

UTILIZATION OF AGENTS ON THE CLINICIAN ADMINISTERED DRUGS AND IMPLANTABLE DRUG SYSTEM DEVICES (CADD) LIST

BACKGROUND

In 2018 the Division of Medicaid (DOM) initiated “The Enhancing Access to Services and Engagement (EASE)” Initiative, a multi-faceted approach to increase Medicaid beneficiaries’ access to needed services. Prior to the development of the EASE Initiative, DOM began taking steps toward improving beneficiary access to care. One such step was the implementation of the Clinician Administered Drugs and Implantable Drug System Devices (CADD) List. DOM sought and gained approval from the Centers for Medicare and Medicaid Services (CMS) to allow certain injectable drugs to be billed and reimbursed as either a medical or point-of-sale (POS) claim to improve access to these drugs. The CADD List became effective July 1, 2018. CADDs do not count toward the monthly prescription drug limit.

The current CADD List contains injectable drugs and drug system devices in the following categories:

- Chemical dependency treatment agents
- Typical antipsychotic long-acting injectable agents
- Atypical antipsychotic long-acting injectable agents
- Long acting reversible contraceptive (LARCs) agents
- Pregnancy maintaining agents (Makena)

MS-DUR analyzed utilization data for each of the categories reviewing utilization trends before and after implementation of the CADD List. For this report, pregnancy maintaining agents were omitted as MS-DUR presented a detailed report on this category at May’s 2019 DUR Board meeting.

METHODS

In order to evaluate trends in billing type for pharmaceuticals included in the CADD list, a retrospective database analysis of Mississippi Medicaid beneficiaries was conducted. Medical and pharmacy (POS) claims from July 2017 to May 2019 having NDCs related to the products included in the CADD list were reviewed.

In examining specifically the initiation of atypical long-acting injectable (LAI) antipsychotics, one consideration in determining appropriate use was to examine adherence rates to oral antipsychotic (AP) medications prior to atypical LAI APs. For this review, inclusion criteria were:

- The beneficiary had to have an initial claim for the LAI AP (index date) between July 2016 - May 2019; *AND*
- The beneficiary had to be continuously enrolled in Medicaid for the 6 months prior to the index date.

All pharmacy claims for oral APs were extracted for the six-month period prior to the index date. Adherence was calculated as the proportion of days covered (PDC) a measure of refill record-based adherence.

RESULTS

Note: Red horizontal line in Tables 2, 4, 6 and 8 reflects the implementation date of the CADD list.

Chemical Dependency Treatment Agents

FIGURE 1: Chemical Dependency Treatment Agents on CADD List

Chemical Dependency Treatment Agents		
Drug Name	NDC	Effective Date
Probuphine 74.2 mg Implant	52440010014	2/2/2019
Probuphine 74.2 mg Implant	58284010014	7/1/2018
Sublocade 100mg/0.5ml	12496010001	7/1/2018
Sublocade 300mg/1.5ml	12496030001	7/1/2018
Vivitrol 380mg	65757030001	7/1/2018

Table 1 shows the demographic characteristics of the beneficiaries receiving chemical dependency treatment with agents listed on the CADD list. This population was predominately female and younger adults (ages 26 to 44 years old).

TABLE 1: Demographic Characteristics of Beneficiaries Using Chemical Dependency Treatment Agents on CADD List <i>(July 2016 - May 2019; FFS and CCOs)</i>			
Characteristic		Number	Percent
TOTAL		19	100%
Age	<18	0	0.0%
	18-25	3	15.8%
	26-44	12	63.2%
	45-64	4	21.1%
	65+	0	0.0%
Gender	Male	5	26.3%
	Female	14	73.7%
Race	Caucasians	16	84.2%
	African American	1	5.3%
	Other	2	10.5%
Medicaid Program	FFS	2	10.5%
	UHC	10	52.6%
	MAG	7	36.8%
	MOL	0	0.0%

Note: Probuphines were not included because of the potential for misuse of the J-code in medical claims and there were no pharmacy claims during the time period.

Table 2 shows the billing type for the claims for chemical dependency treatment agents before and after the CADD list implementation. Although the total number of claims remains low, a significant increase in claims occurred after the CADD list, due almost exclusively to an increase in POS claims.

TABLE 2: Number of Paid Claims for Chemical Dependency Treatment Agents on CADD List by Billing Type											
Claim Quarter	TOTAL			Medicaid Program							
	Total	Medical	POS	FFS		UHC		MAG		MOL	
				Medical	POS	Medical	POS	Medical	POS	Medical	POS
Q3 2017	1	1	0	0	0	1	0	0	0	0	0
Q4 2017	1	1	0	0	0	1	0	0	0	0	0
Q1 2018	2	2	0	0	0	2	0	0	0	0	0
Q2 2018	1	1	0	1	0	0	0	0	0	0	0
Q3 2018	2	0	2	0	0	0	0	0	2	0	0
Q4 2018	10	0	10	0	1	0	2	0	7	0	0
Q1 2019	11	1	10	0	0	1	1	0	9	0	0
Q2 2019	12	1	11	0	1	1	4	0	6	0	0

Notes: (a) Since there were very few claims for this class of drug, the number of claims were reported by quarter. (b) Probuphines were not included because of the potential for misuse of the J-code in medical claims and there were no pharmacy claims during the time period.

Long-Acting Reversible Contraceptives

FIGURE 2: Long Acting Reversible Contraceptives on CADD List

Long Acting Reversible Contraceptive		
Drug Name	NDC	Effective Date
Kyleena 19.5mg	50419042401	7/1/2018
Liletta 52 mg System	00023585801	7/1/2018
	52544003554	7/1/2018
Mirena	50419042101	7/1/2018
	50419042301	7/1/2018
Nexplanon 68 mg Implant	00052433001	7/1/2018
Paragard T 380-A IUD	51285020401	7/1/2018
Paragard T 380-A IUD	59365512801	9/1/2018
Skyla 1 kit 14mcg/24hr	50419042201	7/1/2018

Table 3 shows the demographic characteristics of beneficiaries using long-acting reversible contraceptives. As would be expected, this population is predominantly female and young.

TABLE 3: Demographic Characteristics of Beneficiaries Using Long-Acting Reversible Contraceptives on CADD List (July 2016 - May 2019; FFS and CCOs)			
Characteristic		Number	Percent
TOTAL		13,110	100%
Age	<18	2,057	15.7%
	18-25	6,450	49.2%
	26-44	4,531	34.6%
	45-64	71	0.5%
	65+	1	0.0%
Gender	Male	0	0.0%
	Female	13,110	100.0%
Race	Caucasians	5,623	42.9%
	African American	6,926	52.8%
	Other	561	4.3%
Medicaid Program	FFS	2,800	21.4%
	UHC	4,767	36.4%
	MAG	5,295	40.4%
	MOL	248	1.9%

Notes: (a) FDA Approval Date for Kyleena was Sep 19, 2016. (b) J-code for Nexplanon not used to extract medical claims since it is not exclusive to Nexplanon and may apply to other medical items or services.

As shown in Table 4, overall utilization of long-acting reversible contraceptives did not increase with the introduction of the CADD list. However, there was a slight shift to greater use of POS for filing claims. Conversations with providers in practice settings where LARCs are likely to be used have indicated there are multiple factors other than billing type that have limited the use of these products.

TABLE 4: Number of Paid Claims for Long-Acting Reversible Contraceptive Agents on CADD List by Billing Type											
Claim Month	TOTAL			Medicaid Program							
				FFS		UHC		MAG		MOL	
	Total	Medical	POS	Medical	POS	Medical	POS	Medical	POS	Medical	POS
Jul 17	340	339	1	56	0	143	0	139	1	0	0
Aug 17	452	449	3	93	0	164	0	192	3	0	0
Sep 17	383	381	2	74	0	150	0	157	2	0	0
Oct 17	434	428	6	90	0	171	5	166	1	0	0
Nov 17	388	386	2	84	1	134	1	168	0	0	0
Dec 17	330	323	7	82	0	119	6	122	1	0	0
Jan 18	411	406	5	95	0	157	4	154	1	0	0
Feb 18	434	424	10	109	0	152	8	163	2	0	0
Mar 18	477	472	5	118	0	179	3	175	2	0	0
Apr 18	431	425	6	96	0	152	6	177	0	0	0
May 18	383	377	6	88	0	123	3	166	3	0	0
Jun 18	380	375	5	89	0	128	1	157	4	0	0
Jul 18	415	405	10	70	0	161	6	174	4	0	0
Aug 18	439	425	14	110	4	156	4	158	6	0	0
Sep 18	355	344	11	86	1	132	4	126	6	0	0
Oct 18	426	417	9	93	1	156	4	164	4	4	0
Nov 18	328	323	5	72	1	113	1	134	3	4	0
Dec 18	305	300	5	68	0	102	3	112	1	16	1
Jan 19	409	398	11	83	0	143	4	152	7	19	0
Feb 19	376	358	18	95	1	108	6	115	11	40	0
Mar 19	320	305	15	61	2	94	4	108	9	42	0
Apr 19	362	346	16	87	2	122	7	93	7	43	0
May 19	361	347	14	62	1	89	6	112	6	83	1

Notes: (a) FDA Approval Date for Kyleena was Sep 19, 2016. (b) J-code for Nexplanon not used to extract medical claims since it is not exclusive to Nexplanon and may apply to other medical items or services.

Typical Long-Acting Injectable (LAI) Antipsychotics (APs)

FIGURE 3: Typical LAI AP Agents on CADD List

Antipsychotic Long-Acting Agents		
Drug Name	NDC	Effective Date
Fluphenazine Decanoate 125mg/5ml	00143952901	11/1/2018
	42023012901	11/1/2018
	42023012989	11/1/2018
	55150026705	11/1/2018
	63323027205	11/1/2018
	67457035959	11/1/2018
Haloperidol Decanoate 50mg/ml ampule	10147092103	11/1/2018
	70069003003	11/1/2018
Haloperidol Decanoate 100mg/ml ampule	10147092205	11/1/2018
	63323047141	3/2/2019
	70069003105	11/1/2018
Haloperidol Decanoate 50mg/ml vial	00703701103	11/1/2018
	00703701301	11/1/2018
	25021083101	11/1/2018
	63323046901	11/1/2018
	63323046905	11/1/2018
	67457041013	11/1/2018
	70069038110	8/27/2019
Haloperidol Decanoate 100mg/ml vial	00703702103	11/1/2018
	00703702301	11/1/2018
	00703713101	8/14/2019
	00703713103	8/14/2019
	25021083301	11/1/2018
	25021083405	11/1/2018
	63323047101	11/1/2018
	63323047105	11/1/2018
	67457038158	11/1/2018
	67457040913	11/1/2018
	70069038310	8/27/2019

Table 5 provides the demographic characteristics of beneficiaries using typical LAI APs included on the CADD list. The characteristics of this population are similar to those receiving other types of antipsychotic medications in Medicaid.

TABLE 5: Demographic Characteristics of Beneficiaries Using Typical Long-Acting Injectable Antipsychotic Agents on CADD List			
<i>(July 2016 - May 2019; FFS and CCOs)</i>			
Characteristic		Number	Percent
TOTAL		1,111	100%
Age	<18	14	1.3%
	18-25	136	12.2%
	26-44	509	45.8%
	45-64	438	39.4%
	65+	14	1.3%
Gender	Male	709	63.8%
	Female	402	36.2%
Race	Caucasians	194	17.5%
	African American	798	71.8%
	Other	119	10.7%
Medicaid Program	FFS	287	25.8%
	UHC	394	35.5%
	MAG	424	38.2%
	MOL	6	0.5%

Notes: The listed CADD effective date for both Fluphenazine Decanoate and Haloperidol Decanoate was November 1st 2018, but the data showed POS claims were paid starting July 2018.

As shown in Table 6, overall utilization of typical LAI APs has remained fairly stable for the last few years.

- Prior to Introduction of the CADD list, almost all claims were medical. After introduction of the CADD list, almost all claims were paid through POS.
- It should be noted that these products were not officially added to the CADD list until November 2018.
- Paid POS claims began increasing after the CADD list was initially implemented in July 2018.

**TABLE 6: Number of Paid Claims Per Month for
Typical Long-Acting Injectable Antipsychotic Agents on CADD List**

Claim Month	TOTAL			Medicaid Program							
	Total	Medical	POS	FFS		UHC		MAG		MOL	
				Medical	POS	Medical	POS	Medical	POS	Medical	POS
Jul 17	470	435	35	77	35	159	0	199	0	0	0
Aug 17	464	428	36	59	36	176	0	193	0	0	0
Sep 17	453	416	37	57	37	175	0	184	0	0	0
Oct 17	488	453	35	57	35	186	0	210	0	0	0
Nov 17	508	468	40	60	40	181	0	227	0	0	0
Dec 17	458	425	33	57	33	175	0	193	0	0	0
Jan 18	515	479	36	68	36	182	0	229	0	0	0
Feb 18	448	419	29	57	29	158	0	204	0	0	0
Mar 18	508	474	34	63	34	183	0	228	0	0	0
Apr 18	470	436	34	59	34	173	0	204	0	0	0
May 18	493	463	30	69	30	193	0	201	0	0	0
Jun 18	432	396	36	57	36	164	0	175	0	0	0
Jul 18	518	332	186	47	55	130	75	155	56	0	0
Aug 18	527	319	208	51	53	124	83	144	72	0	0
Sep 18	484	204	280	22	62	86	103	96	115	0	0
Oct 18	478	100	378	8	71	36	128	53	177	3	2
Nov 18	500	84	416	10	76	32	146	41	193	1	1
Dec 18	502	51	451	4	90	21	143	23	217	3	1
Jan 19	504	43	461	1	80	16	157	23	220	3	4
Feb 19	449	28	421	6	83	3	140	18	191	1	7
Mar 19	486	13	473	3	96	4	155	5	213	1	9
Apr 19	481	5	476	2	87	2	163	1	216	0	10
May 19	461	9	452	3	84	4	143	2	213	0	12

Notes: The listed CADD effective date for both Fluphenazine Decanoate and Haloperidol Decanoate was November 1st 2018, but the data showed POS claims were paid starting July 2018.

Atypical Long-Acting Injectable (LAI) Antipsychotics (APs)

FIGURE 4: Atypical LAI AP Agents on CADD List

Atypical Antipsychotic Long-Acting Agents - Injectable		
Drug Name	NDC	Effective Date
Abilify Maintena ER 300 mg	59148001870	7/1/2018
	59148001871	7/1/2018
	59148004580	7/1/2018
Abilify Maintena ER 400 mg	59148001970	7/1/2018
	59148001971	7/1/2018
	59148007280	7/1/2018
Aristada ER 441 mg/1.6 ml	65757040101	7/1/2018
	65757040103	7/1/2018
Aristada ER 662 mg/2.4 ml	65757040201	7/1/2018
	65757040203	7/1/2018
Aristada ER 882 mg/3.2 ml	65757040301	7/1/2018
	65757040303	7/1/2018
Aristada ER 1064 mg/3.9 ml	65757040401	7/1/2018
	65757040403	7/1/2018
Aristada Initio ER 675mg/2ml	65757050003	11/1/2018
Invega Sustenna 39 mg/0.25ml	50458056001	7/1/2018
Invega Sustenna 78 mg/0.5 ml	50458056101	7/1/2018

Table 7 provides the demographic characteristics of beneficiaries using atypical long-acting injectable antipsychotics (LAI APs) included on the CADD list. The characteristics of this population are similar to those receiving other types of antipsychotic medications in Medicaid.

TABLE 7: Demographic Characteristics of Beneficiaries Using Atypical Long-Acting Injectable Antipsychotic Agents on CADD List (July 2016 - May 2019; FFS and CCOs)			
Characteristic		Number	Percent
TOTAL		1,869	100%
Age	<18	29	1.6%
	18-25	364	19.5%
	26-44	942	50.4%
	45-64	516	27.6%
	65+	18	1.0%
Gender	Male	1,040	55.6%
	Female	829	44.4%
Race	Caucasians	413	22.1%
	African American	1,227	65.7%
	Other	229	12.3%
Medicaid Program	FFS	430	23.0%
	UHC	706	37.8%
	MAG	711	38.0%
	MOL	22	1.2%

Table 8 depicts that overall utilization of atypical LAI APs has increased significantly since introduction of the CADD list with most of the claims moving to POS.

TABLE 8: Number of Paid Claims Per Month for Atypical Long-Acting Injectable Antipsychotic Agents on CADD List											
Claim Month	TOTAL			Medicaid Program							
				FFS		UHC		MAG		MOL	
	Total	Medical	POS	Medical	POS	Medical	POS	Medical	POS	Medical	POS
Jul 17	701	688	13	80	13	312	0	296	0	0	0
Aug 17	745	731	14	88	14	347	0	295	0	0	0
Sep 17	657	643	14	65	14	322	0	256	0	0	0
Oct 17	740	726	14	78	14	333	0	315	0	0	0
Nov 17	753	739	14	72	14	342	0	325	0	0	0
Dec 17	680	672	8	72	8	319	0	281	0	0	0
Jan 18	736	727	9	78	9	348	0	301	0	0	0
Feb 18	667	655	12	64	12	302	0	289	0	0	0
Mar 18	735	722	13	68	13	328	0	326	0	0	0
Apr 18	708	695	13	69	13	332	0	294	0	0	0
May 18	724	709	15	80	15	344	0	285	0	0	0
Jun 18	659	646	13	72	13	327	0	245	0	0	0
Jul 18	855	518	337	59	43	226	163	233	131	0	0
Aug 18	887	481	406	65	52	202	173	214	181	0	0
Sep 18	803	280	523	43	64	115	238	122	221	0	0
Oct 18	842	162	680	26	79	66	268	69	331	1	2
Nov 18	781	111	670	24	75	41	273	44	316	2	6
Dec 18	817	39	778	12	76	9	327	15	369	3	6
Jan 19	810	37	773	14	98	5	344	13	323	5	8
Feb 19	783	27	756	16	75	1	306	7	368	3	7
Mar 19	791	16	775	7	93	2	300	4	373	3	9
Apr 19	871	8	863	0	101	4	331	3	406	1	25
May 19	861	2	859	0	87	0	338	1	401	1	33

Adding the atypical LAI AP medications to the CADD list has greatly increased their access. On a monthly basis, atypical LAI APs generally cost much more than oral formulations of the same products. Due to the substantial cost difference, atypical LAI AP medications were initially reserved for patients who could not be adherent on oral products.

To determine whether adherence was still a major factor in provider decisions in the use of LAI APs, MS-DUR examined medication adherence rates for oral APs during the six-month period prior to patients initiating therapy with an atypical LAI AP medication.

Table 9 illustrates the adherence rates for beneficiaries initiating treatment with atypical LAI APs. The date of initial injectable AP use was categorized as before and after the July 1, 2018 effective date for the CADD list.

As illustrated in Table 9:

- Approximately one-fourth of beneficiaries starting treatment with an atypical LAI AP had no prior use of an oral AP.
- Over half of the beneficiaries starting treatment with an atypical LAI AP were adherent (PDC \geq 80%) with oral APs prior to the switch.
- Percentages for the above findings are about the same pre- and post-CADD list.

These results indicate that providers are **NOT** using adherence related issues to oral APs as a major factor in deciding to initiate therapy with atypical LAI APs.

TABLE 9. Adherence To Oral Antipsychotics In the 12-month Period Prior to First Use of Atypical Long-Acting Injectable Antipsychotic on CADD List									
Date of Initial Injectable AP Use	Pharmacy Program When Initiating Injectable AP Use	Number of Beneficiaries							
		Adherence (PDC) Level						Total	
		No Oral AP Use	< 50%	50% - 69%	70% - 79%	\geq 80%			
Before CADD effective date (July 1, 2018)	Fee for Service	97	54%	0	9	11	63	35%	180
	United Health Care	47	16%	0	34	35	176	60%	292
	Magnolia	56	20%	1	28	33	160	58%	278
	All Plans	200	27%	1	71	79	399	53%	750
After CADD effective date (\geq July 1, 2018)	Fee for Service	31	39%	0	4	3	42	53%	80
	United Health Care	27	20%	2	11	14	84	61%	138
	Magnolia	28	16%	0	25	24	100	56%	177
	Molina	5	31%	0	1	4	6	38%	16
	All Plans	91	22%	2	41	45	232	56%	411

CONCLUSIONS

Introduction of the CADD List was intended to increase beneficiary access to certain drugs and drug devices.

- Medications across **ALL** categories of the CADD List have seen shifts in claims from medical to POS claims since the introduction of the list.
- Atypical long-acting injectable antipsychotics, in particular, have seen a significant increase in utilization since addition to the CADD List, indicating improved access.
- Utilization of other agents, such as LARCs, has not increased as significantly. This can point to factors, outside of access, that impact utilization of some of the LARCs.

RECOMMENDATIONS:

MS-DUR has no formal recommendations at this time regarding the CADD List. DUR Board input regarding the CADD List is welcome.