

Health and Human Services Interim Committee

Presented by Michael Hales

June 17, 2015

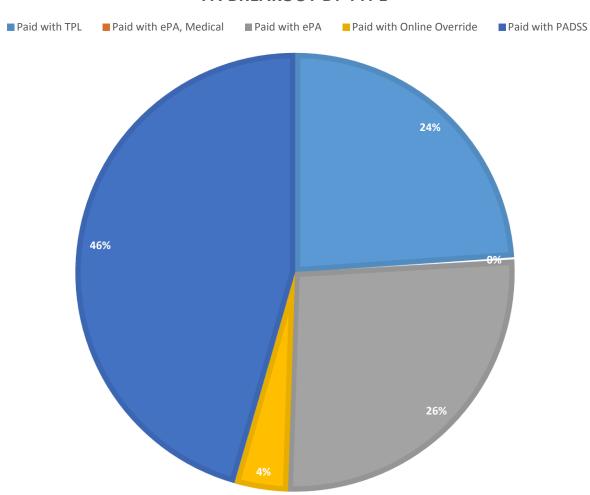


Background

- Utah Medicaid paid 1,385,417 prescriptions in FY 2014.
- Of those prescriptions, 68,326 required a prior authorization for payment (5 percent).

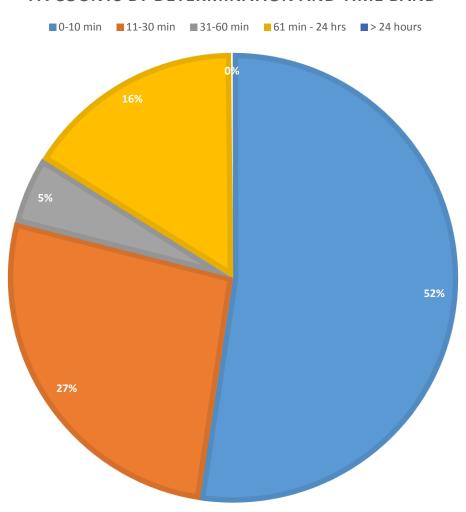


PA BREAKOUT BY TYPE





PA COUNTS BY DETERMINATION AND TIME BAND





- Two types of Prior Authorization
 - Clinical (governed by Drug Utilization Board)
 - Preferred Drug List Override



- What is a Preferred Drug List (PDL)?
 - A list of drugs, grouped by similar activity (a class), noting preferred status
 - Who uses PDLs?
 - Private insurance plans
 - State Medicaid agencies



- Utah Code 26-18-2.4
 - Established PDL in October 2007
 - Limited Implementation –
 without psychotherapeutic and
 immunosuppressive drugs
 - "Voluntary" or "Dispense as Written" PDL until May 2009
 - Sedative Hypnotics were added in June 2013.





- Pharmacy and Therapeutics (P&T) Committee
 - Acts in consultation with the Department
 - Makes recommendations regarding safety and efficacy for PDL classes
 - Meets monthly to review clinical evidence



- P&T Committee Membership
 - Physicians (specialties)
 - Internal Medicine
 - Family Practice
 - Psychiatry
 - Pediatrics
 - Pharmacists (specialties)
 - Academic
 - Independent
 - Retail
 - Hospital





- Non-Preferred drugs can be approved (overrideable). Requires any one of:
 - "...<u>trial and failure</u> of at least one preferred agent in the class"
 - "...potential <u>drug interaction</u>"
 - "...a condition or contraindication"
 - "...at high risk of <u>adverse event</u> due to a therapeutic interchange (patient stabilized)..."



- Steering Market Share
 - Not all PDL classes have Supplemental Rebates (SR)



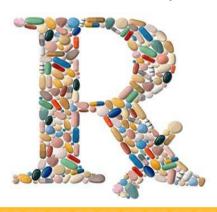
- Preferred drugs are determined based on Dead Net Cost (DNC)
- DNC = Paid Amount less CMS rebate less Supplemental Rebate (if any)



- Utah Medicaid's PDL Implementation:
 - Complete transparency Criteria for approval of non-preferred drugs on website:
 www.health.utah.gov/medicaid/pharmacy
 - PAs can be requested and approved on-line (www.utahrxportal.org) or via fax
 - Rapid approval/denial of requests
 (26-18-2.4(1)(e)(i) mandates this within 24 hours)

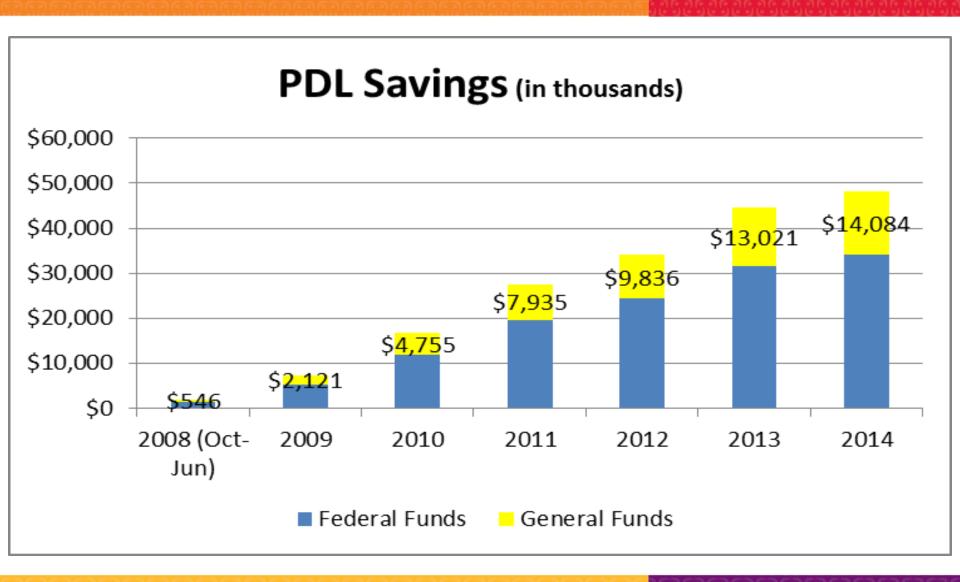


- Utah Medicaid's PDL Implementation -Continued
 - Emergency 72-hour supply approved for non-business days or for after hour prescriptions
 - Specific classes are excluded from PDL (26.18-2.4)



Medicaid PDL Savings





Medicaid PDL Savings



	'000s		
		Federal	General
SFY	Total Funds	Funds	Funds
2008 (Oct-Jun)	\$1,943	\$1,397	\$546
2009	\$7,323	\$5,202	\$2,121
2010	\$16,648	\$11,892	\$4,755
2011	\$27,589	\$19,654	\$7,935
2012	\$34,115	\$24,280	\$9,836
2013	\$44,507	\$31,486	\$13,021
2014	\$48,123	\$34,039	\$14,084



Mental Health Drugs Classes

- 9 classes of drugs
- 28,861 distinct NDCs
- \$67.3 million in total expenditures

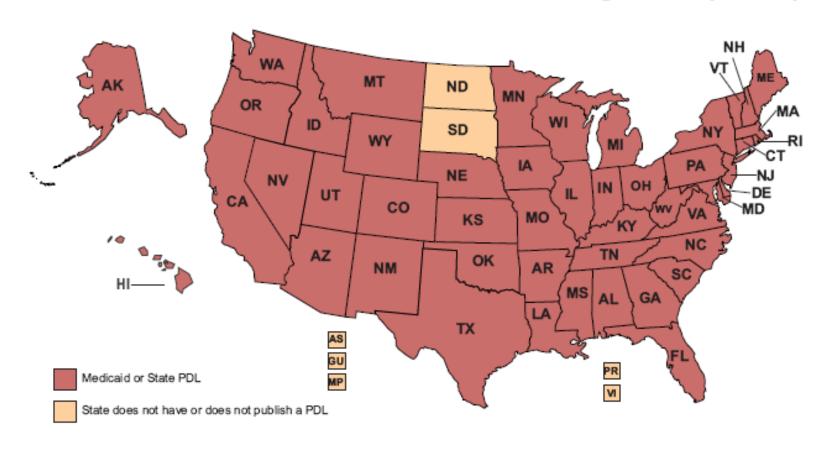


- Other State Medicaid PDLs as of 2012:
 - 96% of Medicaid Agencies have State PDL
 Programs only 2 do not

Source: NCSL <u>www.ncsl.org/documents/health/PDL-2-2012.pdf</u>



State and Medicaid Preferred Drug Lists (PDLs)



Source: NCSL; updated February 2012. Operational status may vary, and is for general information only.



- Utah's PDL Differs from other Medicaid PDLs
 - 86% of other states include Antipsychotics
 - 90% of other states include Antidepressants
 - 90% of other states include Stimulants
 - 72% of other states include Anticonvulsants
 - 34% of other states include Anxiolytics
- Utah Medicaid is precluded from placing these drugs on a PDL (26-18-2.4)

Source: NCSL <u>www.ncsl.org/documents/health/PDL-2-2012.pdf</u>



Examples of Dead Net Cost (DNC)
 Calculation for Supplemental Rebates
 (SR) Savings:

Cost of Alzheimer's Drug A without SR:

EAC \$9.80 - CMS Rebate \$5.68 = DNC \$4.12

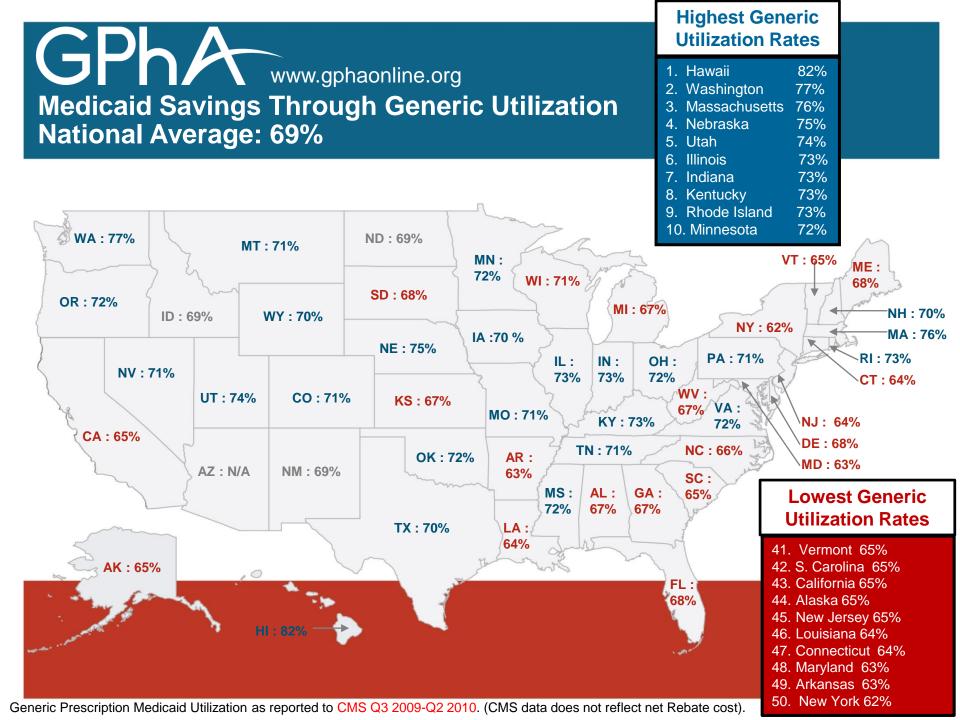
Cost of Alzheimer's Drug A with SR:

EAC \$9.80 - CMS Rebate \$5.68 - SR \$1.91 =

DNC \$2.21



- Utah Mandatory Generic Program
 - Utah Code 58-17b-606 mandates Generic coverage
 - Unless medically necessary for Brand, or
 - The Brand is less expensive, due to a financial benefit that will accrue to the state.





Utah Medicaid's PDL – Summary

- Maximizes cost savings by shifting volume to lowest DNC drugs
- Has complete transparency in criteria
- Includes 94 therapeutic classes currently
- Meets "...lowest price possible..."
 statutory mandate for available classes