

## **MENTAL HEALTH DRUG ADVISORS GROUP**

### **Meeting Summary**

**Tuesday, March 4, 2008**

#### Welcome / Introductions

John Easterday, Administrator of the Division of Mental Health and Substance Abuse Services, opened the meeting by welcoming the group and beginning introductions.

Members present: Joyce Allen, Kenneth Casimir, Clarence Chou, Ted Collins, Ronald Diamond, John Easterday, Shel Gross, Jason Helgerson, Jenny Lowenberg, Michael Mergener, Susanne Seeger, James Vavra

The meeting summaries from August 29, 2007 and January 15, 2008 were approved without changes.

#### Prior Authorization Committee's Recommendations Regarding Anti-convulsants and Sedative Hypnotics

Jason Helgerson, Medicaid Director, gave an overview of the committee's recommendations. The only change from current PDL and staff recommendations is the committee's recommendation to make trazolam non-preferred based on Dr. Diamond's concerns. Ron Diamond indicates that it is not covered in England. Shel Gross questioned whether there was supporting documentation. Dr. Diamond stated there is a lot of research but it is old. There were questions regarding whether there might be concerns with withdrawal and whether there could be a transition period. James Vavra indicated that this was not included in the PA Committee's recommendation.

Shel Gross questioned whether there would be dosing restrictions in this class. Jason Helgerson indicated that the Pharmacy Section would be looking at quantity limits as a general policy. Mr. Gross questioned whether it would be good practice to have quantity limits when there are long-term use drugs approved in this class? Dr. Diamond believes that the approval for long term use relies on studies. Michael Mergener reported that the issue for sedative hypnotics is that the typical patient is on long-term despite the drugs not being recommended for long-term use. There is a difference between text book and practice. Dr. Mergener noted that it is hard to change practice plus people are not getting enough sleep. Jason Helgerson indicated that when the new MMIS is up and running there may be some consideration of having a time duration limit of prescriptions. Dr. Chou noted that it would be useful to get the data before making a judgment. Ted Collins stated that it might be useful to look at people who are getting more than FDA-approved doses.

Jason Helgerson noted that there is an opportunity with the addition of the HMO patients for the State to have an impact on prescribing practices. Mr. Helgerson stated there may be opportunities to do more things at the prescriber level.

Jason Helgerson reported that they have expanded the Prior Authorization committee. There are now alternates who have expertise in key areas such as neurology and cardiology. There was good representation at the last meeting. The public testimony is now grouped by class and the committee is able to ask questions of the presenters. The PDL will apply April 2 to the HMO population. He reported that only a limited number of drugs have been identified as a concern.

## Mental Health Drug Classes

John Easterday discussed the current classes considered mental health drug classes. Feedback was requested. Ken Casimir indicated that Sedative Hypnotics should be included as a mental health class. Michael Mergener questioned whether Alzheimer's Agents should be considered a mental health class. Dr. Casimir responded that it absolutely should be and noted the diagnosis is in the DSM-IV. Dr. Diamond suggested that whether they are included should be dependent on the expertise of the committee. Suzanne Seeger noted this issue is why she has continually identified a need for more neurologists. Dr. Casimir noted that there is a gerontologist on the committee for Alzheimer's agents. Shel Gross indicated that his primary concern is people served by the mental health system and he feels that this population is on the periphery. Joyce Allen questioned whether more representation is needed for this population. Dr. Chou noted that patients on Alzheimer's Agents are often seen in mental health settings. Ted Collins suggested that additional experts be included in future meetings when new drugs are being introduced.

Shel Gross noted that since the Typical Antipsychotics are not on the PDL and that the MHDA does not address any of the issues regarding usage. James Vavra noted that usage issues are addressed by DUR. Jenny Lowenberg suggested that with the addition of the HMO recipients there is an opportunity to get good baseline data. She suggested that there not be a lot of changes before getting the baseline data. Ms. Lowenberg noted that you can't do good science by changing a lot of variables at one time.

Ron Diamond indicated that it would be interesting to look at DUR questions regarding injectable antipsychotics. Dr. Chou indicated he would be interested in seeing gaps such as people missing injections as well as all prescriptions. Dr. Mergener reported that they do have a gap analysis. Ken Casimir noted that there will be the appearance of gaps when a consumer goes into the prison system. Dr. Chou gave an example of where this has occurred in his practice as well as other situations where it may look like there are gaps but there are not. Dr. Diamond and others suggested that the issue of formularies and prescribing practices within jails and prisons should be discussed at some point. Others agreed.

Shel Gross noted during the PA committee meeting the testimony regarding the Anticonvulsants focused on epilepsy despite many of the drugs having mental health indications. Dr. Chou agreed that it is important to consider use.

John Easterday summarized the discussion by indicating the MHDA feels the current mental health classes be included.

## Atypical Antipsychotic DUR Intervention

Dr. Mergener presented the AAP DUR Intervention. Subsequent analyses were performed to see if usage increased in other mental health classes after the intervention. Dr. Mergener reports that there was a drop in antidepressants, a slight increase in sedative hypnotics, and a slight increase in ADHD drugs.

Dr. Mergener presented the Do No Harm Report. He noted the comparison group may consist of a different population. Prescribers include both psychiatrists and non-psychiatrists. Dr. Mergener reported that feedback shows some child psychiatrists responded that they were using lower doses, but also indicated that they were using them for other indications. Some low dose risperidone was used for autistic children. The second intervention just went out and data isn't available yet. Joyce Allen questioned whether they would consider not including children for the next intervention. Ms. Allen also asked if the MHDA group advises the DUR group. James Vavra responded that they accept input from many sources.

## Pharmacy Consolidation Update

Jason Helgerson reported that the Consolidation has gone well and the transition has been seamless. He indicated that there have been no reports of people walking away from pharmacies without their medications. He noted that the call center staffing was increased and there has been an increase in calls but notes that BadgerCare Plus went into effect at the same time. Mr. Helgerson reported that 95% of the calls are being answered and the wait time has been under 5 minutes.

Michael Mergener reported they will be analyzing February claims shortly which may lead to a letter for intervention. He noted that during the grace period prescribers are getting notification when a PA will be needed. Mental Health drugs will continue to be grandfathered. Clarence Chou indicated that there has been confusion among physicians about whether people being put on a medication during the 60 day grace period will be grandfathered. Jason Helgerson responded that they will be but it is not the intent to use that to get people on non-preferred drugs. James Vavra reported that they will be sending out an update to make the expectations clear.

## Next Steps

Shel Gross questioned what the status is with the tamper proof prescription pads. Mr. Vavra reported that in the last two weeks they sent out an Update and it will be effective April 1, 2008. The pads are available in limited quantities by the State at no charge.

The Mental Health Drug Advisory Group will meet again on August 20, 2008.