

Diagnoses Associated With Use of Atypical Antipsychotics in a Commercial Health Plan: A Claims Database Analysis[☆]

Leslie Citrome, MD, MPH¹; Iftekhar Kalsekar, PhD²; Zhenchao Guo, PhD^{2,*}; Kimberly Laubmeier, PhD³; and Tony Hebden, PhD^{2,†}

¹Department of Psychiatry and Behavioral Sciences, New York Medical College, Valhalla, New York;

²Bristol-Myers Squibb, Plainsboro, New Jersey; and ³Otsuka America Pharmaceutical, Inc., Princeton, New Jersey

ABSTRACT

Background: Atypical antipsychotics are indicated for specific psychiatric conditions; however, they are frequently used for US Food and Drug Administration–nonapproved indications.

Objective: This study assessed the types of medical diagnoses associated with atypical antipsychotic prescriptions in commercial health care plans.

Methods: This retrospective cohort study used the OptumInsight commercial data set from January 2008 to June 2011. The *index date* was defined as the earliest date of prescription for the atypical antipsychotics aripiprazole, olanzapine, quetiapine, risperidone, and ziprasidone, from January 1, 2009, through June 30, 2010. Medical claims during a 2-year period (12 months before and 12 months after the index date) were used to identify relevant diagnostic codes from the *International Classification of Diseases, Ninth Edition, Clinical Modification* associated with the antipsychotic prescription. A logistic regression analysis was conducted to examine the predictors of use of atypical antipsychotics without a relevant diagnosis, that is, schizophrenia, bipolar, or major depressive disorder (MDD).

Results: Of 18,352 patients included in the analysis, 3593 (19.5%) who filled a prescription for atypical antipsychotics did not have an approved diagnosis. Off-label utilization varied, with approximately a quarter of patients with prescriptions for quetiapine (24.1%), risperidone (23.1%), or olanzapine (21.8%) being without a relevant diagnostic code, whereas proportions were lower for patients prescribed aripiprazole (14.0%) or ziprasidone (13.1%). Of those with a psychiatric disorder other than schizophrenia, bipolar

disorder, or MDD, approximately a third of prescriptions were for anxiety disorders, with similar proportions across all atypical antipsychotics. Patients were often prescribed quetiapine for substance abuse (22.7%), whereas patients with “other psychiatric conditions” were prescribed risperidone (26.3%) or ziprasidone (25.0%). The logistic regression analysis indicated that patients prescribed olanzapine, quetiapine, or risperidone were significantly more likely to have no diagnostic code for schizophrenia, bipolar disorder, or MDD compared with patients prescribed aripiprazole.

Conclusion: Nearly a fifth of commercially insured patients were prescribed atypical antipsychotics, in particular, olanzapine, quetiapine, or risperidone, for diagnoses that were not aligned with US Food and Drug Administration–approved indications. (*Clin Ther.* 2013;35:1867–1875) © 2013 The Authors. Published by Elsevier, Inc. All rights reserved.

Key words: atypical antipsychotic, medical claims, off-label, prescription.

INTRODUCTION

Drugs are sometimes prescribed for US Food and Drug Administration (FDA)-nonindicated purposes (ie, “off-label”), which has the potential to impact the pharmacy budget for specific conditions. However, data on the use of drugs for nonindicated

**This is an open-access article distributed under the terms of the Creative Commons Attribution-NonCommercial-No Derivative Works License, which permits non-commercial use, distribution, and reproduction in any medium, provided the original author and source are credited.*

Accepted for publication September 9, 2013.

<http://dx.doi.org/10.1016/j.clinthera.2013.09.006>
0149-2918/\$ - see front matter

© 2013 The Authors. Published by Elsevier, Inc. All rights reserved.

*Current affiliation: Boehringer Ingelheim, Ridgefield, Connecticut.

†Current affiliation: AbbVie, North Chicago, Illinois.

purposes are often lacking, and variations in prescriptions across similar drug classes remain largely unknown. With regard to the use of first-line atypical antipsychotic medications in adults, FDA-approved indications include schizophrenia, bipolar disorder, and major depressive disorder (MDD), but not all atypical antipsychotic agents have been approved for all of these indications (Table I).¹⁻⁶

In a 2003 analysis of Medicaid fees for service in 42 states, 57.6% of patients who were prescribed atypical antipsychotics did not have a diagnosis of schizophrenia or bipolar disorder.⁷ Similarly, in a study analyzing data from the Veterans' Administration (VA) health care system in 2007, it was shown that 60.2% of patients who had a prescription for an antipsychotic medication did not have a diagnosis of

Table I. FDA-approved indications for atypical antipsychotic agents in adults.

Atypical Antipsychotic Agent	Indication
Aripiprazole ¹	Treatment of schizophrenia; acute treatment of manic or mixed episodes associated with bipolar I disorder as monotherapy and as an adjunct to lithium or valproate; maintenance treatment of bipolar I disorder, both as monotherapy and as an adjunct to lithium or valproate; adjunctive treatment of MDD; acute treatment of agitation associated with schizophrenia or bipolar I disorder (injection)
Olanzapine ²	Treatment of schizophrenia; acute treatment of manic or mixed episodes associated with bipolar I disorder and maintenance treatment of bipolar I disorder; adjunct to valproate or lithium in the treatment of manic or mixed episodes associated with bipolar I disorder; treatment of acute agitation associated with schizophrenia and bipolar I mania (injection); treatment of depressive episodes associated with bipolar I disorder (combination with fluoxetine); treatment of treatment-resistant depression (MDD in patients who do not respond to 2 separate trials of different antidepressants of adequate dose and duration in the current episode [combination with fluoxetine])
Quetiapine IR ³	Treatment of schizophrenia; acute treatment of manic episodes associated with bipolar I disorder, both as monotherapy and as an adjunct to either lithium or divalproex; monotherapy for the acute treatment of depressive episodes associated with bipolar disorder; maintenance treatment of bipolar I disorder, as an adjunct to lithium or divalproex
Quetiapine XR ⁴	Treatment of schizophrenia; acute treatment of manic or mixed episodes associated with bipolar I disorder, both as monotherapy and as an adjunct to either lithium or divalproex; acute treatment of depressive episodes associated with bipolar disorder; maintenance treatment of bipolar I disorder, as an adjunct to lithium or divalproex; adjunctive therapy to antidepressants for the treatment of MDD
Risperidone ⁵	Treatment of schizophrenia; monotherapy for acute manic or mixed episodes associated with bipolar I disorder; adjunctive therapy with lithium or valproate is indicated for the treatment of acute manic or mixed episodes associated with bipolar I disorder
Ziprasidone ⁶	Treatment of schizophrenia; monotherapy for the acute treatment of manic or mixed episodes associated with bipolar I disorder; adjunct to lithium or valproate for the maintenance treatment of bipolar I disorder; treatment of acute agitation in schizophrenic patients for whom treatment with ziprasidone is appropriate and who need intramuscular antipsychotic medication for rapid control of agitation (injection)

FDA = Food and Drug Administration; IR = immediate release; MDD = major depressive disorder; XR = extended release.

Download English Version:

<https://daneshyari.com/en/article/5825535>

Download Persian Version:

<https://daneshyari.com/article/5825535>

[Daneshyari.com](https://daneshyari.com)