

MENTAL HEALTH DRUG ADVISORY GROUP
Meeting Summary
January 15, 2008

Welcome / Introductions

Members Present: Joyce Allen, Clarence Chou, Ted Collins, John Easterday, Shel Gross, Kevin Hayden, Jason Helgerson, Catherine Kunze, David Larson, Allen Liegel, Jenny Lowenberg, Michael Mergener, Mary Neubauer, Jim Vavra.

Others Present: Richard Albertoni, Kathy Bovid, Kay Cram, Julie Dixon-Seidl, Carrie Gray, Rita Hallett, Amy Mackey, Rita Schraepfer-Derke, Jagdish Shastri, Lisa jo VonAllmen

Kevin Hayden, Secretary of the Department of Health and Family Services, opened the meeting by welcoming the group and introducing the topic. John Easterday, Administrator of the Division of Mental Health and Substance Abuse Services, and Jason Helgerson, Medicaid Director, also welcomed the group and reviewed the agenda.

Pharmacy Consolidation Project

Mr. Helgerson gave an overview of the Pharmacy Consolidation Project (see attached). He indicated that the Pharmacy Consolidation Project was introduced late in the budget process. Due to the late introduction, the implementation timeline was greatly reduced.

James Vavra, Director of Bureau of Benefits Management, discussed the implementation process and steering committee. He indicated that the steering committee used other models for the work plan due to the limited time frame. He reported that the Managed Care Organizations will be getting daily pharmacy extracts as they continue to manage the medical care of the patients.

Mr. Vavra reported that although the Division would have liked more time to consult with stakeholders, there have been several meetings with stakeholders and more are scheduled. These include meetings with the Pharmacy Society of Wisconsin, the Wisconsin Medical Society, DHFS SSI Advisory Committee, DHFS Legal Counsel, and the Mental Health Drug Advisors.

Mr. Vavra gave an overview of the policy assumptions for the Pharmacy Consolidation Project. After receiving feedback from the HMOs, the steering committee decided to extend a 60 day period for the suspension of PA requirements for transitioning members. During that 60 day period the pharmacist will get an explanation of benefits if a non-preferred or brand medically necessary drug is filled. The steering committee, in conjunction with the HMOS, will be adding pharmacists and physicians to the Drug Utilization Review Board.

The work plan was reviewed. (See attached.)

Richard Albertoni, Deputy Director of the Bureau of Fiscal Management, reported that when prescriptions of people currently in HMOs were examined, 5% (14,000 prescriptions) of the current drugs are non-preferred. Michael Mergener indicated that a months worth of claims which excluded mental health drugs because they will be grandfathered. ProAir is the biggest non-covered drug due to HMO formularies, but Wisconsin Medicaid covers two other albuterol inhalers. He reported that another area is proton pump inhibitors where the HMOs cover Aciphex and Protonix and Medicaid has these as non-preferred. A number of the other PPIs are preferred by Medicaid. He reports that out of 280,000 prescriptions, approximately 3,500 may be a concern. The steering committee, in conjunction with the HMOs, is going to try to do outreach to physicians in situations where appropriate. On February 6, 2008, there is a Wisconsin Medicaid Pharmacy Prior Authorization Committee meeting that may impact coverage of the trouble spots listed above.

Richard Albertoni reviewed the Pharmacy Consolidation Fiscal Estimate (See Attachment). He noted that in addition to the cost savings, having a single set of policies and one preferred drug list instead of fourteen formularies and policies are additional benefits of this plan.

Provider and Member Communications

Carrie Gray, Pharmacy Policy Analyst, gave an update on the communication efforts. She reports that they have the first set of files from the HMOs for grandfathering for the mental health drugs. Ms. Gray indicates that there will be no EOB messages sent out for the mental health drugs because they will all be grandfathered. She reported there is a six month window for HMO members taking a mental health drug that were included in the first set of files. If it has been more than six months the person will need a Prior Authorization. The same PA rules will apply. She indicated that they will be doing three rounds of extracts to make sure they are catching everyone. They will be doing the third round in mid-March when they run claims data from the DHFS system. If someone was missed in these three extracts there is a system set up to accommodate their needs. The 14 day emergency supply will also apply if someone didn't get the notice of a non-preferred drug during the 60 day transition period.

Ms. Gray reviewed the BadgerCare + Update for providers (See attached). She referenced the information in the Transition Period paragraph. The grandfathered classes are listed on page 3. She reports that every member was sent this update

Ms. Gray clarified the information on co-payments. There is a \$12.00 maximum per member, per month per pharmacy and over the counter (OTC) drugs do not count towards this. The group was reminded that pharmacists can't refuse to dispense medications if the person is unable to pay the co-pay. Statutory language requires that there is a co-pay. It was noted that pharmacies have been in favor of the carve-out. Recipient Services can help consumers with any issues such as a pharmacy refusing to dispense medications. The hotline is currently open 7:00 a.m. to 7:00 p.m. Monday through Friday. They are planning to also be open the first two weekends of February

and April. Jenny Lowenberg suggested that this number be printed on a business card so members could easily keep it with them. It was noted that the number is already on the Forward Card.

Ms. Gray reviewed the drug related supply list in the BadgerCare + Update for providers (see attachments). . She also noted that there is a pharmacy consolidation website for current information. They are creating a Frequently Asked Questions section so it will be helpful for them to receive any questions in a timely manner. Questions can be emailed to Richard Albertoni: AlberRS@dhfs.state.wi.us.

Mental Health Drug Advisory Group Members Comments

- Ted Collins: Has been advocating for this because of the fiscal advantage with the rebates, the uniform process, the simpler PA process, more leverage with drug companies, and the advocacy groups having more impact on the PDL
- Allen Liegel: States the plan looks good and good effort by the work group.
- Catherine Kunze: Has been an advocate for one formulary. Notes that the State has worked hard and is glad they have worked on not having the same issues as Part D. States that EDS is the key for good access. Emphasized the importance of people knowing the member number to call. Suggested that there be brochures or cards with the information available at pharmacies. Concerned with the PA process and hopes the form isn't too complicated. Concerned about the co-pay. Notes that this population is strapped financially. Believes the issues will be worked out.
- Jenny Lowenberg: Concerned about the formulary word being used in place of PDL and notes that a PDL indicates that people can get the drugs they need. Appreciates the Department listening and hopes with the fast implementation there won't be snags. Concerned about the \$12.00 co-pay maximum. Notes that it is important for advocates to continue to communicate concerns to the State.
- Shel Gross: Has been philosophically supportive of this change. Notes a dichotomy within the advocacy community regarding the concerns with this change. Appreciates the work that Michael Mergener has done with the claims data to identify areas of concern. Notes that fiscally the co-pay issue could be met and questions whether the Department has considered going to Legislature on this. Jason Helgerson responded that they are willing to work with advocacy groups on this issue. Mr. Gross questions the HMOs response. Richard Albertoni indicates that there have been meeting with them to address concerns and develop strategies. He reports a good relationship. He notes that the next meeting will be January 23.
- Mary Neubauer: States that based on the time constraints the process has been very thoughtful. Notes the lessons learned from Part D. Concerned about the \$12.00 co-pay and how that is a lot of money for many consumers. Identifies that there will be confusion regarding the co-payment maximum starting over with different addresses of the same pharmacy.
- Clarence Chou: Notes the good job on a lot of work in this process. Questions whether there are any benchmarks for needed work in certain areas. Mr.

Helgerson indicates that they will closely evaluate the initiative and plan to meet with this group to hear what the members see happening. He notes that they want to know about any challenges as soon as possible.

- David Larson: Applauds the single drug list. Suggests that the process be considered a work in progress. Cautions regarding raising co-payments, noting the tendency for them to increase once they are established. Notes that problems with the pharmacy system will bring costs in other areas of the system. Identifies that as current brand drugs become generic, disasters will arise when the switch causes subtle differences that can be critical and tragic. Dr. Chou agrees that pharmacy savings leading to costs in others areas is not only true in mental health but is also true in other medical areas.
- Joyce Allen: Thanks the group for their important comments.

Next Steps and Adjourn

John Easterday ended the meeting and reminded the group that the next Mental Health Drug Advisory Group Meeting is scheduled for February 19.

Summary Submitted by: Kay Cram