

MENTAL HEALTH DRUG ADVISORS GROUP MEETING SUMMARY

Wednesday, February 25, 2009

Meeting Participants: Joyce Allen, Virginia Bryant, Ken Casimir, Clarence Chou, Ted Collins, Kay Cram, Ron Diamond, John Easterday, Carrie Gray, Shel Gross, Rita Hallett, Jason Helgerson, Hugh Johnston, Jenny Lowenberg, Jonathan Moody, Susanne Seeger, Jim Vavra

Members not Present: Molly Cisco, Hugh Davis, Dianne Greenley, Harold Harsch, Richard Kilmer, Catherine Kunze, David L Larson, Allen Liegel, Kate Nesheim, Mary Neubauer, Linda D. Oakley, Pam Pauloski, DeeAnne L Peterson, Ken Robbins, Michael Witkovsky

Welcome / Introductions

John Easterday, Administrator of the Division of Mental Health and Substance Abuse Services, led the welcome and introductions.

Approval of Meeting Summary from August 13, 2008

Virginia Bryant moved to approve the minutes. Shel Gross seconded the motion. Meeting summary was approved.

Overview and Discussion of Prior Authorization Committee's Recommendations from February 18, 2009, Meeting Regarding: Anti-convulsants and Sedative Hypnotics.

Jason Helgerson, Medicaid Director of the Division of Health Care Access and Accountability, gave an overview of the recommendations from the Wisconsin Medicaid Pharmacy Prior Authorization Advisory (PA) Committee meeting. Dr. Ron Diamond asked for clarification regarding Depakote ER brand being preferred. At this point the brand of Depakote ER is less expensive than the generic so the brand is preferred. When the cost becomes equal to or lower, then the generic would be preferred. Dr. Clarence Chou gave an example of a patient who switched to generic and didn't tolerate it. He asked that Medicaid make sure that there are options if there are issues with non-tolerance. DHCAA staff indicated they monitor the Anticonvulsant class closely. Ted Collins indicated that he was confused why lamotrigine is non-generic. Carrie Gray responded that they will make the generic preferred when get MAC price. Dr. Diamond noted that Lamictal has a starter pack for brand. Carrie Gray indicated that they would leave the starter pack as preferred until there is a generic starter pack.

Discussion Regarding Moving the MHDA Meetings Prior to the Wisconsin Medicaid Pharmacy Prior Authorization Advisory Committee Meetings

The PA Committee agreed that it would be appropriate to have the Mental Health Drug Advisors Group (MHDA) meeting prior to the PA meetings when there are a substantial number of mental health medications being reviewed.

Jason Helgerson announced that the PA Committee may need to expand to three or four meetings per year because there are many classes being reviewed and the discussions are rushed. The changes wouldn't be effective until 2010. There was a request to not split the mental health classes to more than two of those meetings. When there are a significant number of mental

health drug classes, this group will meet first. August 5, 2009 is the next MHDA meeting and August 19, 2009 is the next PA Committee meeting. The PA Committee and staff are exploring executive summaries for each class to help with reviewing the materials. The Drug Effectiveness Review Project information is also provided ahead of the meetings.

Discussion Regarding Co-pays for SSI Members

As a result of the managed care pharmacy carve out, Shel Gross recommended DHCAA staff study the impact of co-pays for SSI members to determine if people aren't filling their prescriptions. Dr. Ron Diamond stated that co-pays in psychiatric circles are a bad idea. It is a barrier to people not getting their medications. Carrie Gray indicated that DHCAA staff have discussed this issue. Mike Mergener will be able to run the data. Raw data will be presented to Shel before the budget and it will be presented formally at the August meeting.

The drug carve out was put into the budget at the last minute. Statutorily, co-pays cannot be exempted. There is no discretion to change the law. Medicaid members cannot be turned away from a pharmacy if there is an inability to pay the co-pay. Members must make a self declaration at the time they pick up their medications at the pharmacy. One can't assume that there is an inability to pay just because they are on SSI. Dr. Chou noted that we need to educate people that they can say that they can't pay. DHCAA has been working a lot to educate corporate pharmacy. Dr. Ron Diamond noted that it is a clinical problem and we don't want to pretend it is ok. Dr. Clarence Chou talked about looking at people who have difficulties with co-pay. How do we find the people who just gave up and never went anywhere? Carrie Gray indicated suggestions would be needed to identify these members. Claims do not demonstrate which of these members did not go to get their medications.

Dr. Ron Diamond suggested that Medicaid could eliminate the co-pay for generics if it can't be eliminated completely. Jim Vavra noted that the current co-pays are \$0.50 for over the counter medications, \$1.00 for generics, and \$3.00 for brand medications.

Shel Gross mentioned the settlements with drug manufacturers and asked where the money from the settlement goes? Jason Helgerson responded yes some does come back to Medicaid.

Jason noted that Medicaid has a target to meet for the budget of \$100 million GPR plus the 1% across the board cut for all state agencies. This is a significant budget challenge. He noted that Wisconsin would not reduce eligibility to close that gap, but everything else is on the table, including how we pay providers. Other states are doing across the board rate cuts which Wisconsin doesn't want to do. Wisconsin doesn't want to adversely affect members. If people have ideas they can email Carrie Gray (Carrie.Gray@wisconsin.gov) or Kay Cram (Kay.Cram@wisconsin.gov).

Next Steps and Adjourn

The next Mental Health Drug Advisory Group meeting will be August 5, 2009 at 1:00 p.m. If people have cost saving ideas they can email Carrie Gray (Carrie.Gray@wisconsin.gov) or Kay Cram (Kay.Cram@wisconsin.gov).

Approved 8-6-09 KSM