

## **Iowa Medicaid DUR Mental Health Advisory Group** **Meeting Minutes October 18, 2013**

### **Attendees:**

<b>Commission Members</b>
Terry Augspurger, M.D.; Charles Wadle, D.O.; Samuel Kuperman, M.D.; Tami Argo, Pharm.D.; and Kellen Ludvigson, Pharm.D.

<b>Staff</b>
Pam Smith, R.Ph.

<b>Guests</b>
Gregory Barkin, M.D., IME; Jason Kessler, M.D., IME; Susan Parker, Pharm.D., DHS; Erin Halverson, R.Ph., 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 October 19, 2012 meeting were approved. (Motion by Kellen Ludvigson, second by Terry Augspurger, unanimous approval by voice vote among the members who had been present for that meeting.)

### **Abilify Tablet Splitting Intervention Assessment**

Abilify is the most expensive drug for Iowa Medicaid in terms of overall expenditures per drug. Since the tablet splitting intervention went into effect on January 1, 2013, the net cost of Abilify dropped by 35%, reducing cost per user from \$600 to \$470 (pre-rebate), and the provided charts illustrated that it did not significantly impact compliance. Maine will be studying readmission rates, but that is not being done in Iowa yet as a large sample size is needed.

### **Injectable Medications Reimbursed through Pharmacy POS**

With the expansion of home health care, more medications are being provided in the home. With the increase in home health care services, the Preferred Drug List (PDL) was expanded to allow for administration of injectable medications in the patient's home. At the October 2, 2013 DUR meeting, a report detailing injectable drugs from the August 2013 paid claims report was reviewed. Pam Smith will be running a report to identify how many injectable drugs are for Plan 300 members, and looking into the possibility of auto-allowing these claims to pay since the pharmacies would deliver the medications to the nursing homes or care facilities for those members. When members pick up and transport their own medications, there have been issues with them getting lost along the way to being administered. Contacting providers to ask what medications they keep in stock and to educate them on correct billing of injectables is another possibility. A search will be done on medical claims to identify any providers billing for medications that were already paid through POS. Pam Smith will look into how other states are handling this issue. If the DUR Commission decides to change the

processes for injectable medications after reviewing findings from the actions above, the Mental Health Advisory Group will be notified.

### **Choosing Wisely Campaign**

This campaign was developed by the American Psychiatric Association, and can be found posted online at the following link:

[www.choosingwisely.org/doctor-patient-lists/american-psychiatric-association/](http://www.choosingwisely.org/doctor-patient-lists/american-psychiatric-association/). The five basic principles are as follows: 1) Do not prescribe antipsychotic medications to patients for any indication without appropriate initial evaluation and appropriate ongoing monitoring, 2) Do not routinely prescribe two or more antipsychotic medications concurrently, 3) Do not use antipsychotics as first choice to treat behavioral and psychological symptoms of dementia, 4) Do not routinely prescribe antipsychotic medications as a first-line intervention for insomnia in adults, and 5) Do not routinely prescribe antipsychotic medications as a first-line intervention for children and adolescents for any diagnosis other than psychotic disorders. DUR member profiles frequently show members on two or more antipsychotics concurrently, or reflect use for diagnoses other than psychotic disorders. Often, labs are not done as often as they should be done. With the goal of increasing monitoring rates, Maine now requires prior authorization for antipsychotics, including a look-back into the member's claims for lab tests, and has a new state law restricting psychiatric medication use in those 17 years of age or younger.

**The meeting adjourned at 8:42 a.m. (motion by Samuel Kuperman, second by both Terry Augspurger and Charles Wadle). The next meeting is tentatively scheduled for May 9, 2014 at the Iowa Medicaid Enterprise in Des Moines, IA, with another one tentatively scheduled for October 17, 2014.**