

MENTAL HEALTH DRUG ADVISORY GROUP
Meeting Summary
April 12, 2006

Opening Remarks/Introductions

The Mental Health Drug Advisory Group met to review and respond to the Prior Authorization Committee's recommendations regarding the Atypical Antipsychotics.

Sinikka Santala, Administrator of the Division of Disability and Elder Services (DDES), opened the meeting by welcoming group members. Group members introduced themselves. The following members were present: Joyce Allen, Barry Blackwell, Clarence Chou, Molly Cisco, Ted Collins, Kay Cram, Ron Diamond, Robert Driscoll, John Easterday, Dianne Greenley, Shel Gross, Harold Harsch, Cathy Kunze, Jenny Lowenberg, Mark Moody, Yvonne Nair-Gill, Pam Pauloski, Ken Robbins, Molli Rolli, Susanne Seeger, and Michael Witkovsky. Ms. Santala invited comments regarding the meeting summary for the February 23 meeting. There were no comments from the group.

Secretary Helene Nelson's Review of her Decisions regarding Anticonvulsants, Sedative Hypnotics, and Anti-depressants, Other

Secretary Nelson summarized the March 17 letter to the Mental Health Drug Advisors which stated her decisions on Anticonvulsants, Sedative Hypnotics, and Anti-depressants, Other. The group members had no comments or questions.

Overview of Prior Authorization Committee's Recommendations from the March 29, 2006 Meeting

Mark Moody, Administrator of the Division of Health Care Financing (DHCF), announced that Atypical Antipsychotics was the only drug class reviewed by the PA Committee on March 29, 2006. He indicated that they reserved time for consumers to testify but had limited consumer testimony due to a variety of factors. Mr. Moody reported time was spent clarifying the distinction between formularies and preferred drug lists due to confusion on this issue. He indicated that the staff recommendation presented included clozapine, Fazaclo, Risperdal, Geodon, and Seroquel as preferred and Symbyax, Zyprexa, and Abilify as non-preferred drugs. An amendment to include Abilify as preferred in addition to the recommendation was proposed. That amendment passed 4-2. The committee then voted on the motion to include clozapine, Fazaclo, Risperdal, Geodon, Seroquel, and Abilify as preferred and Symbyax and Zyprexa as non-preferred drugs. This motion passed 6-0.

Harold Harsch questioned the logic behind not including Symbyax and Zyprexa. Mr. Moody responded that he could not speak for the committee members but indicated that the discussion focused on side effects and cost. Barry Blackwell commented that both of the recommended non-preferred drugs are from the same manufacturer which does not offer supplemental rebates. He questioned whether the decision was based on science or finances.

Mr. Moody responded that the committee is advised to always consider the clinical evidence first.

Molly Cisco stated that one of the concerns from consumers is whether you have to fail all preferred drugs before having access to non-preferred drugs. Mr. Moody responded that that is not the case. Ms. Cisco then questioned whether they need to fail one preferred drug before having access to a non-preferred drug. Mr. Moody responded that there is a prior authorization process in place. Helene Nelson clarified that discussion regarding PA issues should be addressed at a later time. Ron Diamond questioned whether grandfathering included situations where consumers were on medications through samples or private insurance. Secretary Nelson indicated that grandfathering needed to be part of a later discussion.

Drug Effectiveness Review Project Presentation

John Santa, M.D. and Marian McDonagh, PharmD, presented on the Drug Effectiveness Review Project and the Atypical Antipsychotic report. (See Attached.) Dr. Diamond noted that most efficacy studies on drugs are made by drug companies themselves and when they publish the results; their drug proves to be better.

Review of Cost and Utilization of Atypical Antipsychotics

Michael Mergener reviewed costs for Atypical Antipsychotics for the first quarter of 2006. He reported average cost per prescription exclusive of rebates, total amount paid by month, and price trends for each drug in the first quarter. He also indicated that he looked at price trends for the last two price increases and identified an 8-16% increase. Dr. Mergener also reported on the market share by quarter since the first quarter of 2005. He indicated Wisconsin has spent approximately \$10 million on Atypical Antipsychotics in the first quarter of 2006 before rebates. After rebates; the estimated expenditure is approximately \$7.5 million. It was noted that the rebates in this class are minor and most of the savings comes from market shift. Clarence Chou asked if prescribers who prescribe these medications could be identified. Mark Moody responded that type of prescriber could be extracted. Dr. Mergener indicated he would work on getting that information. Molli Rolli asked if the indication can be determined. Dr. Mergener responded that there can be a comparison between medical claims, drug claims, and diagnosis.

Discussion and Comments from Group Members on Preferred Drug List and Process

Each Mental Health Drug Advisor who was present was given the opportunity to comment on the PDL for Atypical Antipsychotics and the process of prior authorization and grandfathering:

Comments regarding process included:

- Consider PA for Zyprexa for inpatient setting—can use full dose right away—Shel Gross

- Need to continually re-evaluate data because research and drugs change over time—Clarence Chou
- Research needs to continue to improve—Susanne Seeger
- Need low barrier to use more expensive drugs (i.e. Zyprexa and Abilify)—Ken Robbins
- PA process needs to be improved so it can be done smoothly—Cathy Kunze
- Need to educate physicians and pharmacists regarding PA process—Michael Witkovsky
- Need to look at indication in our analysis (i.e. Seroquel being used for sleeping, etc.)—Molli Rolli
- PA Process very important, Grandfathering needs to include history outside MA system – Ron Diamond
- PA factors to be considered for Zyprexa: Not to be used in persons with obesity, older persons safer with Zyprexa—Harold Harsch
- Age makes a difference – need more flexibility for PA with younger population due to cognitive ability—Clarence Chou
- More information needed from around the state in how the PA process is working—Cathy Kunze
- Need to work out PA process for those with history of being prescribed atypicals so don't make mistakes because they don't appear to have MA history—Dianne Greenley
- Need to include managed care PA process—Barry Blackwell

Comments regarding PDL:

- PDL should be as open as possible – Zyprexa being prescribed less—Shel Gross
- Dangerous not to have open access especially in this class. Abilify saved life without weight gain – people do well on it—Molly Cisco
- Since people react differently, open access needs to be maintained. Data is skewed—Pam Pauloski
- If not on PDL physicians won't use, put whatever is useful on list but important to consider cost. Data doesn't change practice—Clarence Chou
- Important to consider side effects and safety—Susanne Seeger
- Why Zyprexa off – people don't drop due to side effects, it's a better drug with more side effects—Barry Blackwell
- There is no scientific basis for decision – can't make argument that one is better than another. Make them all available or cut the two most expensive—Ken Robbins
- Antipsychotics are 20% of the drug budget and offer very little rebate. No incentive to drug companies to change prices or offer rebates, we need to put them on notice by making the drugs non-preferred.—Ted Collins
- Open Access – Smooth flow of process to get medications needed—Cathy Kunze
- Geodon, Abilify, Zyprexa similar – need to consider resources and where they could be used. Stimulate mindfulness of prescribing practices. PDL not limiting.—Michael Witkovsky
- Zyprexa used in Acute Care setting with the dissolvable tablet is useful, no titration is necessary as prescribers can start recipients on an appropriate dose. Costs are

- increasing because Seroquel is being used for sleep (all are used that way).—Molli Rolli
- Open Access – People react differently—Yvonne Nair-Gill
 - Make Fazaclo non-preferred as it is being used to avoid the brand medically necessary PA for clozapine; Zyprexa is too dangerous to be used long-term, should be non-preferred; Abilify is expensive and some pricing pressure needs to be applied; Seroquel and Geodon prices will increase when used in higher doses —Ron Diamond
 - Seroquel cost artificially low and PA is necessary if using clinical evidence. Zyprexa has the highest efficacy and is commonly used for elderly—Harold Harsch
 - Geodon is favored for children and need more flexibility for pediatrics—Michael Witkovsky
 - Zyprexa works fast—Robert Driscoll
 - Differences among prescribers. Consumers can make informed decision. Don't want to put the sins of the drug companies on the consumers.—Jenny Lowenberg
 - Choices for consumers. Can't make a strong argument to keep any off except Fazaclo and Symbyax—Dianne Greenley

Behavioral Pharmacy Feedback Project

James Vavra reported on the Behavioral Pharmacy Feedback Project. This group has been active for one year reviewing Medicaid claims related to Medicaid behavior drugs looking at targeted outliers and alerting prescribers. Mr. Vavra announced that there is a meeting scheduled for April 21 from 12:00 p.m. to 3:30 p.m. which Mental Health Drug Advisors are welcome to attend. The meeting will review the data that has been used. Letters have been sent to prescribers regarding unusual prescribing practices and 48% have responded.

Next Steps

The next Mental Health Drug Advisors meeting is scheduled for August 30, 2006. Secretary Nelson suggested that members who are interested in being on a subcommittee to discuss the prior authorization process should contact Kay Cram.