



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
CHARLES J. KROGMEIER, DIRECTOR

Iowa Medicaid Mental Health Advisory Group Meeting July 10, 2009

**Location: Iowa Medicaid Enterprise
100 Army Post Rd.
Des Moines, Iowa 50315**

Time: 8:00 a.m. – 9:00 a.m.

Tentative Agenda

1. Welcome & Introductions
 - a) Advisory Group Members and Staff
 - b) Approval of the minutes
2. Use of Multiple Second Generation Antipsychotics – Follow Up
3. Proposed Clinical Prior Authorization Criterion
 - a) Extended Release Products – Status Update
4. Pristiq Dosing
5. Next Meeting Date
 - a) October 16th, 2009?
 - b) October 23rd, 2009?

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For more information contact the DUR Project Coordinator, Pam Smith, R.Ph. at
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IOWA MEDICAID ENTERPRISE - 100 ARMY POST ROAD - DES MOINES, IA 50315

Iowa Medicaid DUR Mental Health Advisory Group
Meeting Minutes April 17, 2009

Attendees:

Commission Members

Bruce Alexander, R.Ph., Pharm.D., BCPP; Terry Augspurger, 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, 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 and guests were welcomed and introduced.

The minutes from the December 12, 2008 meeting were approved. (Motion by Dr. Kevin Took, second by Dr. Terry Augspurger, unanimous approval by voice vote.)

Use of Multiple Second Generation Antipsychotics

A report focusing on Atypical Antipsychotics for the period of 9/1/08 through 2/28/09 was reviewed. There were a total of 10,402 unique members who were on some form of an atypical antipsychotic regimen, of which 54.7% were over the age of 18 and 45.3% were under 18. A total of 778 members were using 2 atypical antipsychotics for 2 or more consecutive months, and only 30 of them were using 3 atypical antipsychotics for 2 or more consecutive months. There were also 12 members using clozapine in combination with 2 atypical antipsychotics. However, of the 6 members that were under 18 years of age, 5 of them discontinued use of the Atypicals, leaving only clozapine. Typical Antipsychotic usage was thrown in for comparison; there were 737 unique members on such a regimen, only 19 of which were using 2 Typical Antipsychotics for 2 or more months. Sixty-six members were identified using Typical and Atypical Antipsychotics in combination, the most common mixture being 2 Atypicals and 1 Typical. The committee had a clinical discussion of these findings. They agreed that 2 consecutive months did not allow enough time for cross-titrating and asked that report parameter be increased to 6 consecutive months. They also discussed whether it would be better to exceed recommended drug doses or add on additional drugs, though no common consensus was reached as there is no literature on this topic. Bruce Alexander commented that most prescribers associate a higher instance of side effects upon exceeding the maximum doses; however, all drug-drug interactions are not known, so that could pose a greater danger. They suggested that the

prescribers needed attention as well, maybe via peer-to-peer discussions regarding prescribing practices. The psychiatrist shortage in Iowa results in more non-psychiatrist prescribers, so this likely contributes to questionable prescribing practices. The report will be re-run based more on claim level detail for the next meeting, taking into account the suggested changes.

Proposed PA Criterion

Extended Release Formulations – PA criteria still in progress and will be taken to the May DUR Commission meeting.

Modified Formulations – The committee was given a copy of the proposed criteria that would be finalized at the May DUR meeting. They did not have any issues or suggestions.

The meeting adjourned at 9:02 a.m. (1st by Dr. Terry Augspurger, 2nd by Dr. Kevin Took.) The next meeting will be held at 8:00 a.m. on Friday, July 10, 2009 at the Iowa Medicaid Enterprise in Des Moines.



**Iowa DUR
Atypical Antipsychotics
for the Period of
5/1/2008 through 5/31/2009**

Agenda Item: 2

	Distinct Member Count	% of Total
Members Using Atypical Antipsychotics		
Age 18 or Over		
Members using an Atypical Antipsychotic for Six or More Consecutive Months	2,561	59.6%
Members using Two Atypical Antipsychotics for Six or More Consecutive Months	202	4.7%
Members using Three Atypical Antipsychotics for Six or More Consecutive Months	11	0.3%
Under 18		
Members using an Atypical Antipsychotic for Six or More Consecutive Months	1,737	40.4%
Members using Two Atypical Antipsychotics for Six or More Consecutive Months	43	1.0%
Members using Three Atypical Antipsychotics for Six or More Consecutive Months	1	0.0%
 Members Also Using Clozapine/Fazaclo		
Age 18 or Over		
Members using Clozapine/Fazaclo and Two Atypical Antipsychotics for Six or More Consecutive Months	1	100.0%
 Members Using Typical Antipsychotics		
Age 18 or Over		
Members using Typical Antipsychotics for Six or More Consecutive Months	324	91.0%
Members using Two Typical Antipsychotics for Six or More Consecutive Months	5	1.4%
Under 18		
Members using Typical Antipsychotics for Six or More Consecutive Months	32	9.0%
 Members Using Typical and Atypical Antipsychotics		
Age 18 or Over		
Members using Two Atypicals and One Typical for Six or More Consecutive Months	20	64.5%
Members using Two Atypicals and Two Typical for Six or More Consecutive Months	3	9.7%
Members using Three Atypicals and One Typical for Six or More Consecutive Months	3	9.7%
Members using Three Atypicals and Two Typical for Six or More Consecutive Months	1	3.2%
Under 18		
Members using Two Atypicals and One Typical for Six or More Consecutive Months	2	6.5%
Members using Three Atypicals and One Typical for Six or More Consecutive Months	1	3.2%
Total Number of Distinct Utilizers of the Pharmacy Drug Program from 5/1/2008 - 5/31/2009	299,851	

Summary

1) Of the twelve members using three atypical antipsychotics for six or more consecutive months:

- Six are seeing one provider:
 - Psychiatrist – 5
 - Family Practice Physician – 1

- Six are seeing two providers:
 - Two Psychiatrists, same office – 2
 - Two Psychiatrists, different offices – 1
 - One Psychiatrist and one Family Practice Physician – 2
 - One Psychiatrist and one Family Practice ARNP – 1

*Fourteen unique psychiatrists involved

2) The one member using clozapine plus two atypical antipsychotics for six or more consecutive months sees one Psychiatrist.

Extended Release Formulations

Newly Proposed PA Criteria

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, Ryzolt, Seroquel XR, Solodyn ER, tramadol SR, Ultram ER.

Iowa Department of Human Services
REQUEST FOR PRIOR AUTHORIZATION
Extended Release Formulations
(PLEASE PRINT - ACCURACY IS IMPORTANT)

IA Medicaid
Member ID #: Patient Name: _____ DOB: _____
Patient Address: _____
Provider NPI: Prescriber Name: _____ Phone: _____
Prescriber Address: _____ Fax: _____
Pharmacy Name: _____ Address: _____ Phone: _____
Prescriber must fill all information above. It must be legible, correct and complete or form will be returned.
Pharmacy
NPI: Pharmacy Fax: _____ NDC:

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

Examples of Drugs Affected: Adoxa, Amrix, Cardura XL, Cipro XR, Coreg CR, Doryx, Flagyl ER, glipizide ER, Glucotrol XL, Luvox CR, metronidazole SR, Prozac Weekly, Requip XL, Ryzolt, Seroquel XR, Solodyn ER, tramadol SR, Ultram ER

Drug Name: _____ Strength: _____

Dosage Instructions: _____ Quantity: _____ Days Supply: _____

Diagnosis: _____

Previous therapy with immediate release product (include strength and exact date ranges): _____

Reason for failure with immediate release product: _____

Contraindication(s) to using immediate release product: _____

Other relevant information: _____

Possible drug interactions/conflicting drug therapies: _____

Attach lab results and other documentation as necessary.

Prescriber Signature: _____ Date of Submission: _____

***MUST MATCH PRESCRIBER LISTED ABOVE**

IMPORTANT NOTE: In evaluating requests for prior authorization the consultant will consider the treatment from the standpoint of medical necessity only. If approval of this request is granted, this does not indicate that the member continues to be eligible for Medicaid. It is the responsibility of the provider who initiates the request for prior authorization to establish by inspection of the member's Medicaid eligibility card and, if necessary by contact with the county Department of Human Services, that the member continues to be eligible for Medicaid.