

## POSTER ABSTRACTS

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#### Clinical and Financial Outcomes of a Medicaid Proton Pump Inhibitor Prior Authorization Program

Thomas Delate, Douglas E. Mager, Brenda R. Motheral

**Background:** Medicaid programs experienced double digit increases in ambulatory prescription drug expenditures between fiscal years 1998 and 2001. Combined with increasing enrollment and health services costs and state budget shortfalls, Medicaid programs are taking assertive measures to manage drug expenditures. The purpose of this study was to examine the clinical and financial outcomes associated with a proton pump inhibitor prior authorization policy in a Medicaid patient population.

**Methods:** Separate 6-month retrospective cohort analyses were conducted to estimate the clinical and financial impact of the policy. Over 1.2 million Medicaid enrollees with subgroup analyses of 5,965 continuously eligible, potential anti-secretory drug users were included in the analyses. Interrupted time series analyses of anti-secretory prescription drug expenditures were performed. Anti-secretory drug expenditures, proportions of patients with at least one gastrointestinal diagnosis and gastrointestinal-related ambulatory and inpatient medical service visit, and subsequent gastrointestinal-related and total medical service expenditures were examined.

**Results:** There was a 91% decrease in proton pump inhibitor per member per month expenditures ( $P < .001$ ) and 223% increase in histamine receptor antagonist per member per month expenditures ( $P < .001$ ) in the month immediately following the implementation of the policy. A greater proportion of prior-authorization eligible enrollees who received a proton pump inhibitor (80.7%) had at least one diagnosis for a gastrointestinal condition than enrollees who received either an histamine receptor antagonist (64.1%;  $P < .001$ ) or no anti-secretory drugs (48.4%;  $P < .001$ ). Two-part, finite mixture regression analyses indicated that the enrollees who received either an histamine receptor antagonist or no anti-secretory drugs were no more likely to have had at least one gastrointestinal-related or any medical service visit or to have incurred greater visit expenditures than enrollees who received a proton pump inhibitor ( $P > .05$ ).

**Conclusions:** Prior authorization for proton pump inhibitors had the effect of reducing utilization of high-cost proton pump inhibitors while encouraging utilization of lower-costing histamine receptor antagonists without evidence of adverse medical consequences.