

Iowa Medicaid DUR Mental Health Advisory Group Meeting Minutes February 17, 2012

Attendees:

Commission Members
Bruce Alexander, R.Ph., Pharm.D., BCPP; Terry Augspurger, M.D.; Kevin Took, M.D.; Charles Wadle, D.O.; Gregory Barclay, M.D.; Sara Schutte-Schenck, D.O., FAAP; and Samuel Kuperman, M.D.
Staff
Pam Smith, R.Ph.
Guests
Susan Parker, Pharm.D., DHS; Jason Kessler, M.D., IME, and Melissa Biddle, IME.

Welcome & Introductions

Pam Smith called the meeting to order at 8:04 a.m. at the Iowa Medicaid Enterprise. Commission members and guests were welcomed and introduced.

The minutes from the July 15, 2011 meeting were approved. (Motion by Dr. Wadle, second by Dr. Took, unanimous approval by voice vote.)

Prevalence Report

The report that had been reviewed by the DUR Commission at their latest meeting was discussed. This program summary is now posted on the www.iadur.org website. The MHAG members think that providers and medical associations are not aware of this, however, and asked if notification could be sent. An email with a link to the most recent report will also be sent to the MHAG members after the DUR Commission reviews this at their meetings.

Bruce Alexander suggested that the number of patients be added for each prescriber, in addition to the dollar amount dispensed, to provide a more accurate reflection of their prescribing practices. Dr. Wadle mentioned that maybe a disclaimer could be added in the meantime until the report could be updated.

Second Generation Antipsychotics – Age Edit

This topic had been referred to the Mental Health Advisory Group (MHAG) by the DUR Commission. At their February 1st meeting, the DUR Commission had decided to place ProDUR edits to block new starts less than 6 years of age, for any antipsychotic, in addition to blocking duplicate therapy for members less than 18 years of age at the point-of-sale. The MHAG also reviewed a document provided by Dr. Wadle on antipsychotic used in foster care (Iowa Plan) versus published population from a November 2011 *Pediatrics* article. Dr. Took mentioned that in South Dakota, a prior authorization is only required if the prescriber is not a psychiatrist or child psychiatrist. However, prescriber specialty is currently optional and self-reported in Iowa; changing

this would involve a provider enrollment file change, which is an unrealistic request in the midst of the MMIS vendor and system transition, but could be done in the future. Dr. Took brought up the fact that research and development are usually never done on children, which is why so few drugs have established FDA approval for this age range. As a compromise, Susan offered the following: if NPIs for child psychiatrists practicing within Iowa could be supplied, claims for these drugs with those NPIs could possibly be programmed to pay without prior authorization. First, though, a report will be run to establish how many children under the age of 6 are on a single second-generation antipsychotic, and the corresponding number of unique prescribers, to get a feel for what this programming change would entail. These findings will be brought back to the May 11th MHAG meeting, and also provided to the DUR Commission at their April 4th meeting. The hope is to eventually extend the recommended ProDUR edits to the first generation antipsychotics, as well, although there are some first generation medications that are actually approved for use in children. Dr. Augspurger agreed that any restrictions put in place should not be based simply upon FDA approval either by age or indication, as many times these drugs are used off-label in children, especially for aggressive and violent behavior. He further commented that the lead article in the December 2011 *Journal of Child and Adolescent Psychopharmacology* is an article on the experts' recommendations for treating maladaptive aggression in youth. Dr. Kuperman will send a copy of this article to Pam Smith.

Letter from Senator Grassley

In 2010, Senator Grassley sent a letter to Iowa Medicaid requesting some initial data on narcotic pain medications and antipsychotics. This information was provided, and a response was just received in January 2012. It included 12 follow-up questions, and specifically targeted the top ten prescribers of select pain management and mental health drugs, though many of the questions went beyond the realm of Medicaid's jurisdiction and overlapped into other entities such as the Boards of Medicine and Boards of Pharmacy, as they involve complicated issues. A lengthy response has been compiled by the IME units, and will be emailed back to Senator Grassley's office in the next couple of days. A copy of this response will also be sent to all committee members.

Antipsychotics in Children

This topic was discussed at the February 1st DUR Meeting, wherein it was decided to send letters to the prescribers of the 142 members 0 to 17 years of age identified as using multiple antipsychotics for 45 or more days. The MHAG members were provided a copy of this same handout as it tied into the issues discussed above, but there was no further discussion due to time constraints.

The meeting adjourned at 9:03 a.m. (First by Dr. Took, second by Dr. Wadle.) The next meeting will be May 11, 2011 at the Iowa Medicaid Enterprise in Des Moines, IA.