Iowa Medicaid DUR Mental Health Work Group
Meeting Minutes September 26, 2008

Attendees:

Commission Members
Bruce Alexander, R.Ph., Pharm.D., BCPP; Rick Rinehart, M.D.; Terry Augspurger, M.D.; Samuel Kuperman, M.D.; Chris Okiishi, M.D.; Kevin Took, M.D.; and Chuck Wadle, D.O.

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

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

Welcome & Introductions

Dr. Kline called the meeting to order at 8:00 a.m. at the Iowa Medicaid Enterprise. Commission members, guests, and observers were welcomed and introduced.

The minutes from the April 11, 2008 meeting were approved. (Motion by Dr. Kevin Took, second by Bruce Alexander, unanimous approval by voice vote.)

Pro-DUR Edits (Seroquel)

When this Committee met in April, quantity limits for Seroquel were discussed and tabled (based on the data that had been provided) until additional information could be provided. Chad Bissell referenced a table that illustrated how many unique members received the various strengths of Seroquel. This table is a reproduction of the table provided at the April meeting, except it contains updated claim information spanning 1/1/08 through 6/30/08. A column showing how many members were taking only 1 tablet a day was also added. The Committee discussed possible quantity limits for this drug, and also a quantity limit purely for once a day use of low dosages to prevent off-label use as a sedative. The members seemed to think the 25mg and 50mg doses of Seroquel were most often prescribed, at least for children, to treat disruptive behavior and aggression, rather than as a sleep aid. There are also metabolic concerns when using Seroquel as a sleep aid. Susan Parker clarified that the pharmacy point of sale system could not differentiate when the medicine was to be administered, merely that it was to be taken once a day judging from quantity and days supply provided on the claim. Chad Bissell shared Maine's strategy for allowing low-dose Seroquel claims to pay without a prior authorization: 1) the patient is 65 or older or less than 18 years of age, 2) dosage is for 3 or more tablets per day, or 3) Seroquel 25mg is in the profile within the last 45 days or the following dosages (100mg, 200mg, 300mg, 400mg) are being used in combination with any daily dose of Seroquel 25mg. Last year a quantity limit was

implemented that allowed only 2 tablets a day on all strengths of Seroquel, but that was rescinded 4-6 weeks later. Dr. Kevin Took proposed approaching this in a step-wise fashion, limiting the low dosages and then re-evaluating claim data to see if further quantity limits needed to be added to the higher doses if they continued to be an issue. Dr. Chris Okiishi asked if an edit could be added to the system to display, "Is this being prescribed just for sleep?" when a claim with less than 100mg per day was entered, as an education point for the less experienced prescribers. A consensus could not be reached on which strategy should be taken, therefore, the Committee agreed to table this discussion until a future meeting. Chad Bissell will email Maine's proposal to the Committee members for future reference, as well as study findings in Excel file format so the data can be manipulated.

Discussion of Drugs Prescribed for Mental Illness

Chad Bissell mentioned a discussion from the September 11, 2008 P&T Committee meeting, wherein the Committee reviewed 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".* During the initial implementation of the PDL, the P&T Committee at that point in time adopted the narrowest view of the law, including mental health drugs on the PDL only if a generic form was available for the brand. The P&T Committee intends to discuss this topic further at their November meeting, and possibly move some mental health drugs from the RDL to the PDL. Depending on the outcome of that meeting, this may be a topic brought before the Mental Health Sub-Committee to review for feedback. Dr. Wadle said that the mental health field has battled to be treated as equal to other medical services for years, and he believes there is an inconsistency with that sentiment and those of the same field regarding their medicines. He thinks it would be only fair to hold psych drugs to PDL restrictions as well. Bruce Alexander said that the psychotropic drugs are going to make up 40-45% of the Iowa Medicaid drug budget; it's difficult to explain to members with diabetes, hypertension, or renal disease why their medications are coming under formulary review and the mental health drugs are not. Dr. Wadle agreed that treating mental health was no more a greater science than treating the above mentioned diagnoses at times. Bruce Alexander asked about the possibility of shifting funds into other areas of support for patients with mental health diseases. Dr. Chris Okiishi commented that there was a pretty wide disparity in the number of psychiatric providers in Iowa compared to other medical providers, and he believes moving toward more restrictions will only exacerbate the problem. In addition, of those providers who are located in Iowa, many of them are unwilling to treat Medicaid recipients. Dr. Chuck Wadle said that there had been such a

shortage for 20 years, and he doesn't think these changes, which are similar to those being imposed in many other states, will make much of a difference, since Iowa will still be an unattractive location to many providers for the same reasons as always.

Prioritize Topics Referred to Mental Health Work Group

The Committee was asked to prioritize the back-log of subjects that had been referred to them by the DUR Commission. The members agreed that use of multiple second generation antipsychotics was the most important topic, followed by Modified Formulations (Clinical) Prior Authorization Criteria.

The meeting adjourned at 9:03 a.m. The next meeting will be held at 8:00 a.m. on Friday, December 12, 2008 at the Iowa Medicaid Enterprise in Des Moines. The Committee also scheduled February 13, 2009 as a future meeting date.