DIVISION OF MENTAL HEALTH & SUBSTANCE ABUSE SERVICES

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MENTAL HEALTH DRUG ADVISORS GROUP MEETING SUMMARY
Tuesday, June 19, 2012

Members Present: Joyce Allen, Joanne Berman, Ted Collins, Molly Cisco, Brett Davis, Ron Diamond, Shel Gross, Linda Harris, Harold Harsch, Hugh Johnston, Richard Kilmer, Jennifer Lowenberg, Angie McAlister, Mary Neubauer, Molli Rolli, Suzanne Seeger, Michelle Thoma, Michael Witkovsky

Staff Present: Kenya Bright, Sarah Coyle, Rachel Currans-Henry, Sola Millard, Lynn Radmer, Kim Smithers, Rita Subhedar, Kim Wohler

Others Present: Dr. Randall Cullen, Liz Feder, Jan Holcomb, Leai Hoover , Dr. Rick Immler, Dr. Lynn Maskel, Gina Metelica, Tom Olson, Kalynn Rottde, Claudia Stewart

Welcome/Introductions

Brett Davis, Medicaid Director, DHCAA, and Linda Harris, Administrator, DMHSAS opened the Mental Health Drug Advisors Group (MHDAG) meeting. Members introduced themselves.

Atypical Antipsychotics Medication

Update on Prior Authorization (PA) for Children Under Age 7

L. Radmer discussed the Overview of Prior Authorization Data for Antipsychotics in Children Under 7 handout. The PA began on February 15, 2012. The data is from February through early June 2012. The highest number of PA requests occurred in March 2012 with 268 submitted and 228 approved. L. Radmer reported that around 80% of PAs submitted are approved. The most common diagnosis on the PA is bipolar disorder and the second is ADHD; the prevalence of the bipolar disorder diagnosis is concerning. Risperdone PA was the most requested and Abilify was the second most requested. The highest provider specialty on the PA was Psychiatry, followed by Pediatricians. The PA form asks about prior use of medication. Dr. Witkovsky was interested in what PA information is recorded in the Specialized Transmission Approval Technology Prior Authorization (STAT-PA) phone system. L. Radmer clarified the STAT-PA system primarily records yes or no responses. Dr. Diamond was interested in additional information regarding PA approval through the STAT-PA system for children 6 years of age and younger. L. Radmer clarified that a PA request for Abilify would not get approved through STAT-PA. L. Radmer stated there are many factors that are evaluated as part of the PA review. MA has not been denying PAs, but rather the PA is returned to the provider for more information. For example, if Abilify is requested and there is no explanation as to why this medication, a non-preferred medication, is needed over a preferred medication, such as Risperidone, then the provider is asked for more information.

R. Currans-Henry stated the next step is to dive into the data and see what other preventive services the patient is receiving. M. Cisco asked if MA is looking at kids in foster care and the use of antipsychotics. L. Radmer stated that the number is small for youth taking antipsychotics in foster care. M. Cisco stated that she is interested in medication for kids in general and how many are taking psychotropic medication. M. Witkovsky asked who the main prescribers were. L. Radmer reported that certain providers are high volume prescribers. L. Radmer stated Milwaukee has the highest volume of PA requests. J. Berman asked if there were any thoughts on collecting data using telehealth for prescribing antipsychotics and consulting.

Antipsychotic Prior Authorization Process to Date

L. Radmer stated providers have been guided away from prescribing Abilify with redirection to Risperidone having been pretty well accepted. L. Radmer stated that access to Child/Adolescent Psychiatrists or prescribers with sufficient training has been identified as an issue. Providers overall have welcomed having an opportunity to discuss prescribing with a Child/Adolescent Psychiatrist.L. Radmer discussed two articles that were handed out to MHDAG members: Diagnosing Mood Disorders in a New Generation and Overview of Pediatric Bipolar Disorder and Severe Mood Dysregulation. L. Radmer stated the DSM IV coding does not do well in providing a suitable diagnosis for the mood disorders identified in children. Many believe there will be a DSM-V Severe Mood Dysregulation (SMD) Disorder diagnosis for children 7 through 17.

L. Radmer introduced Dr. Lynn Maskel, a forensic Child/Adolescent Psychiatrist and Dr. Randall Cullen, a Child/Adolescent Psychiatrist in private practice. They are working with DHCAA on the Antipsychotic PA process and the PA reviews. Dr. Cullen stated there is a controversy about prescribing medications for bipolar disorder. Dr. Cullen stated the two authors of the aforementioned articles are currently conducting a study with the National Institute of Mental Health (NIMH). Dr. Cullen stated child psychiatry is in its infancy and prescribing to children is highly controversial. One of the reasons is the side effects of the medication and concern of children developing early diabetes. Dr. Cullen stated we hope DSM-V will provide us with more science. S. Gross stated he had read England uses more Cognitive Behavioral Therapy (CBT) and is more hesitant to prescribe and first use other strategies. J. Berman reported David Kingdom has been to Wisconsin many times and discussed CBT with people with schizophrenia has been shown to work. J. Berman stated in England's mental health system, the nurses used CBT at community support programs. J. Berman stated this cannot be ignored even though this group is talking about medications. J. Berman stated schools need to start focusing on these evidence-based practices and we need a committee to look at this as well. J. Allen asked if we have a workforce for this age group and who understands age appropriate CBT for youth. M. Cisco stated we do have a shortage. M. Cisco stated another issue is having access to services and insurance companies only approving a small number of visits; the worse thing is to work with a kid and then stop services.

Prescribing Best Practices Initiative

J. Allen reported that one of the things DMHSAS is doing to address these issues is to launch an initiative along with DHCAA through UW-Madison Population Health. J. Allen reported many prescribers do want information and we need to decide what Wisconsin's approach will be. DMHSAS has contracted with UW-Madison's School of Medicine and Public Health, Department of Population Health, to work on the initiative. J. Allen introduced Dr. Rick Immler,

a community psychiatrist in Rhinelander, who will lead this initiative. One of the goals is to reach out to leaders and providers who are experts in the field and form a collaborative to help develop best practices in prescribing antipsychotic medication to children. Dr. Immler stated that he has interviewed providers in the state to assess the need for information on prescribing best practices. J. Allen stated that Liz Feder, a health policy analyst at UW-Madison, has been contracted to look at data and outcomes. J. Allen stated this is a short term project that will end September 30, 2012. Dr. Diamond stated he applauds the attempt but wonders if there will be consensus on best practice. Dr. Cullen stated that until the DSM-V comes out, it will not be possible. Dr. Cullen stated that we need to work with associations and on the front end. Dr. Witkovsky supported Dr. Diamond's comments. Dr. Witkovsky stated a good assessment needs to happen in the beginning and child trained psychiatrists are there to understand the whole child, not just prescribe. Prescribers should be actively engaged in the treatment. T. Collins stated 15 years ago opinion leaders were selected by industry and medications increased; if we do not have opinion leaders, then they will be selected for us. M. Cisco stated that she does not want this project to be in a silo and not bring in what we know about families and treatment. M. Cisco stated consumers often report that their psychiatrist is not part of their treatment team because they only see him/her for 15 minutes.

Roundtable Discussion: Metabolic Syndrome

L. Radmer passed out a handout: Lipid and Glucose Testing for Children (<18y/0) with Antipsychotic Medications. L. Radmer reported the handout shows youth from May 2011 through November 2011There were 9,646 members receiving an antipsychotic medication and 3,119 new starts; 570 new starts had 6 months of continuous treatment with an antipsychotic medication, 408 had no testing. There were 78 youth who had both the lipid and glucose tests, 145 who only had the glucose test, and 95 who only had the lipid test. L. Radmer stated this confirms an area for future improvement. J. Lowenberg stated Medicaid should require kids be tested. Dr. Rolli asked if there were any medications Medicaid requires testing for. L. Radmer responded Clozapine requires testing but payment is not stopped if a youth is not tested. M. Cisco stated doctors need to have some consequences for not doing their job. M. Thoma stated there are struggles with this in the adult world too. M. Witkovsky stated Clozapine gives us a good model with parameters. T. Collins stated this is not a bad Drug Utilization Review (DUR) intervention. S. Gross wondered why providers are not doing blood work. The PA form asks for the patient's Body Mass Index (BMI) so when it is elevated, the consultants discuss this issue with the prescriber. M. Cisco commented that the blame is often on the consumer. J. Lowenberg stated we are not doing it right if we are not looking at whether this is the right medication.

PDL Mental Health Drug Classes Updates

K. Wohler provided a status update for several generic antipsychotics that have come out since the last meeting.

- Effective December 1st, 2011 generic olanzapine was added to the PDL as a non-preferred agent. Beginning June 1st; the brand name equivalent Zyprexa required Brand Medically Necessary (BMN) prior authorization.
- Effective April 1st, generic ziprasidone was added to the PDL as a non-preferred agent. The brand name equivalent Geodon remains a preferred agent.

- Generic quetiapine came out in March and was added April 5th to the PDL as a preferred agent. Since April 5th, new utilization has moved from brand name Seroquel to the generic quetiapine; generating additional cost savings in this class. Beginning June 1st; the brand name equivalent Seroquel began to require Brand Medically Necessary (BMN) prior authorization.

Information was made available to providers to explain these changes.

In the Stimulants and related Agents class, brand name Adderall XR was recommended during the November, 2011 Pharmacy Prior Authorization Committee meeting to be preferred over the generic equivalent. This recommendation was approved. Due to ongoing availability issues, brand name Adderall and its generic equivalent are both available as preferred agents on the PDL. In regard to Mental Health Class expenditures, K.Wohler provided some updated data on expenditures for the committee to review. It was noted that stimulant expenditures have increased in the last 2 quarters and that total Mental Health class expenditures consistently account for over 50% of total PDL class expenditures.

Update on the Wisconsin Pharmacy Quality Collaborative (WPQC)

R. Subhedar, DHCAA, reported that WPQC recently received a 4.1 million dollar grant to launch a statewide medication therapy management program to improve medication adherence. There are many groups/people involved in WPQC (e.g., UW, Unity Health, Dane County, Wisconsin MA, United Health Care). Some of the components of medication therapy management include interventions (e.g., use of pill box, teaching patients how to use a syringe) as well as pharmacist comprehensive medication review (CMR/A) with patients. R. Subhedar stated any pharmacy could provide these services; however, the pharmacist must be certified in order to perform a CMR/A. CMR/As can focus on certain high risk patients, such as patients who take several prescriptions to treat multiple chronic conditions, as well as recent discharges from nursing homes or hospitals. S. Gross asked if the pharmacist communicates with the physician. R. Subhedar replied pharmacists are in a special program to do the CMR/As and part of the protocol is communication with the physician. R. Currans-Henry reported the next phase is to determine what technological interfaces can help this process.

Update on Health Homes

DHS has multiple health home projects, some of which include: Virtual Pace; AIDS/HIV Medical Home; Children with Complex Medical Needs; mental health integrated care for members with mental health and chronic disease; and mental health and children in foster care. Most of the projects are at the early stages of development. B. Davis stated we are coordinating with advocacy groups in the development of these projects. Dr. Diamond asked who gets to qualify to be a health home and how do the rules get set. L. Harris reported DHS is currently looking at a regional model approach to providing mental health and substance abuse (MH/SA) services. There is also interest in blending primary care and MH/SA.

Next Steps and Adjourn

L. Harris adjourned the meeting. The next meeting is scheduled for Friday, Oct. 19, 2012.