Iowa Medicaid DUR Mental Health Work Group
Meeting Minutes December 10, 2010

Attendees:

Commission Members
Bruce Alexander, R.Ph., Pharm.D., BCPP; Sara Schutte-Schenck, D.O., FAAP; Terry Augspurger, M.D.; Kevin Took, M.D.; Richard Rinehart, M.D.; and Mark A. Preston, M.D.

Staff
Jason Kessler, M.D.; and Pam Smith, R.Ph.

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

Welcome & Introductions

Pam Smith called the meeting to order at 8:20 a.m. at the Iowa Medicaid Enterprise. Commission members and guests were welcomed and introduced.

The minutes from the July 10, 2009 meeting were approved. (Motion by Kevin Took, second by Terry Augspurger, unanimous approval by voice vote.)

Review of Changes to Mental Health Drugs from November P&T Meeting

There weren't as many changes as previously anticipated. Adderall XR will become non-preferred, and existing users will be grandfathered. Paxil CR will also be changing to non-preferred, with existing users grandfathered. There were no other PDL status changes to the mental health drugs. Dr. Augspurger asked what the prior authorization requirements would be for Adderall XR, and Pam Smith replied that they would need a trial and failure on the immediate release product of the same chemical entity. He commented that it would make more sense to require a failure on a preferred product, such as Vyvanse. Pam Smith will take this topic to the DUR Commission for discussion. Susan Parker clarified that some of the issues with the long-acting medications were based on the Healthcare Reform regulations in regards to line extension drugs and the rebates associated with that classification, which made those drugs no longer cost effective for the State. Dr. Took questioned the safety and efficacy of using the short-acting product, as it would need to be sent to school to be taken during the day. Dr. Augspurger echoed this sentiment, reiterating that he believed Vyvanse would be a more appropriate trial.

Proposed PA Criteria

Extended Release Guanfacine (Intuniv) – The Mental Health Advisory Group reviewed the prior authorization criteria as follows:

Prior authorization is required for Intuniv. Payment will be considered for patients when the following is met:

1) The patient has a diagnosis of ADHD and is between 6 and 17 years of age; and
2) Previous trial with immediate release guanfacine at a therapeutic dose that resulted in a partial response with a documented intolerance; and
3) Previous trial and therapy failure at a therapeutic dose with one preferred amphetamine and one preferred non-amphetamine stimulant; and
4) Previous trial and therapy failure at a therapeutic dose with Strattera.
The required trials may be overridden when documented evidence is provided that the use of these agents would be medically contraindicated.

Dr. Augspurger asked if #3 could be omitted, as he does not like to give stimulants to children with comorbid ADHD with anxiety disorder, as they often cause the anxiety to worsen. Pam Smith responded that these trials could be overridden if the proper information was submitted on the PA form. There were no further recommended changes.

Atypical Antipsychotics Combined with Anticholinergics

Dr. Augspurger asked if members were being started on both atypical antipsychotics and anticholinergics at the same time. This had not been included in the search parameters; results were based only on a three month time frame, and there was concern that some cross-titration could be reflected in the findings. He then asked how many providers were involved. Bruce Alexander commented that the DUR Commission had previously looked at six months of data, and found similar results. He also said it would be helpful if the frequency per drug could be figured and evaluated. Dr. Augspurger feels that as long as members are not being started on antipsychotics and anticholinergics at the same time, and providers are starting them on anticholinergics only when they have clinical indications to do so, there isn't a problem with anticholinergic use. He thinks the question at hand is whether it's appropriate to use multiple antipsychotics. Dr. Took said that there are instances in dealing with aggressive children where he has no other choice but to prescribe multiple antipsychotics in combination. Pam Smith will revise the data to focus on multiple antipsychotics by age range, breaking down the members on risperidone, and comparing those on combinations versus those who aren't. Dr. Took said he usually tries 3 to 4 atypicals or more before using a combination. However, many members have multiple prescribers (some even seen only once), and he feels that is the primary issue. This data will be rerun as suggested and brought back to the next meeting.

The meeting adjourned at 9:10 a.m. (1st by Kevin Took, 2nd by Terry Augspurger.) The next meeting has not yet been scheduled. The members thought it best to wait and see if anything was referred to them by the DUR Commission at its February 2, 2011 meeting.