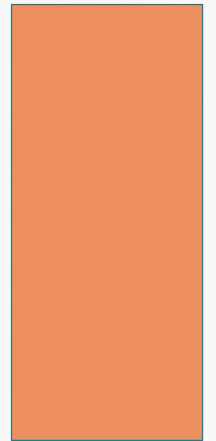


# PSYCHIATRIC MEDICATIONS

WHAT YOU RISK REVEALS WHAT YOU VALUE



# WHEN YOU STILL BELIEVE IN SANTA



# A TIMELINE OF LOSS

- First Psychotic Break at age 15
- Diagnosed after 5 years of struggle at age 20 (first hospitalization)
- Non-compliant with medications, became a recluse, numerous hospitalizations and incarcerations
- In 2007 received sentence for treatment for five years
- Successful completion and independent living until 2017 (10 years with no hospitalizations or incarcerations)

# TIMELINE OF LOSS CONTINUED

- In 2017, Arkansas Medicaid established “fail first” program, taking him off his medications for less costly generic versions.
- Destroyed his life – lost his independence, lost brain functionality, lost social and family connections
- Brought home to Missouri in November 2017 – still actively psychotic, experienced repeated failures in treatment, currently resides in an RCF in Bolivar.

# FINANCIAL IMPLICATIONS

Date	Description	Cost
Feb 17	30 day hospitalization (avg. \$700 per diem)	\$21,000
Mar 17	14 day hospitalization	\$9,800
Jun 17	14 day incarceration (avg. \$90 per diem)	\$1260
Jul 17	14 day hospitalization	\$9,800
Sep 17	30 day hospitalization	\$21,000
Oct17	30 day incarceration	\$2,700
Nov 17	21 day hospitalization	\$14,700*
Dec 17	14 day hospitalization	\$9,800
Feb 18	8 day hospitalization	\$5,600
Apr 18	9 day hospitalization	\$6,300
Jul 18	7 day hospitalization	\$4,900
Sep 18	52 day hospitalization	\$36,400
	TOTAL	\$143,260

# FINANCIAL COMPARISON

Cost of Medications	Generic Cost	Savings
\$837 per month	\$128	\$709

\$143,260 would allow for 202 months of continued medication – almost 17 years. He is 53 years old – statistically he will not live another 17 years.

When you add the costs of his human suffering, family suffering and injuries, as well as loss of property, we begin to see the full magnitude of the “savings.”

# WHY GRANDFATHERING IS NOT THE SOLUTION

- First generation anti-psychotics often have multiple negative side effects, and medication compliance is already an issue due to diagnosis
- You may have only that first opportunity for successful intervention before the vicious cycle of hospitalizations and incarcerations begin
- You are dealing with the complexity of the human brain, and everyone reacts differently

# OPEN ACCESS BENEFITS

- Financially, it makes sense – this story is not an anomaly
- Trust is very difficult for a psychotic patient – that relationship between prescriber and patient is already tenuous
- Need to be able to make medication adjustments as necessary to allow patients and prescribers to find the right medication that provides the best possible patient outcome
- Any miscommunication or roadblocks impacting medication access are costly both financially and humanely



# ACCESS TO MEDICATION

ANTIPSYCHOTICS

# RECENT PROPOSALS AND ACTIVITY

- June 21, 2018 – Vote delayed on proposed Preferred Drug List for antipsychotics
- September 12, 2018 - Letters sent to pharmaceutical companies requesting supplemental rebate offers for atypical antipsychotics
- September 20, 2018 - Announcement shared at Drug Prior Authorization Committee meeting regarding proposed “all access/ open PDL”
- Drug Prior Authorization Committee expected to vote at the Dec. 20 Meeting.



MICHAEL L. PARSON, GOVERNOR • STEVE COESI, Psy.D., DIRECTOR

MO HEALTHNET DIVISION  
P.O. BOX 6500 • JEFFERSON CITY, MO 65102-6500  
WWW.DSS.MO.GOV • 573-751-3425

September 12<sup>th</sup>, 2018

Dear Pharmaceutical Manufacturer:

The MO HealthNet Division (MHD) is continuing the state-specific Preferred Drug List (PDL) annual evaluation process. The Division is reviewing specific therapeutic classes, seeking supplemental rebate offers for maximum cost effectiveness for the MO HealthNet pharmacy program. Preferred drugs will be selected in each therapeutic class based on clinical effectiveness and the drugs' relative values within the therapeutic class net of supplemental rebates. These decisions will be made by MHD upon consideration of the recommendations made by the Missouri Drug Prior Authorization Committee and Drug Utilization Review Board.

At this time, supplemental rebate offers are requested for the following therapeutic categories:

CENTRAL NERVOUS SYSTEM: Agents for Alzheimers  
CENTRAL NERVOUS SYSTEM: Analgesics, Cox-II Inhibitor Agents  
CENTRAL NERVOUS SYSTEM: Analgesics, Fibromyalgia Agents  
CENTRAL NERVOUS SYSTEM: Analgesics, NSAIDS  
CENTRAL NERVOUS SYSTEM: Analgesics, Opiate Dependence Agents  
CENTRAL NERVOUS SYSTEM: Analgesics, Opiate Emergency Reversal Agents  
CENTRAL NERVOUS SYSTEM: Analgesics, Opioids - Long Acting Narcotics  
CENTRAL NERVOUS SYSTEM: Analgesics, Tramadol like agents  
CENTRAL NERVOUS SYSTEM: Analgesics, Neuropathic Pain Agents  
CENTRAL NERVOUS SYSTEM: Anti-Migraine: Serotonin (5-HT1) Receptor Agonists  
CENTRAL NERVOUS SYSTEM: Anti-Parkinsonism Agents: Non-ergot dopamine agonists  
CENTRAL NERVOUS SYSTEM: Antiparkinson's Agents: MAOI-B

CENTRAL NERVOUS SYSTEM: Antipsychotics, Atypical  
CENTRAL NERVOUS SYSTEM: Antipsychotics, Depot Formulations  
CENTRAL NERVOUS SYSTEM: Sedative Hypnotics - Non-Benzodiazepines  
CENTRAL NERVOUS SYSTEM: Sedative Hypnotics - Non-Benzodiazepines, melatonin receptor agonists  
CENTRAL NERVOUS SYSTEM: Skeletal Muscle Relaxants  
GASTROINTESTINAL: Agents for Opioid Induced Constipation  
GASTROINTESTINAL: Antiemetics, 5-HT3 Agents and other  
GASTROINTESTINAL: IBS Agents, Anti-diarrheal  
HEMATOLOGICAL AGENTS: Agents for Thrombocytopenia  
IMMUNOLOGY: Agents to Treat HAE  
RENAL and GENITOURINARY: ELECTROLYTE DEPLETERS, Potassium Lowering Agents

Interpretive services are available by calling the Participant Services Unit at 1-800-392-2161.  
Prevodilačke usluge su dostupne pozivom odjela koji učestvuje u ovom servisu na broj 1-800-392-2161.  
Servicios Interpretive están disponibles llamando a la unidad de servicios de los participantes al 1-800-392-2161.

RELAY MISSOURI

FOR HEARING AND SPEECH IMPAIRED 1-800-735-2466 VOICE • 1-800-735-2966 TEXT PHONE

An Equal Opportunity Employer, services provided on a nondiscriminatory basis.

Supplemental rebate offers will be requested in other therapeutic categories in the future.

Please note the following deadlines:

Final supplemental rebate offers must be submitted to Conduent State Healthcare, LLC, to Sandra.Kapur@conduent.com through the Secure FTP site found at <https://sflt.atos-nao.net/>, by close of business on

**5:00 p.m. EDT on Thursday, October 11<sup>th</sup>, 2018**

Supplemental rebates will begin to accrue on **April 1, 2019** and end **March 31<sup>st</sup>, 2020** for those drugs selected as preferred, unless noted below.

The following classes will have supplemental rebates accrue for the following time periods for those drugs selected as preferred:

HEMATOLOGICAL AGENTS: Agents for Thrombocytopenia	April 1, 2019 - September 30, 2019
IMMUNOLOGY: Agents to Treat HAE	April 1, 2019 - June 30, 2020 (15 month contract)
RENAL and GENITOURINARY: ELECTROLYTE DEPLETERS, Potassium Lowering Agents	April 1, 2019 - September 30, 2019

We hope that you will take this opportunity to participate in a program that seeks to retain access to quality pharmaceuticals for Missouri's most vulnerable citizens.

Sincerely,

Mark Roaseau, RPh, MD  
Clinical Pharmacist  
MO HealthNet Division

September 12<sup>th</sup>, 2018

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The MO HealthNet Division (MHD) is continuing the state-specific Preferred Drug List (PDL) annual evaluation process. The Division is reviewing specific therapeutic classes, seeking supplemental rebate offers for maximum cost effectiveness for the MO HealthNet pharmacy program. Preferred drugs will be selected in each therapeutic class based on clinical effectiveness and the drugs' relative values within the therapeutic class net of supplemental rebates. These decisions will be made by MHD upon consideration of the recommendations made by the Missouri Drug Prior Authorization Committee and Drug Utilization Review Board.

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CENTRAL NERVOUS SYSTEM: Agents for Alzheimers

CENTRAL NERVOUS SYSTEM: Analgesics, Cox-II  
Inhibitor Agents

CENTRAL NERVOUS SYSTEM: Analgesics,

CENTRAL NERVOUS SYSTEM: Antipsychotics, Atypical

CENTRAL NERVOUS SYSTEM: Antipsychotics, Depot  
Formulations

CENTRAL NERVOUS SYSTEM: Sedative Hypnotics - Non-

**Please note the following deadlines:**

Final supplemental rebate offers must be submitted to **Conduent State Healthcare, LLC**, to [Sandra.Kapur@conduent.com](mailto:Sandra.Kapur@conduent.com) through the Secure FTP site found at <https://slft.atos-nao.net/>, by close of business on

**5:00 p.m. EDT on Thursday, October 11<sup>th</sup>, 2018**

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Manufacturer	Drug Name	MO HealthNet PDL Class
ACADIA PHARMACE	NUPLAZID	CENTRAL NERVOUS SYSTEM: Antipsychotics, Atypical
ACORDA THERAPEU	QUTENZA 8% KIT	CENTRAL NERVOUS SYSTEM: Agents for Neuropathic Pain
ADAMAS PHARMA,	GOCOVRI	CENTRAL NERVOUS SYSTEM: Anti-Parkinsonism Agents: Non-ergot dopamine agonists
ADAPT PHARMA INC.	NARCAN 4 MG NASAL SPRAY	CENTRAL NERVOUS SYSTEM: Analgesics, Opiate Emergency Reversal Agents
ALKERMES INC	ARISTADA	CENTRAL NERVOUS SYSTEM: Antipsychotics, Depot Formulations
	ARISTADA INITIO	CENTRAL NERVOUS SYSTEM: Antipsychotics, Depot Formulations
	VIVITROL	CENTRAL NERVOUS SYSTEM: Analgesics, Opiate Dependence Agents
ALLERGAN INC.	KADIAN	CENTRAL NERVOUS SYSTEM: Analgesics, Opioids -Long Acting Narcotics
	LINZESS	GASTROINTESTINAL : IBS-C/CIC AGENTS
	NAMZARIC	CENTRAL NERVOUS SYSTEM: Agents for Alzheimers, Cholinesterase Inhibitors
	SAPHRIS	CENTRAL NERVOUS SYSTEM: Antipsychotics, Atypical
	SAVELLA	CENTRAL NERVOUS SYSTEM: Agents for Fibromyalgia
	VRAYLAR	CENTRAL NERVOUS SYSTEM: Antipsychotics, Atypical
	VRAYLAR PACK	CENTRAL NERVOUS SYSTEM: Antipsychotics, Atypical
ALLERGAN/ACTAVIS U.S.	VIBERZI	GASTROINTESTINAL : IBS Agents, Anti-diarrheal
ALMATICA PHARMA	NAPRELAN CR	CENTRAL NERVOUS SYSTEM: Analgesics, NSAIDS
AMGEN	NPLATE	HEMATOLOGICAL AGENTS: Agents for Thrombocytopenia
ASTRAZENECA	LOKELMA	RENAL and GENITOURINARY: ELECTROLYTE DEPLETERS, Potassium Lowering Agents
	SEROQUEL	CENTRAL NERVOUS SYSTEM: Antipsychotics, Atypical
	SEROQUEL XR	CENTRAL NERVOUS SYSTEM: Antipsychotics, Atypical
AVANIR PHARMACE	ONZETRA XSAIL	CENTRAL NERVOUS SYSTEM: Anti-Migraine: Serotonin (5-HT1) Receptor Agonists
BAUSCH& LOMB/VALEANT	ZELAPAR ODT	CENTRAL NERVOUS SYSTEM: Antiparkinson's Agents: MAOI-B
BIODELIVERY SCI	BUNAVAIL FILM	CENTRAL NERVOUS SYSTEM: Analgesics, Opiate Dependence Agents
BRAEBURN PHARMA	PROBUPHINE 74.2 MG IMPLANT	CENTRAL NERVOUS SYSTEM: Analgesics, Opiate Dependence Agents
COLLEGIUM PHARM	NUCYNTA	CENTRAL NERVOUS SYSTEM: Analgesics, Tramadol like agents, Short Acting
	NUCYNTA ER	CENTRAL NERVOUS SYSTEM: Analgesics, Tramadol like agents
	XTAMPZA ER	CENTRAL NERVOUS SYSTEM: Analgesics, Opioids -Long Acting Narcotics
CSL BEHRING, LL	BERINERT	IMMUNOLOGY: Agents to Treat HAE
	HAEGARDA	IMMUNOLOGY: Agents to Treat HAE
CUMBERLAND PHAR	CALDOLOR VIAL	CENTRAL NERVOUS SYSTEM: Analgesics, NSAIDS
DAIICHI SANKYO,	MORPHABOND ER	CENTRAL NERVOUS SYSTEM: Analgesics, Opioids -Long Acting Narcotics
DEPOMED, INC.	CAMBIA	CENTRAL NERVOUS SYSTEM: Analgesics, NSAIDS
	GRALISE	CENTRAL NERVOUS SYSTEM: Agents for Neuropathic Pain
	ZIPSOR	CENTRAL NERVOUS SYSTEM: Analgesics, NSAIDS
DOVA Pharmaceuticals	DOPTELET	HEMATOLOGICAL AGENTS: Agents for Thrombocytopenia
DUCHESNAY USA,	BONJESTA	GASTROINTESTINAL : Antiemetics, 5-HT3 Agents and other
	DICLEGIS	GASTROINTESTINAL : Antiemetics, 5-HT3 Agents and other
EAGLE PHARMACEU	RYANODEX Inj	CENTRAL NERVOUS SYSTEM: Skeletal Muscle Relaxants
EGALET US INC.	ARYMO ER	CENTRAL NERVOUS SYSTEM: Analgesics, Opioids -Long Acting Narcotics
	SPRIX NASAL SPRAY	CENTRAL NERVOUS SYSTEM: Analgesics, NSAIDS
EISAI INC.	ALOXI SSB VIAL	GASTROINTESTINAL : Antiemetics, 5-HT3 Agents and other
ELI LILLY & CO.	SYMBYAX	CENTRAL NERVOUS SYSTEM: Antipsychotics, Atypical

# UNCHARTERED TERRITORY

- Are there other open access PDLs that can serve as a roadmap?
- Are antipsychotics the appropriate drug class to begin experimenting with a new process?
- Do other states have systems like the one being envisioned here? If so, what challenges/ barriers have they faced?
- We support open access, but want to ask the right questions to avoid confusion and unrealistic expectations.

# OUR QUESTIONS

- How will providers be notified that certain drugs are preferred but not in the traditional sense? Will the state's PDL vendor be responsible for notifying providers? Is that something that will be handled separately by the state?
- What kind of patient education campaign is being planned?
- What will happen if pharmaceutical companies don't honor supplemental rebate bids they submitted with the intent of getting onto a true preferred list? How will that be handled?
- What kind of commitment is being given to ensure this is not just step one to create a PDL so the state can then make an easier switch to a restricted list?

# RECOMMENDATIONS

- **Establish a workgroup** to allow input from mental health consumers, providers, advocates and other involved parties.
- Workgroup should **study this issue and make a recommendation** to the Mental Health Commission and to the Mo Healthnet Oversight Committee.
- Recommendations should include **plans to ensure appropriate administration, implementation, and communication** of new policies.