Psychotropic DUR Committee Boilerplate Report

The FY2002 Appropriations Act for the Department of Community Health contains Section 1626, which requires that the Department, in conjunction with the community mental health services programs, establish a Medicaid Psychotropic Drug Utilization Advisory Committee. The boilerplate is as follows:

> Section 1626. The department, in conjunction with community mental health services programs, shall establish a Medicaid Psychotropic Drug Utilization Advisory Committee which shall consist of 1 representative from the mental health and substance abuse services administration, 1 representative from the medical services administration, 1 representative from the Michigan association of community mental health boards, 1 representative from the Michigan pharmacists association, 1 representative from the Michigan state medical society, 1 representative from the Michigan association of osteopathic physicians, 1 representative from the Michigan psychiatric society, 2 representatives from the pharmaceutical industry, and 2 representatives appointed by the Michigan partners for patient advocacy to represent the concerns of consumer, family, advocacy, and children's groups. The committee shall maintain a liaison with the Medicaid drug utilization review board and shall report to the senate and house of representatives appropriations subcommittees on community health and the senate and house fiscal agencies not later than September 30, 2002.

The following members, including their representation were appointed, as follows:

C. William Howe	Pharmaceutical Industry, Pfizer, Inc.
Joseph Fischoff, MD	
Terry Geiger	Mental Health and Substance Abuse Services, MDCH
Tom Masseau	Michigan Partners for Patient Advocacy
Jonathan Henry, MD	Michigan Psychiatric Society
Oliver Gene Cameron, M.D.	Michigan State Medical Society
Edward L. Ervin, Ph.D	Pharmaceutical Industry, Pharmacia
Richard C. Berchou, Pharm.D.	Michigan Pharmacists Association
Mark Reinstein	Michigan Partners for Patient Advocacy *
William Cunningham, D.O., M.H.A.	Michigan Association of Osteopathic Physicians
Robert Sheehan	Michigan Association of Community Health Boards
Dawn Parsons, R.Ph., M.B.A.	Medical Services Administration/MDCH
Ronald I. VanValkenburg, M.D. M.P.H.	Kent County Mental Health

* revised from Mental Health Partners 50 Coalition

This boilerplate was continued from previous appropriations. It is the Department's understanding that this boilerplate was intended to provide a mechanism for DUR-Drug Utilization Review-specific to psychotropic medications. Additionally, it was recognized that an ongoing federally mandated group -- the Medicaid Drug Utilization Board also exists with similar responsibilities although membership requirements differ. DUR functions typically include three components:

(1) a prospective review of drug therapy before dispensed
(2) a retrospective assessment of claims data and other records
(3) ongoing educational outreach programs

A liaison responsibility between the committee and the Medicaid DUR board is required by the boilerplate. While staff support for the two groups overlapped, there was not a formal liaison relationship or process established. However, information about the Psychotropic Drug Utilization Committee was shared with the Medicaid DUR Board.

Background—DCH Pharmacy Policy Changes in FY2002

A number of changes in pharmacy programs occurred this fiscal year. A Pharmacy and Therapeutics (P&T) Committee was established, by executive order 2001-8. The P&T committee is charged to advise the department on issues affecting prescription drug coverage and to recommend guidelines for prescription drugs covered in various DCH programs. Also, other DCH boilerplate requirements, Sections 2204 and 1629 provided authorization and directed the department to review and revise drug coverage policy. In February 2002, the department implemented a preferred drug list, covering about 40 drug classes representing about 70% of Medicaid expenditures, including psychotropic drug classes. All medically necessary Medicaid covered drugs remain available; however, an expanded prior authorization requirement has been implemented with the preferred drug list.

Additionally, the department negotiated supplemental rebate agreements with a number of manufacturers. These medications are exempt from cost-related prior authorization; however, all clinical prior authorization requirements remain in place. The intended outcome of these changes is a cost savings, which was required by the FY02 appropriations bill, as enacted.

As of April 1, 2002, all health plans were also required to have implemented this preferred list for psychotropic medications for their Medicaid recipients. Some CMHSP recipients receive their health and pharmaceutical benefits through these health plans. For these health plan members, it is necessary for CMSHP prescribing physicians to obtain prior authorizations through the 19 state health plans for psychotropics, which are not designated as preferred. The "carve out" of all pharmaceuticals from health plans is currently under review.

Committee Activities

Three meetings, on January 22, 2002, April 18,2002 and August 1, 2002 were held. A final meeting is scheduled for September 26, 2002. The agenda and minutes from these meetings are attached to this report. The first meeting was introductional in nature and provided information about federal Drug Utilization Review requirements and the Michigan DUR board. The April meeting consisted primarily of discussion of reports generated from claims data, which were provided at that meeting and requests for new or additional reports regarding psychotropic utilization. The August meeting consisted of a review of requested reports and discussion in response to the department's request for input as to issues and concerns of committee members and how these might be addressed by the Department.

The Appropriations Act for FY 2003 does not include a requirement that a psychotropic utilization committee be maintained. The department does not propose to continue this committee in its current role and configuration. However, the department is committed to addressing psychotropic drug utilization "best practice," consumer/beneficiary concerns, the "management" needs of prescribers and plan authorities; including CMHSP's and health plans, as well as the cost of these medications and pharmacy dispensing issues. Individual committee members offered the following issues, suggestions and recommendations at their August meeting:

Beneficiary –Related:

1. Provide consumer representation on the Pharmacy and Therapeutics Committee

2. Include an electronic posting, on the website, of the grievance and appeals processes, procedures, forms for consumers and prescribers.

3. Consider the policies of other states, such as those which have taken steps to exempt some, or all mental health drugs from prior authorization requirements

Prescriber-Related:

4. In relation to ongoing, other DCH Boards: Consider the addition of a Psychiatrist to the Michigan DUR Board Membership. Consider including a pharmacologist or a representative of drug manufacturer on the DUR board.

5. Assure ready access to prior authorization/exceptions. Consider medical complications that prevent the use of particular medications, associated paperwork. Consider continuity of care issues in the context of prior authorization requirements.

6. Consider issues surrounding need or appropriate use of psychotropic medications including or related to the under-diagnosis of mental illness/emotional disturbance and "off label use" such as medications for purposes which are not FDA approved for the age group, diagnoses, etc.

Provider-Related

7. Evaluate who is treated in fee for service vs. health plans, look for patterns, etc. There are many possible differences in the population of SPMI consumers treated under fee-for-service and the Medicaid managed care plan. Looking only at the prescriptions records could be very misleading. The majority of group home consumers may be fee-for-service; it may be important to take this into consideration as well as look at diagnosis (medical & psychiatric) and physician subspecialty (psychiatrist/internist).

8. Improve the clarity and consistency of information for CMSHP'S and provide uniformity of psychotropic benefit management procedures across health plans and the department in the PA process.

9. Provide routine utilization reports to CMHSP's

10. Provide oversight of Medicaid Health Plan's diagnosing and prescribing.

Education

11. Consider educational info, such as the provided reports, what would be valuable and how this information could be disseminated

12. Utilize organizations such as Psychiatric Society, MSMS, Universities, the CMH Advisory Board, etc. for/as liaisons in relation to education of prescribers.

Other

13. Explore possibility of developing utilization and cost figures by diagnoses within confines of confidentiality law.

14. Provide a vehicle to communicate to the Department operational problems

15. Continue this Psychotropic committee under departmental auspices. Describe the structure and how it currently works

16. Assure adequate input to the P&T Committee and DUR board in regard to decisions about psychotropic medications.

These initial recommendations are being reviewed by committee members to ensure they accurately represent their input and will be discussed in the September meeting in the context of reviewing and making recommendations with respect to this report. Additionally, these comments will be shared with both the Medicaid DUR board and the members of the P&T Committee. A process of requesting input on issues considered important, and how the department could best obtain input from various constituencies, support the information requests of CMHSP's and health plans, provide drug education and ensure DUR functions are implemented is underway with these groups. Once recommendations can be reviewed, the department will implement as feasible.