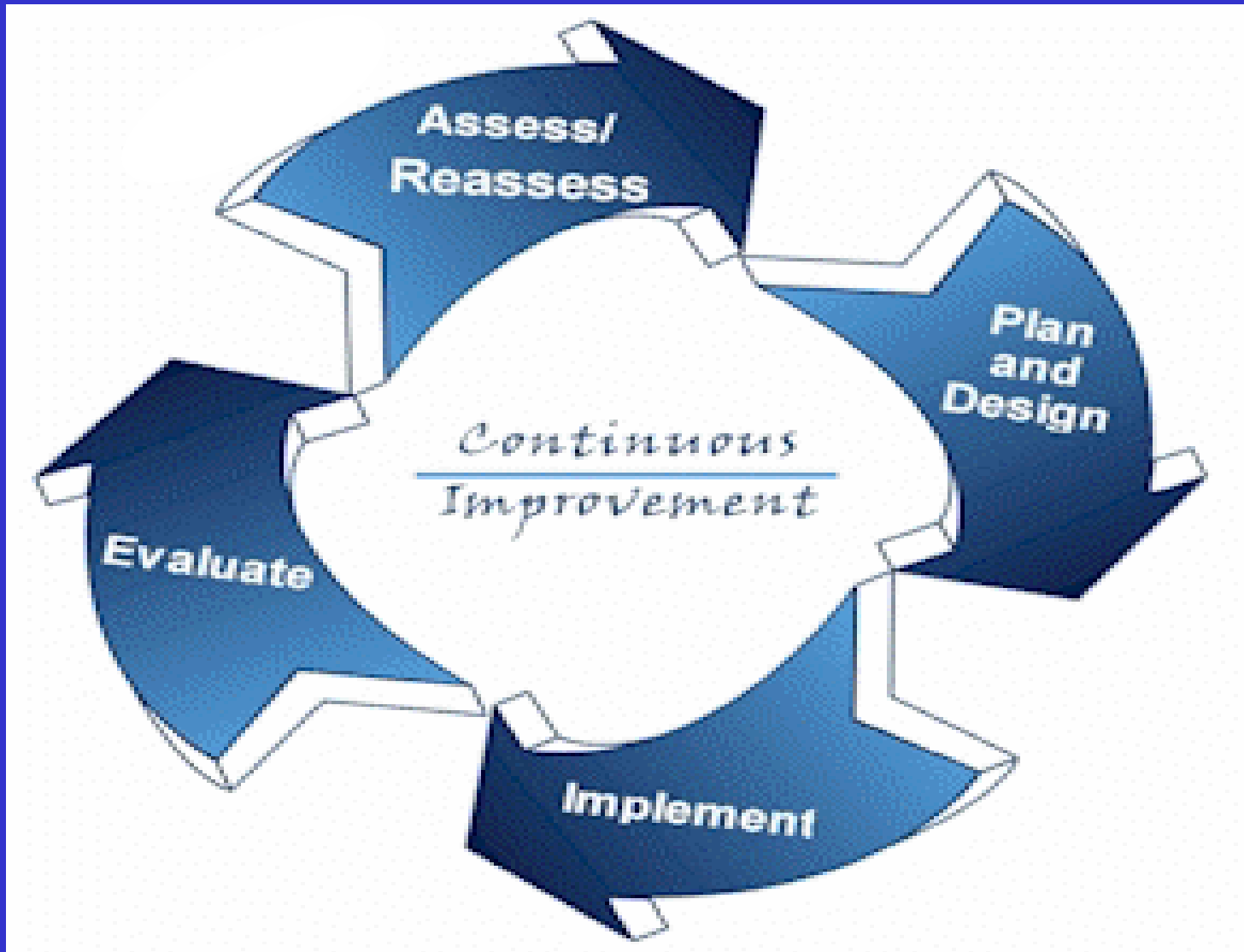
# Steve Riddle

- Quality Improvement and Medication Utilization Lead
  - “Right drug for the right patient every time”
- Work with administration and clinical staff (physicians, pharmacists) to develop care processes for specific conditions and/or medications.
- Examples: ACE inhibitors in myocardial infarction and heart failure; use of most cost-effective agents in depression; treatment of chronic pain

# Goals of the Presentation

- Understand the basics of continuous quality improvement (CQI) and how it is used to achieve optimal patient outcomes.
- Understand the role of Medication Utilization Evaluation (MUE) in the CQI process.
- Understand the basics of cost effectiveness evaluations.

# Continuous Quality Improvement



## Key Terms

# Medication Utilization Evaluation

- Retrospective/Prospective
- Is utilization of the drug appropriate?
  - compared to goals  
(criteria for use and/or treatment guidelines)
- Provides necessary data for CQI process

## Formulary

- **List of Drugs Which May Be Prescribed**
- **Developed by the P&T Committee based on:**
  - ✓ **Safety**
  - ✓ **Efficacy**
  - ✓ **Cost Effectiveness**

# Cost Effective Therapy

- ❖ **Least expensive therapy which provides the desired outcome**
  - ✓ Medication Cost
  - ✓ Monitoring Costs (labs/ office visits/etc)
  - ✓ Adverse Effect Costs
- ❖ **Very slippery concept – difficult to quantify**
  - ✓ Convenience
  - ✓ Individual Patient Preference



# Cost Effective Calculation

Lexus ES 330



Initial Cost \$35,000  
26 mpg

Hyundai Sonata V6



Initial Cost \$21,000  
24 mpg

**Cost effectiveness evaluation must also include:**

**Maintenance Cost**

**Life Span of the Car**

# Cost Effective Calculation (Cont)

Lexus ES 330



Life span = 150,000 miles

Maintenance cost = \$0.3 per mile

**Total Cost = \$91,538**

**Cost per mile = \$0.61**

Hyundai Sonata V6



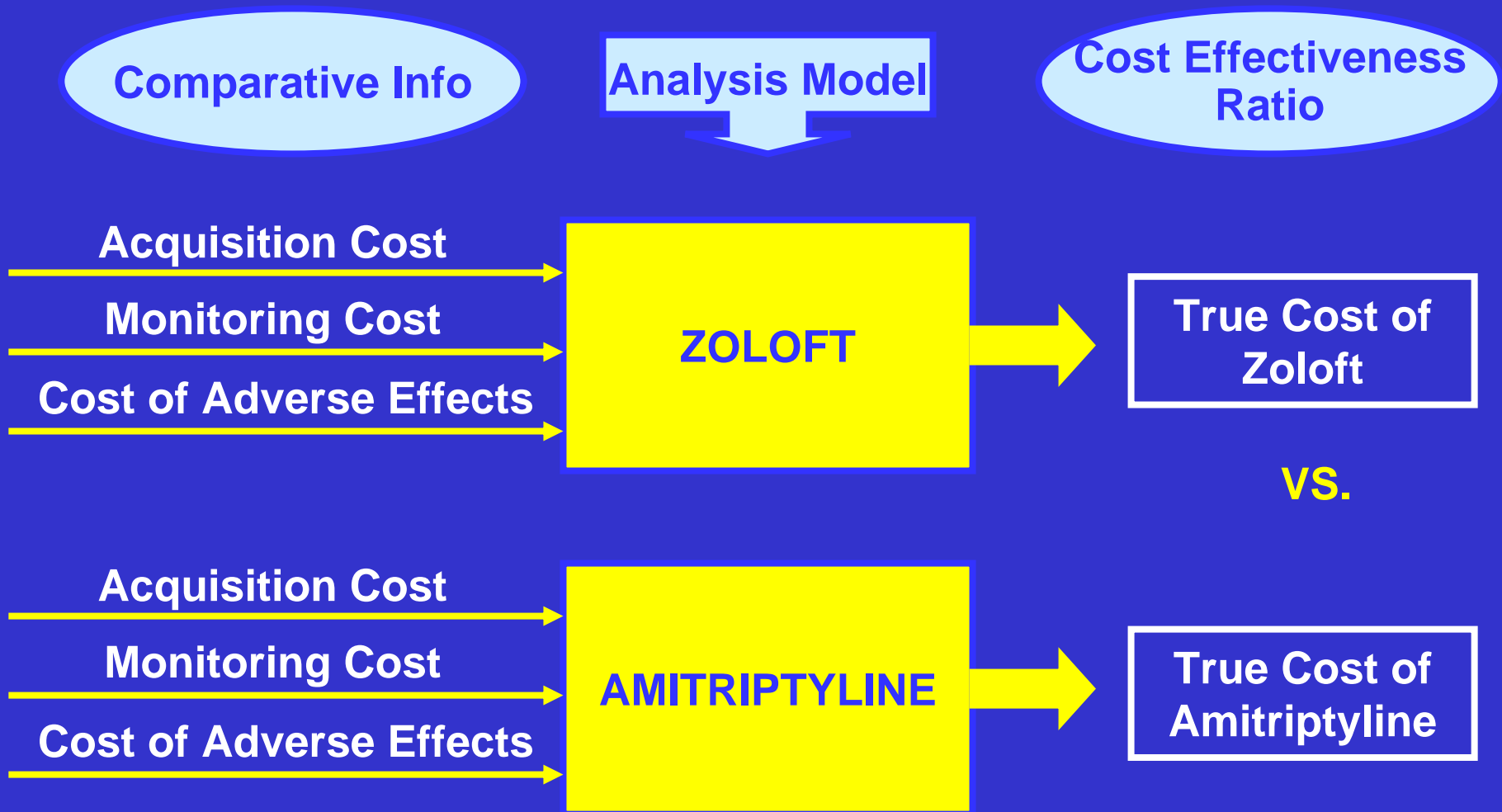
Life span = 96,000 miles

Maintenance cost = \$0.26 per mile

**Total Cost = \$53,960**

**Cost per mile = \$0.56**

# Antidepressant Cost Effectiveness Comparison



# Evaluation of IVIG Utilization

- What is IVIG?
  - Intravenous preparation of immune globulins (antibodies) derived from pool plasma
- What is it used to treat?
  - Only 5 FDA indications
  - Dozens of off-label indications  
(many with little or no data to support use)
- Why evaluate?
  - Limited resource
  - Safety Issues
  - Cost (2 million per year)

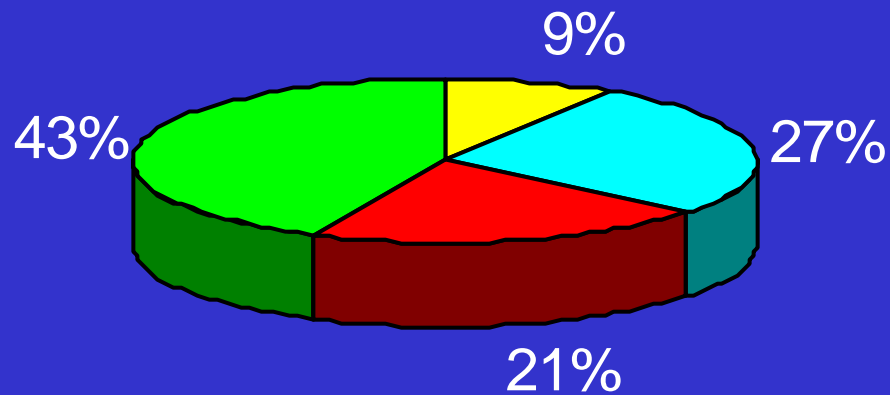
# IVIG MUE Criteria

Reviewed charts for all patients that received IVIG at UWMC/HMC for a 2 month period

- Indication for IVIG
- Dose of IVIG given
- Duration of IVIG therapy
- Prescribing Service
- Adverse Effects Attributed to IVIG

# Results

## Indications for IVIG



■ FDA labeled

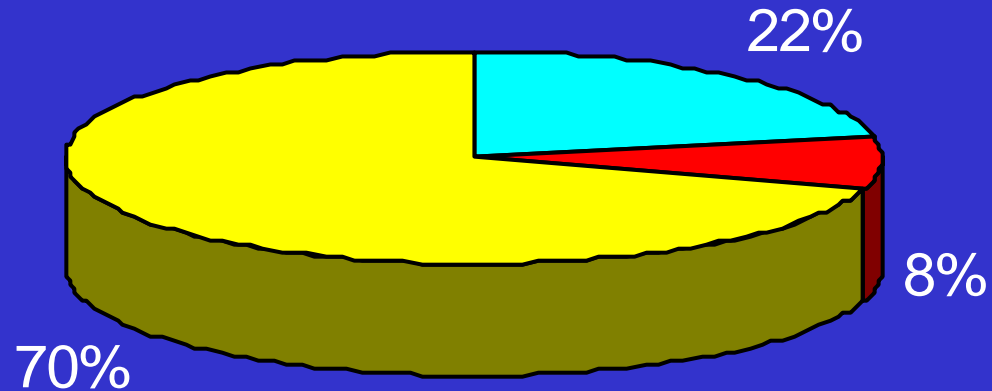
■ Off label with support

■ Off label without support

■ Unable to Determine

# Results

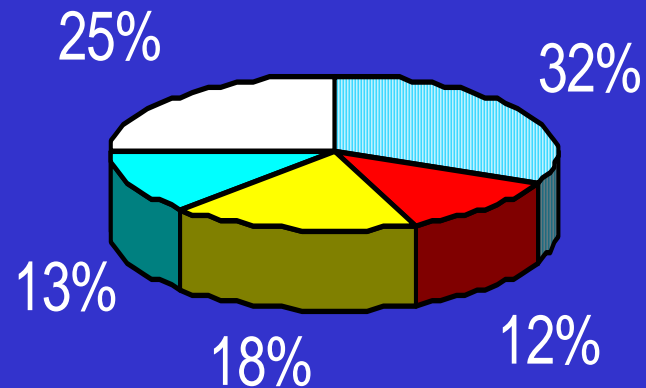
## Dosing Regimen of IVIG



■ Appropriate ■ Inappropriate ■ Unclear

## IVIIG Prescribing Service

% of Total IVIG Cost



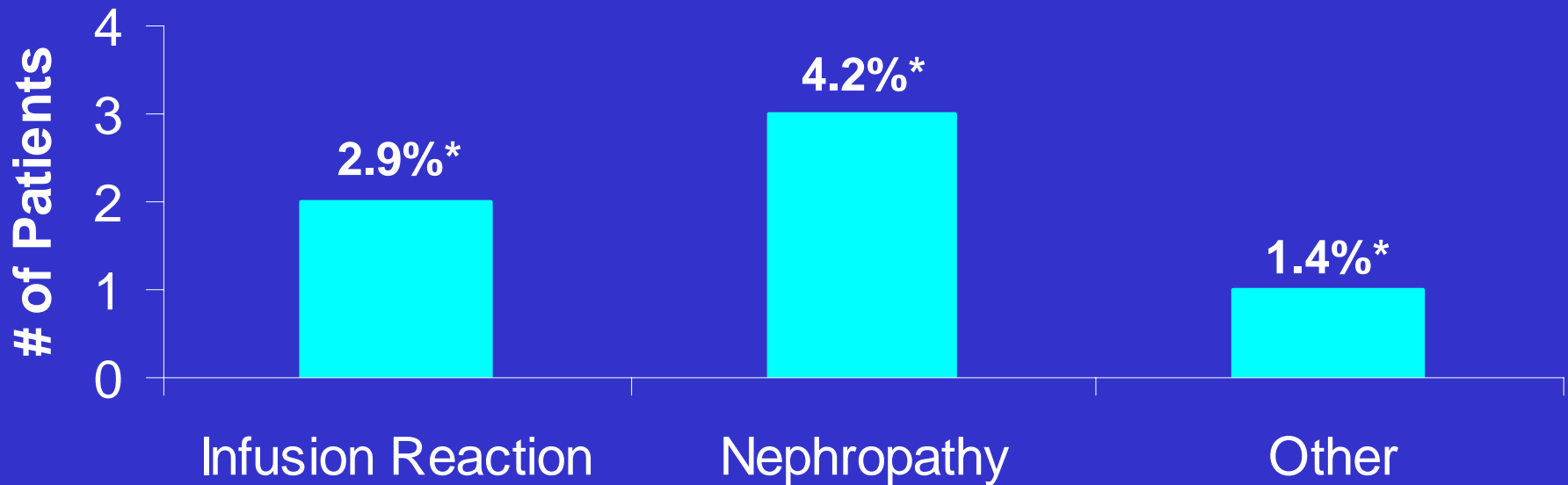
■ HemOnc ■ Transp ■ Medicine ■ Neuro ■ Burns



# Results

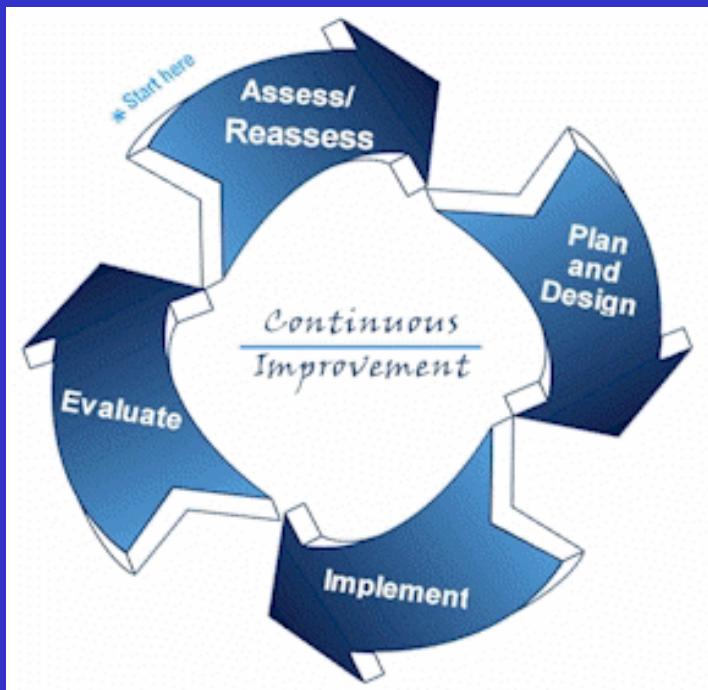
## Adverse Effects

# of Patients having an ADR



\* % of all patients treated with IVIG during the study period (n=70)

# Assess the Results



**We have a problem!**

# Plan & Design

## Multidisciplinary Task Force



# Goals

- Need to know what IVIG is being prescribed for
  - in 43 % of patients it was unclear
  - Who are the primary prescribers?
- Provide education for prescribers regarding:
  - Appropriate indications
  - Appropriate dosing
  - Product selection

# Plan for Accomplishing Goals

- Addition of a sucrose free IVIG product to formulary
  - Sucrose is associated with nephropathy
  - Guidelines for who should receive
- Development of an IVIG order form
  - Check boxes for indications
  - Dosing recommendations
  - Product selection
  - Administration/Monitoring
  - Premedications

# IVIG Order Form

## I. Select Diagnosis/Indication for IVIG

- FDA Indications (with dosing recommendations)
- Off Label Indications (with dosing recommendations)

## II. Select IVIG Product

- Standard Product
- Sucrose Free Product

## III. Indicate Dose & Frequency

Give \_\_\_\_\_grams of IVIG (Select Product Above)  
every \_\_\_\_\_(specify frequency) for a total of  
doses \_\_\_\_\_(specify # of doses to be given).

# Implementation of IVIG Order Form

- Approval of P&T Committee
- Forms Committee Approval
- Printing & Distributing
- Education
  - Pharmacist Education
  - Physician Education
  - Nursing Education

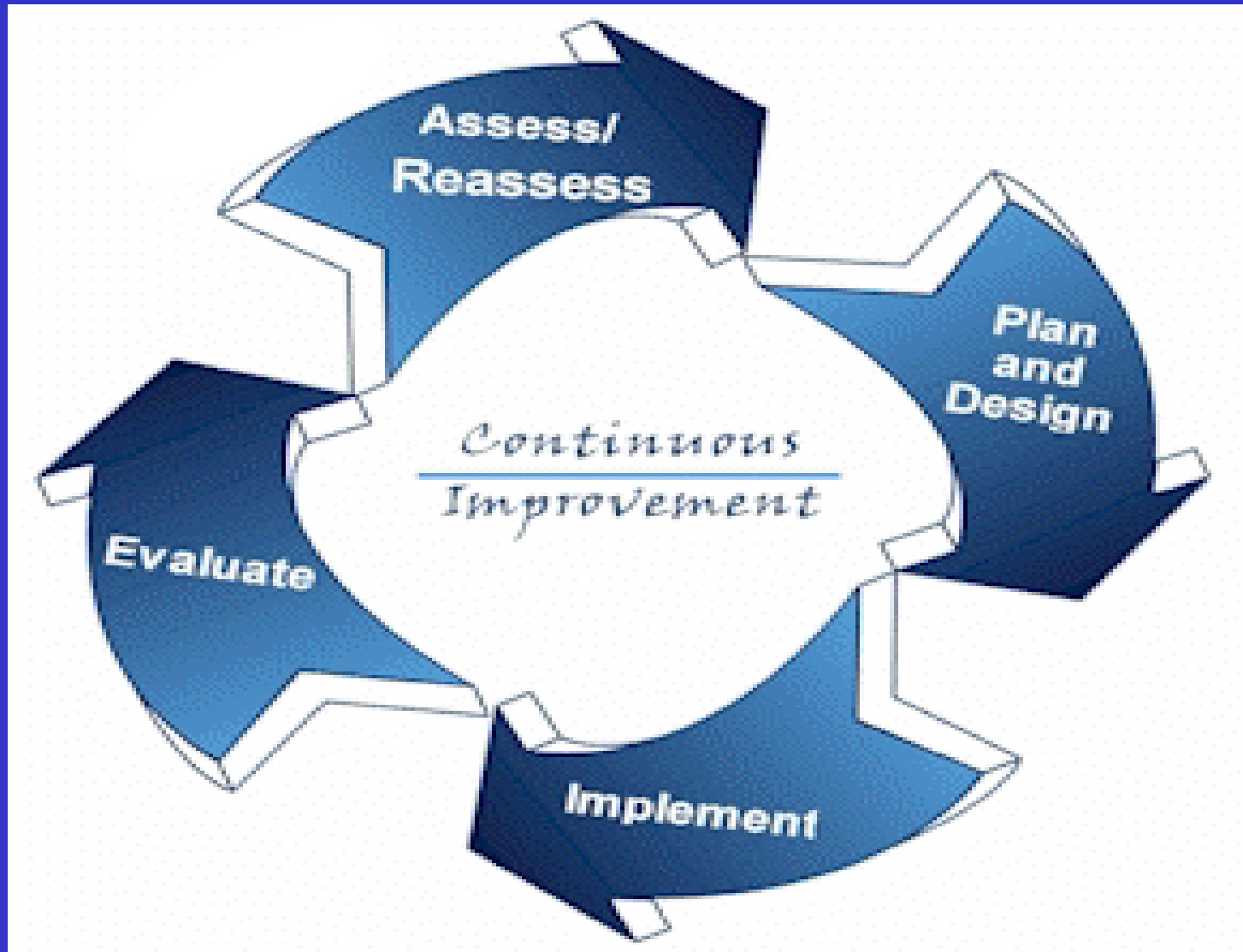
# Re-evaluate

## Prospective MUE using order forms

- Tabulate results in 3-6 months
  - Did the form improve utilization of IVIG?
- Look at incidence of ADR
  - Did adding sucrose free product decrease incidence of nephropathy?
  - Was it cost effective?



# Repeat the Cycle



# Formulary and Financial Impact Evaluation

Weighted Evaluation of:

- ✓ Safety
- ✓ Efficacy
- ✓ Financial Impact

Advantage

NO Advantage

Add  
to formulary

Do NOT Add  
to formulary

# Pregabalin (Lyrica<sup>®</sup>)

- ◆ Structural analog of GABA
  - GABA is an inhibitory neurotransmitter
  - Similar to Gabapentin (Neurontin<sup>®</sup>)
- ◆ Indications
  - Partial Seizures
  - Neuropathic Pain
- ◆ Therapeutic Advantage?
  - Safety
  - Efficacy

# Steps in an Financial Impact Evaluation

1. Determination of Total Cost
2. Determination of Reimbursement
3. Calculation of Potential Revenue

**Financial Impact  
Evaluation**



**Cost  
Effectiveness**

# Financial Impact Evaluation

## Pregabalin vs. Gabapentin

### Determination of Costs:

**Drug Acquisition**

**Monitoring, ADRS,  
& Convenience**

**Drug Administration Cost**  
Clinic vs. Self Administered

# Financial Impact Evaluation

## Pregabalin vs. Gabapentin

### Determination of Reimbursement:

#### HOSPITAL

- DRG or Capped Reimbursement

#### AMBULATORY

- Insurance Mix (DSHS/Medicaid, Medicare, Private, Indigent)
- Insurer Formularies
- Patient Responsibility (co-pays)

# Financial Impact Evaluation

## Pregabalin vs. Gabapentin

Calculation of Profit Margin:

Reimbursement

-

Total Cost

=

Profit Margin

# Appropriate Utilization

- ◆ **Clinical Criteria for Use**
- ◆ **Minimizing Economic Impact**
  - Anticipated Usage

**Education**

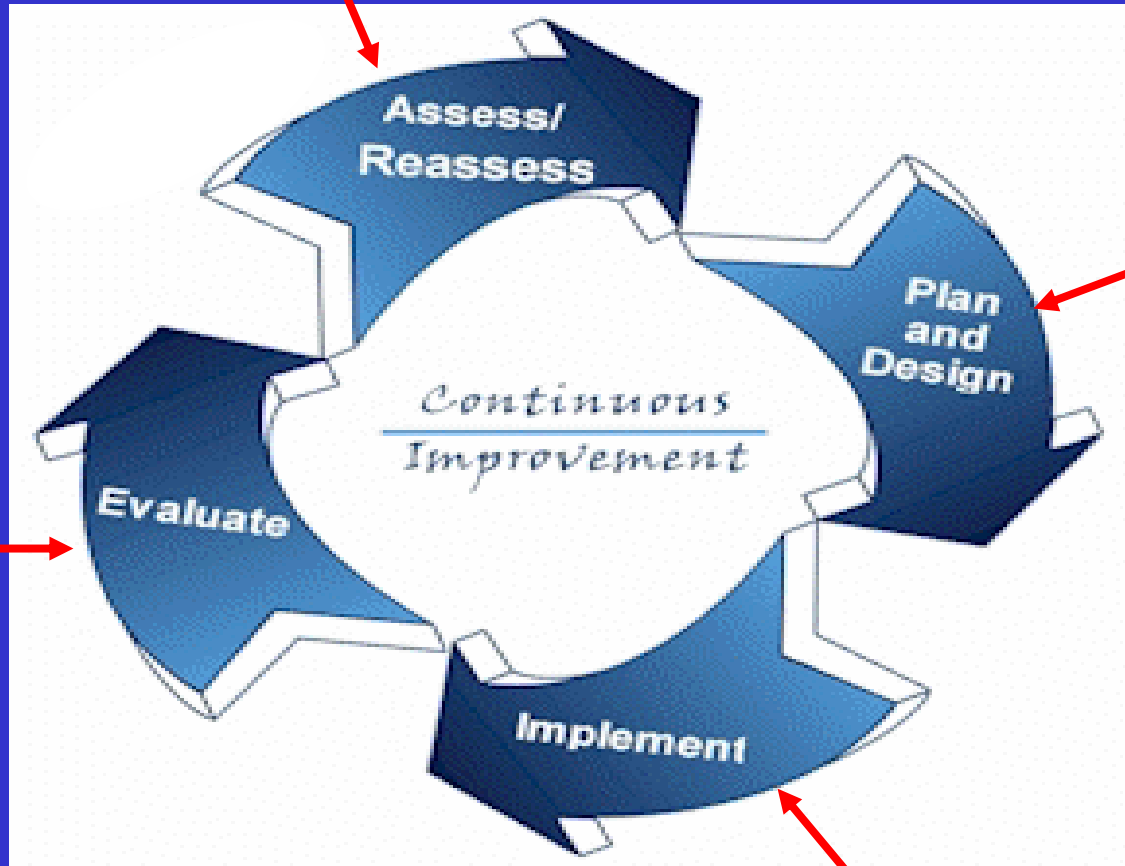
**Treatment  
Guidelines**

**VS.**

**Use  
Restrictions**



1. Clinical Evaluation
2. Anticipated Usage/Economic Impact



3. P & T  
evaluation  
– add or  
not add to  
formulary

5. MUE  
Economic Impact

4. Education  
Guidelines vs. Restriction

Questions?

