Iowa Medicaid DUR Mental Health Work Group
Meeting Minutes December 12, 2008

Attendees:

Commission Members
Bruce Alexander, R.Ph., Pharm.D., BCPP; Terry Augspurger, M.D.; Samuel Kuperman, M.D.; Chris Okiishi, M.D.; Kevin Took, M.D.; Sara Schutte-Schenck, D.O., FAAP; Alan Whitters, M.D.; and Chuck Wadle, D.O.

Staff
Thomas Kline, D.O.; Chad Bissell, Pharm.D.; and Pam Smith, R.Ph.; Tim Clifford, M.D.

Guests
Susan Parker, DHS; Sandy Pranger, IME; and Melissa Biddle, IME.

Welcome & Introductions

Chad Bissell called the meeting to order at 8:07 a.m. at the Iowa Medicaid Enterprise. Commission members, guests, and observers were welcomed and introduced.

The minutes from the September 26, 2008 meeting were approved. (Motion by Dr. Kevin Took, second by Bruce Alexander, unanimous approval by voice vote.)

P&T Recommendations on Select Mental Health Drugs

Dr. Tim Clifford discussed recommendations from the November 13, 2008 P&T Committee meeting, wherein the Committee re-evaluated the language in Iowa Code 249A.20A, which addresses how to deal with the Recommended drugs, stating: *"With the exception of drugs prescribed for the treatment of human immunodeficiency virus or acquired immune deficiency syndrome, transplantation, or cancer and drugs prescribed for mental illness with the exception of drugs and drug compounds that do not have a significant variation in a therapeutic profile or side effect profile within a therapeutic class, prescribing and dispensing of prescription drugs not included on the preferred drug list shall be subject to prior authorization".* When the Preferred Drug List was first established, the Committee interpreted this language to mean that drugs used for mental health would be excluded from the PDL. Until now, the P&T Committee has only examined brand-generic issues among mental health drugs, and all other mental health drugs got "a free pass". However, the cost of the mental health drugs is increasing rapidly, more than inflation would account for. Thus, after reviewing therapeutic class reviews on Antidepressants, Anti-psychotics, and Stimulants, as well as other prepared reports and comparative tables focusing primarily on head-to-head studies, the P&T Committee voted to move several mental health drugs from the RDL to the PDL at their November meeting, and referred their recommendations to the Mental Health Work Group. Minutes

from the November P&T meeting were provided for the Mental Health Work Group to review. Since the sub-Committee had less time for this discussion, Dr. Clifford merely outlined the drugs slated to become non-preferred beginning with Luvox CR and Pristiq. There are not any head-to-head studies to indicate that the new formulations are superior to the parent compounds in a clinically meaningful way. With Pristiq, there are studies versus placebo, but nothing head-to-head that would work in the drug's favor. The only identified potential advantage of Pristiq over Effexor and some of the other SSRI's is the apparently reduced risk of drug-drug interactions. However, citalopram and sertraline also have low incidences of drug-drug interactions. There are no head-to-head data comparing Luvox CR to fluvoxamine to show therapeutic outcome improving, or even a large difference in side effects. In the interest of time, Dr. Kevin Took recommended that instead of reviewing the highlights of therapeutic class reviews, the Iowa Psychiatric Society get together to review the data for recommendations and then get back to Iowa Medicaid with their thoughts on the process. Susan Parker clarified that the P&T Committee had asked that the DUR Mental Health Work Group have access to all data that had been reviewed at their meeting prior to the recommendations, to better understand the process and reasoning behind the PDL status changes, which had resulted in this type of meeting format. If the Work Group has areas of concern with the recommendations, those would then be referred back to the P&T Committee for further review. The P&T recommendations will not be final without feedback from the Work Group. Dr. Chris O'kiishi asked if Dr. Clifford had pertinent information that had not been included in the minutes from the November P&T meeting, so the Work Group could focus more on that given the time constraints. Dr. Clifford brought attention to the letter from Janssen regarding a comparison of Invega and Risperdal, which Dr. Clifford felt was irrelevant to the recommendation as the issue is not equivalence of the two drugs but if there were any significant differences in the therapeutic outcomes or safety. He then reviewed the recommendations that came out of the P&T meeting. There were nine brand name drugs in the three reviewed drug classes that were recommended to become preferred purely based on clinical evidence, even though there were also supplemental rebate offers on the table. There were three drugs (Seroquel XR, Luvox CR, and Invega) with a possible supplemental rebate offer that the Committee decided not to prefer based on clinical evidence. There were 19 brand drugs with no offer attached that the Committee recommended be preferred based on clinical findings, and four brands with no offer that were recommended as non-preferred for the same reason. The three dissolvable versions of anti-psychotics (with no offers) were recommended to be non-preferred with conditions. If the P&T Committee had been allowed to look at cost, there would have been a status change swing on seven products. Cymbalta, Zyprexa, Abilify, Strattera, Provigil, and Daytrana would have all been non-preferred, and Invega preferred, using the standard P&T process. All drugs changing to a non-preferred status in these categories will be grandfathered. The Work Group discussed the specifics of this process when applied to several different scenarios including change in dosage. Susan Parker outlined the prior

authorization and appeal process as Dr. Took requested. She reiterated that this was written out on the back on the Notice of Decision letter mailed to the prescriber, pharmacy, and member. The provider could request an exception to policy as well. Sandy Pranger assured them that more often than not denied PA requests did not progress to appeals, as the issues were resolved with more information being sent. Susan Parker said there would really be just 10 mental health drugs that would be non-preferred. Letters will be sent out to providers in advance, and the criteria requirements and forms are posted on the website. Dr. Schutte-Schenck told the other members of the Work Group that the overall PA process had gone much more smoothly for her office than she had previously anticipated when first rolled out in 2005. The Committee ran out of time for further discussion of recommendations on mental health drugs, so they scheduled an additional meeting to finish the recommendations, in the hopes that the Iowa Psychiatric Society would send their written recommendations before then to be discussed by the Work Group at that time.

The meeting adjourned at 9:38 a.m. (1st by Dr. Chuck Wadle, 2nd by Dr. Kevin Took.) The next meeting will be held at 7:00 a.m. on Friday, January 23, 2008 at the Iowa Medicaid Enterprise in Des Moines.