

Iowa Medicaid DUR Mental Health Advisory Group **Meeting Minutes July 10, 2009**

Attendees:

Commission Members

Samuel Kuperman, M.D.; Bruce Alexander, R.Ph., Pharm.D., BCPP; Sara Schutte-Schenck, D.O., FAAP; Charles Wadle, D.O.; Terry Augspurgen, M.D.; Kevin Took, M.D.; and Loren Olson, M.D.

Staff

Thomas Kline, D.O.; Chad Bissell, Pharm.D.; and Pam Smith, R.Ph.

Guests

Susan Parker, Pharm.D., DHS; Sandy Pranger, R.Ph., IME; and Melissa Biddle, IME.

Welcome & Introductions

Chad Bissell called the meeting to order at 8:05 a.m. at the Iowa Medicaid Enterprise. Commission members and guests were welcomed and introduced.

The minutes from the April 17, 2009 meeting were approved. (Motion by Bruce Alexander, second by Dr. Terry Augspurgen, unanimous approval by voice vote.)

Use of Multiple Second Generation Antipsychotics

A report focusing on Atypical Antipsychotics for the period of 5/1/08 through 5/31/09 was reviewed. This report was similar to what was presented at the April meeting, but with adjustments to the data parameters at the suggestion of the Advisory Group. There were a total of 4,298 unique members who were on some form of an atypical antipsychotic regimen, of which 59.6% were over the age of 18 and 40.4% were under 18. Of these, 245 members were using 2 atypical antipsychotics for 6 or more consecutive months, and only 12 of them were using 3 or more. The prescribers for these 12 members were broken down for review. Six members were seeing one provider, and the other 6 were seeing two different providers. There was only 1 member using clozapine in combination with 2 atypical antipsychotics. Typical Antipsychotic usage was thrown in for comparison; there were 356 unique members on such a regimen, only 5 of which were using 2 Typical Antipsychotics for 6 or more months. Thirty members were identified using Typical and Atypical Antipsychotics in combination, the most common mixture being 2 Atypicals and 1 Typical. The Advisory Group members requested more information about the 12 members taking 3 Atypicals, such as if they resided in group homes or nursing homes, so they could take all the circumstances into account before taking further action involving the prescribers. These members' claim histories will also be examined to find any record of previous clozapine use or eligibility. Findings will be shared with Dr. Wadle and Dr. Took for Magellan to review, and a full follow up will be brought to the next

meeting.

Proposed PA Criterion

Extended Release Formulations – The Advisory Group was given a copy of the revised Draft PA form and its respective proposed criteria as follows:

Payment for a non-preferred extended release formulation will be considered only for cases in which there is documentation of previous trial and therapy failure with the preferred immediate release product of the same chemical entity, unless evidence is provided that use of the immediate release product would be medically contraindicated.

Prior authorization is required for the following extended release formulation(s): Adoxa, Amrix, Cardura XL, Cipro XR, Coreg CR, Doryx, Flagyl ER, glipizide ER, Glucotrol XL, Luvox CR, metronidazole SR, Prozac Weekly, Requip XL, Ryzol, Seroquel XR, Solodyn ER, tramadol SR, Ultram ER.

The Advisory Group members did not have any comments on the proposed PA criteria.

Pristiq Dosing

Last fall the DUR Commission discussed and recommended quantity limits on both the 50mg and 100mg strengths of Pristiq. The package insert does not address dosing of the 100mg tablet. It also states that the manufacturer studied doses between 50mg and 400mg per day in clinical trials, but did not find any benefit to doses greater than 50mg per day. The manufacturer does not recommend splitting the tablets, as this will alter the release mechanism. Therefore, the DUR Commission questioned whether the 100mg should be covered, and referred the topic to the Mental Health Advisory Group. This drug now appears on the Modified Formulation PA Form. The Mental Health Advisory Group suggested that members must fail on the 50mg, preferably with a partial response, before they can get the 100mg through the prior authorization process. The psychiatrists on the Advisory Group pointed out that they only use this drug class if all other options have failed.

The meeting adjourned at 8:50 a.m. (1st by Dr. Chuck Wadle, 2nd by Dr. Kevin Took.)