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MENTAL HEALTH DRUG ADVISORS GROUP MEETING SUMMARY
Wednesday, January 27, 2010

Members Present: Joanne Berman, Ken Casimir, Clarence Chou, Molly Cisco, Ted Collins, Ron Diamond, Shel Gross, Hugh Johnston, Richard Kilmer, David Larson, Jenny Lowenberg, Mary Neubauer, Susanne Seeger,
Staff Present: Joyce Allen, Kay Cram, John Easterday, Carrie Gray, Rita Hallett, Jason Helgerson, Jonathan Moody, Jennifer Proudfit, Lynn Radmer, Jim Vavra,
Others Present: Rob Church, Michael Duke, Pui Lai, Renee Paukner, Dennis Mezchen, Shane Reddemann, Jagdish Shastri, Beth Vanderheyden

John Easterday, Administrator, DMHSAS opened the meeting. Members introduced themselves.

Ken Casimir moved to approve the Meeting Summary from August 5, 2009. Meeting summary approved without changes.

Presentation and Discussion of Preliminary Recommendations: Anti-Convulsants and Sedative Hypnotics

Jason A. Helgerson, Medicaid Director, and Jim Vavra, Director of Bureau of Benefits Management reviewed the recommendations and cost sheets. Dr. Susanne Seeger asked how often products are reviewed. Mr. Vavra reported to the group that medications are reviewed once a year. Mr. Helgerson indicated that there have been some suggestions to put all mental health classes at one review time; however, Wisconsin is the only State in TOP$ that considers anti-convulsants and sedative hypnotics mental health drugs so we need to follow that schedule. Molly Cisco asked if the Non-Review with new drugs is a new policy. It is not new but there have been some exceptions to it.

Dr. Ron Diamond stated Lamotrigine starter kits are useful for members beginning to take the drug due to start up on this medication being complicated. Lynn Radmer responded that the generics will be preferred.

Dr. Diamond asked about drugs for substance abuse. There is not a class on the Preferred Drug List for substance abuse drugs. Smoking cessation products are covered. Unless a drug is in a class reviewed by the PA Committee, it is available to members. Mr. Helgerson indicated we would talk to Provider Synergies about including these medications for review. Dr. Larson stated these are high cost, high gain drugs.

Ted Collins asked if Ambien CR was preferred at one time due to the market share. Mr. Vavra didn't think it ever was. This class is not grandfathered.

Dr. Diamond indicated there are safety concerns about the use of flurazepam.

Dr. Larson stated a number of agents used for sleep are not included on the PDL. He recommended expanding the list to include things like over the counter melatonin. Melatonin could be used in place of Rozerem for significantly less cost. Lynn Radmer responded Provider Synergies would not include these drugs as they don't have an FDA approved indication for sleep.

Dr. Johnston asked if PDL decisions balance cost versus care. Jason Helgerson gave a background of the charge of the Mental Health Drug Advisors. Mr. Vavra indicated there is a balance between the clinical information and the cost.

John Easterday noted Clozaril moving to brand medically necessary PA status provided interest in having a group like the Mental Health Drug Advisors. The group decided to look at PA prescribing practices.

Shel wanted to discuss his replacement on the PA committee. He feels there is a very different culture on that committee than this group. He questioned how we bridge the Mental Health Drug Advisors (MHDA) and the PA Committee. Is there a potential for cross cultural education? He questioned how the PA committee can get a richer view of the MHDA. This group feels disempowered because their concerns are not translated into change by the PA Committee.

Dr. Diamond noted the state should come up with a way to provide samples of less expensive drugs because doctors often have to start people on expensive drugs due to availability of samples. Dr. Larson noted that there is an immerging problem that the sampling resources are drying up because samples stop when the drug goes from brand to generic and pharmacy programs are limited. It is hard to initiate people with limited resources on modern drugs.

Gold Card Discussion

There aren't a lot of materials available on Gold Card programs. Vermont tried a Gold Card program. Certain drugs didn't require PA based on a certain prescriber or diagnosis. This process is typically used to reward providers. If a physician meets a level of performance then they are not responsible for getting PA for their patients. One option would be to have a report card for providers. If they meet a certain standard, they don't have to comply with the PDL. The problem is that if a provider has a small percentage of Medicaid patients it can affect their report card and potentially lead to the physician not serving Medicaid patients.

The intent of this Gold Card discussion is for psychiatrists to not be required to comply with the PDL rather than as a reward for providers with a good track record. Washington has been endorsing providers if they meet a certain threshold. Two other states have done drug class specific versions of this. None were mental health related. Three or four Medicaid programs were exploring the Gold Card option.

Molly Cisco said this wasn't seen as reward for following the PDL but so psychiatrists don't have to jump through hoops due to the shortage of psychiatrists. This would also address the concern of general practitioners prescribing psychotropics. Jason Helgerson noted that there was a meeting where the issue of non-psychiatrists writing prescriptions for psychotropics, especially for children, was discussed. He suggested putting an enhanced PA for a non-psychiatrist writing antipsychotics for children. One possibility is to have a network of psychiatrists develop a protocol. Dr Chou suggested the movement in medicine is for life long learning with your peers reviewing your work.

Dr. Casimir's counter point is this committee needs to look at overall cost of care. Psychiatrists are in a position to do this. Joanne Berman noted that studies on metabolic syndrome indicate protocols are not being followed even for psychiatrists. This could be followed better with a gold card which could help to keep down diabetes, heart problems, etc. Jason Helgerson reported that Wisconsin Health Organization is working to gather data from all payers in the state including Medicaid. The claims data will allow for episode of care groupings. We can look at variation across the state for provider type and individual providers. That would be a stronger case for Gold Card.

Dr. Chou noted you have to look at different populations. Different patients are going to follow recommendations differently. Dr. Diamond thought it would be useful to structure conversations including looking at prescribing medications for older patients and younger patients. He noted the shortage of Child Psychiatrists. Is there a special loop where we can encourage consultation with a child psychiatrist when available and not make it impossible when they aren't available? Dr. Casimir responded that if you ask for a PA then you have to provide the resource in order for it to not be a

roadblock. Shel Gross asked how many providers are prescribing for kids. Dr. Diamond suggested a pilot project for a couple child psychiatrists to be available by phone. Mr. Helgerson suggested a pool of child psychiatrists along with this group develop a protocol and policy. Those child psychiatrists would also be available for consultation on a rotational basis.

Dr. Casimir stated we spend a lot of time talking about antipsychotics, but we shouldn't forget stimulants.

Molly Cisco would also like to see consultations available for prescribers having multiple patients with polypharmacy. Dr. Chou noted an economic issue. Physicians don't have the ability to keep patients for long periods of time. He questioned how you sort through multiple medications when you don't have time with the patient. Dr. Diamond noted that you need a senior clinician to pick this up and not have pharmacy technicians answering the calls. Dr. Chou has a colleague in another state he offered to contact regarding this process.

Medication reconciliation is one way to save money. Dr. Larson noted the follow up with patients is the important part. You need to establish a consultation relationship which is currently lacking now. Dr. Casimir noted the WPA members are begging for this. Dr. Seeger cautioned to be careful not to measure the quality of a prescriber by their prescribing lists. Patients are all different and you don't always prescribe using guidelines. A result may be that physicians might avoid seeing patients with complicated medication regimens.

Prescribing Practices

Examining prescribing practices is a priority for the State. Mr. Helgerson indicated that it would be best to start with children due to Part D. Dr. Johnston suggested starting with 11 year olds. Dr. Chou agreed to start with the younger population.

Step 1

- Look at any child under 12 prescribed an antipsychotic by a non-psychiatrist
- Look at prescribers to give a richer picture
- Look at stimulants?

Step 2

- Identify child psychiatrists to participate in this project
- Identify the time frame in which a consultation would be required
- Allow for a grace period.

Step 3

- Begin consultation procedures
- Consultation must happen while the child is in the prescriber's office
- Use video conferencing for the consultation process?
- Remain vigilant on lab work for children taking antipsychotics
- Look at other States using a similar process
- How comfortable will child psychiatrists be making a diagnosis by phone?
- Examine the legal and liability issues

Jim Vavra noted a DUR intervention could also be done.

STAR*D: Antidepressant Trial was presented by Hugh Johnston, MD, Medical Director, DMHSAS

See attached PowerPoint.

Next Steps and Adjourn

Shel Gross resigned from PA committee. Alan Liegel replaced him but resigned from MHDA. Mr. Gross suggested in his resignation that recommendations for his replacement come from the MHDA. He now has concerns the issues and recommendations of this group won't be carried forward. Jason said Al Liegel is qualified due to his experience on the MHDA group and NAMI plus he expressed an interest. Shel Gross thinks the person in on the PA Committee be an advocate first and then have a medical background. The MHDA don't feel empowered within the PA Committee. There is currently one vacancy to replace Tom Hirsch. DHCAA were planning to fill it with a pediatrician. Dr. Diamond and Dr. Witkovsky are both on the PA committee.

There are two vacancies on the MHDA: Virginia Bryan and Al Liegel. If someone has nominations for replacements send them to Kay Cram. One is a consumer position and the other is a pharmacist.