

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

### **Attendees:**

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| <b>Commission Members</b> |
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| Bruce Alexander, R.Ph., Pharm.D., BCPP; Terry Augspurger, M.D.; Kevin Took, M.D.; and Loren Olson, M.D. |
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| <b>Staff</b> |
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| Thomas Kline, D.O.; Chad Bissell, Pharm.D.; and Pam Smith, R.Ph. |
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| <b>Guests</b> |
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| Susan Parker, DHS; Sandy Pranger, IME; and Melissa Biddle, IME. |
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### **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. (1<sup>st</sup> by Dr. Terry Augspurger, 2<sup>nd</sup> 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.**