

Iowa Medicaid DUR Mental Health Advisory Group Meeting Minutes February 13, 2009

Attendees:

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

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

Guests
Susan Parker, Pharm.D., DHS; Sandy Pranger, R.Ph., 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 December 12, 2008 meeting were approved. (Motion by Dr. Kevin Took, second by Dr. Chuck Wadle, unanimous approval by voice vote.)

P&T Recommendations on Select Mental Health Drugs

Dr. Kline began: The P&T Committee and the DUR Commission have been discussing behavioral health drugs. These medications make up 45% of the pharmacy budget, so controlling costs in these categories would have a major impact on the pharmacy budget and the cost to the Department of Human Services. The Mental Health Advisory Group has been asked to review the recommended Preferred Drug List changes, and offer further insight and clinical discussion. Dr. Took motioned to accept the recommendations as presented on Attachment 1 of the meeting packet (though he did ask for clarification on the prior authorization process), and Dr. Wadle seconded. Dr. Wadle suggested that the timeline for these changes might be a good discussion point. The Advisory Group voted unanimously in favor of the recommendations by roll call vote, and then Susan Parker spoke of the steps that would be taken to notify prescribers and pharmacies prior to the PDL status changes. Based on what's been done following past PDL changes, Susan Parker stated that an informational letter will be sent to all providers stating that within a specified amount of time from the date of receipt these changes will go into effect. Typical notification consists of 30 days, but more complicated issues are usually given a higher allotment of time to prevent confusion and added work to the PA department. These mental health drug status changes will involve more programming on the POS system, as everyone currently taking one of these medications will be grandfathered. If

the P&T Committee recommends that prior authorization criteria be created, these are referred to the DUR Commission to establish. After being on the agenda for two DUR meetings, the criteria will have been finalized, which prompts notification letters to medical organizations and pertinent specialty groups that the criteria might affect for feedback. This feedback is sent back to the DUR Commission, who can re-evaluate the criteria if they so choose. At that point, the recommendation goes to DHS. It is anticipated that this topic will be on the March 4, 2009 DUR Commission agenda. Given their previous conversations regarding these changes, they might decide to finalize criteria on that date. However, letters to medical organizations and specialty groups would still need to be sent before a recommendation is given to DHS. The DUR meeting on May 6, 2009 would be the earliest possible date the Department would receive the recommendations. Sandy Pranger noted that the programming would take longer with these changes, since the grandfathering would include a 180-day look-back for all members currently on medications that would be changing to non-preferred. Given all of the aforementioned steps, it will be at least 60 to 90 days before status changes would go into effect. An informational letter outlining frequently asked questions about this topic is also in the works, and will be mailed to all providers. It was asked that this also be made available as a downloadable PDF file. The rules for the 72-hour and 30-day pharmacy override options were also explained. Chad Bissell will send an email to the Advisory Group members with proposed topics for the next meeting, also verifying there will be enough members available to meet on the proposed date of April 17, 2009. They each will prioritize those topics, so that the agenda may be set.

The meeting adjourned at 8:52 a.m. (1st by Dr. Chuck Wadle, 2nd by Dr. Kevin Took.) The next meeting will be held at 8:00 a.m. on Friday, April 17, 2009 at the Iowa Medicaid Enterprise in Des Moines.