

Testimony
Engrossed Senate Bill 2243 - Department of Human Services
House Human Services Committee
Representative Robin Weisz, Chairman

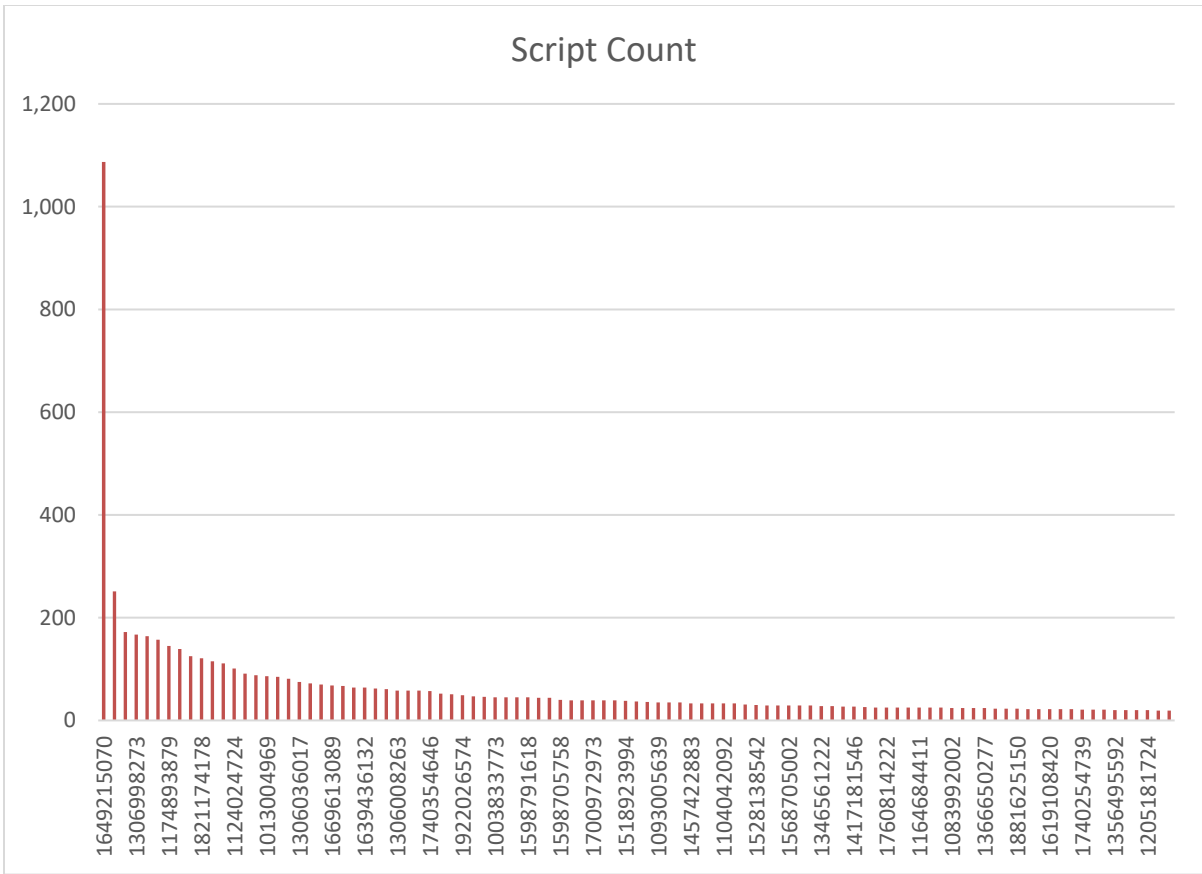
March 4, 2019

Chairman Weisz and members of the House Human Services Committee, I am Brendan Joyce, Administrator of Pharmacy Services for the Medical Services Division for the Department of Human Services (Department). I appear today to provide testimony on Engrossed Senate Bill 2243.

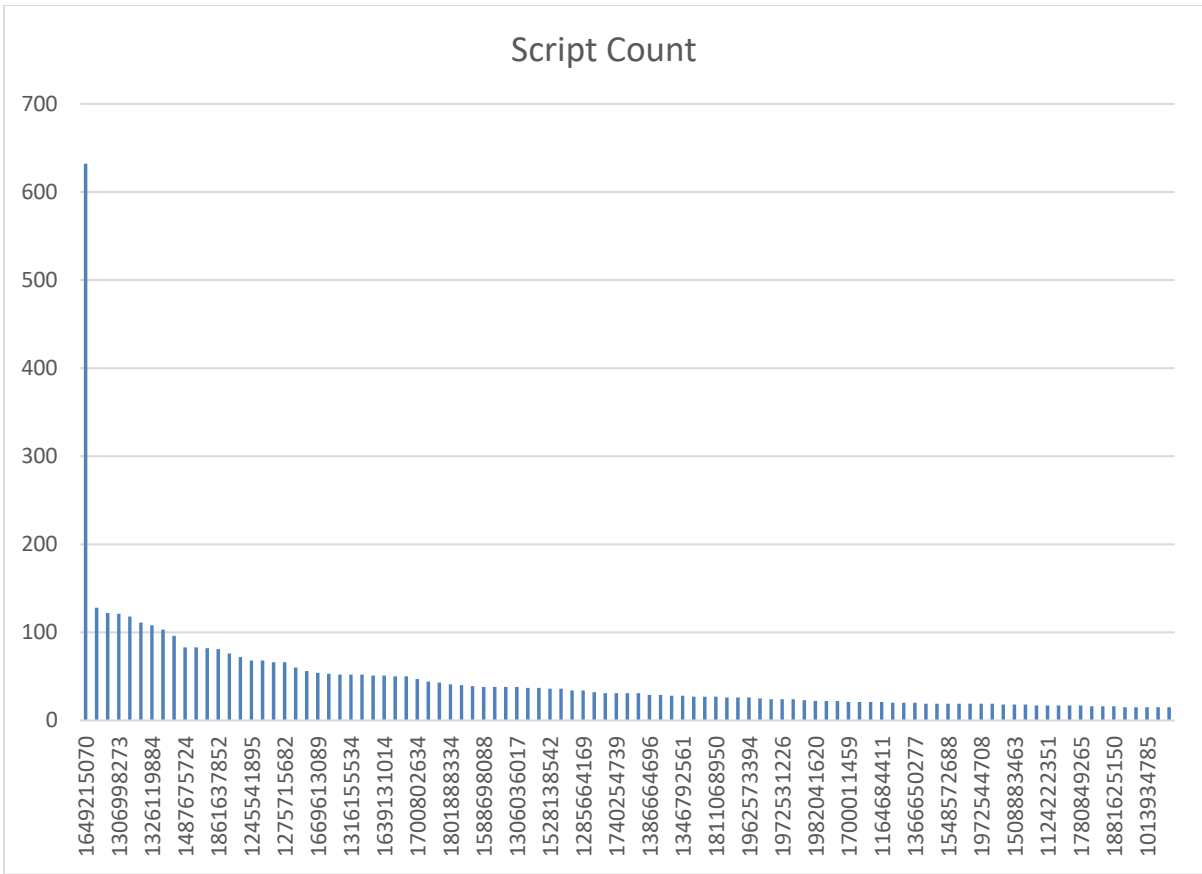
Engrossed Senate Bill 2243 would allow the Department to implement prior authorization for stimulants used for the treatment of attention deficit in adults, and as amended in the Senate, would allow the Department to implement prior authorization for the management of antipsychotic use for children.

Attention Deficit Stimulant Prior Authorization

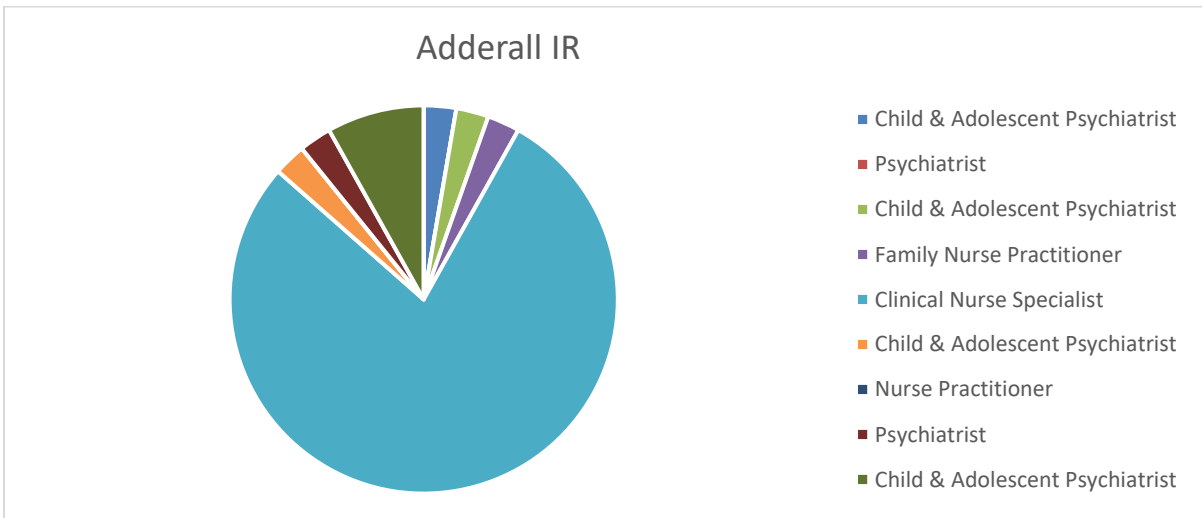
At the direction of the 2017 legislative assembly, the Department has worked diligently to improve the utilization of stimulants through provider education, outreach, and claims processing edits. The Department presented information to the 2017 legislative assembly showing a significant outlier in prescribing dextroamphetamine/amphetamine mixed salts (Adderall®). The same outlier can be seen in the following calendar year 2017 data.

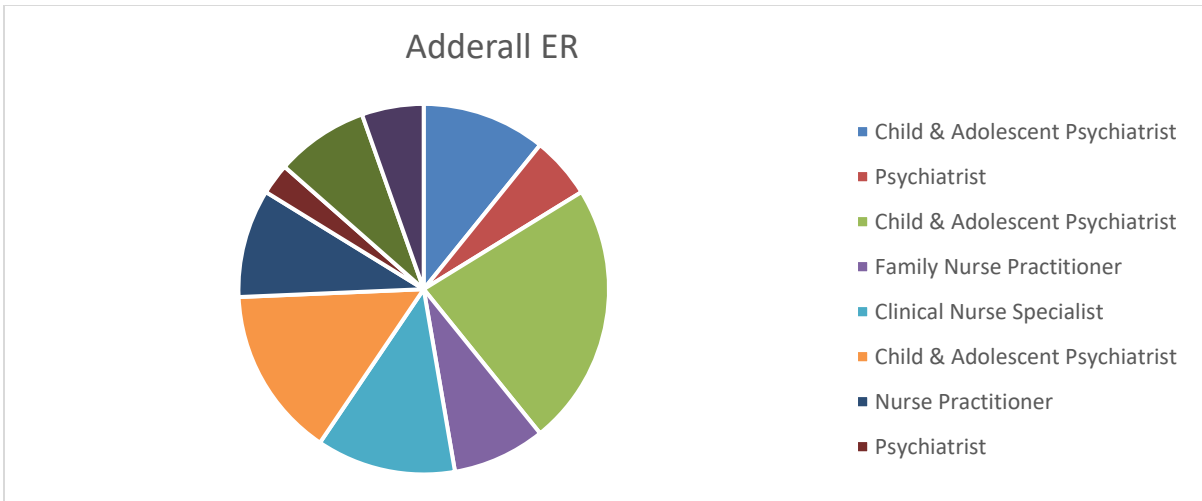


Following our education, outreach, and claims processing edits, the calendar year 2018 data shows that utilization for this product has decreased, but the degree of the outlier actually increased (4.33 times the second highest prescriber in 2017 vs. 4.94 times the second highest prescriber in 2018).

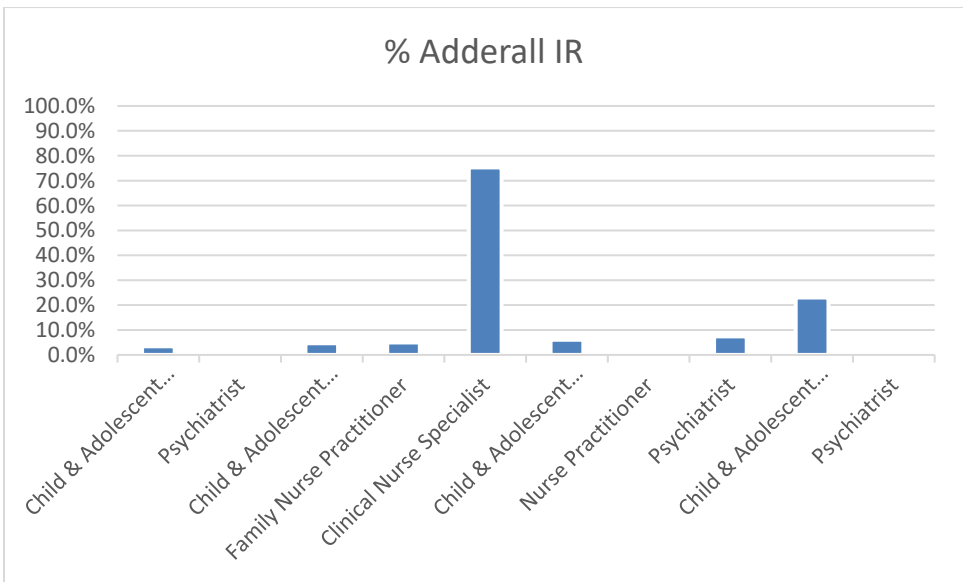


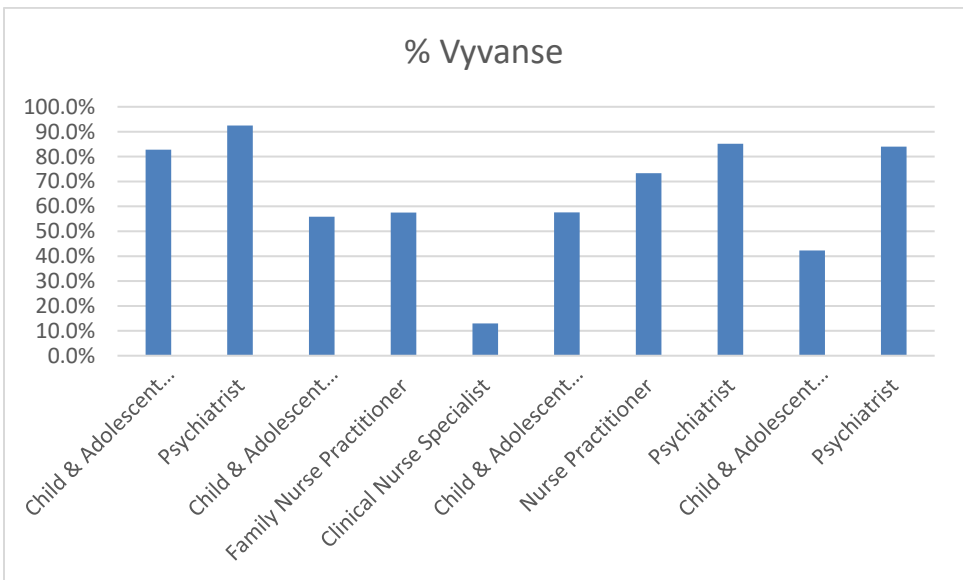
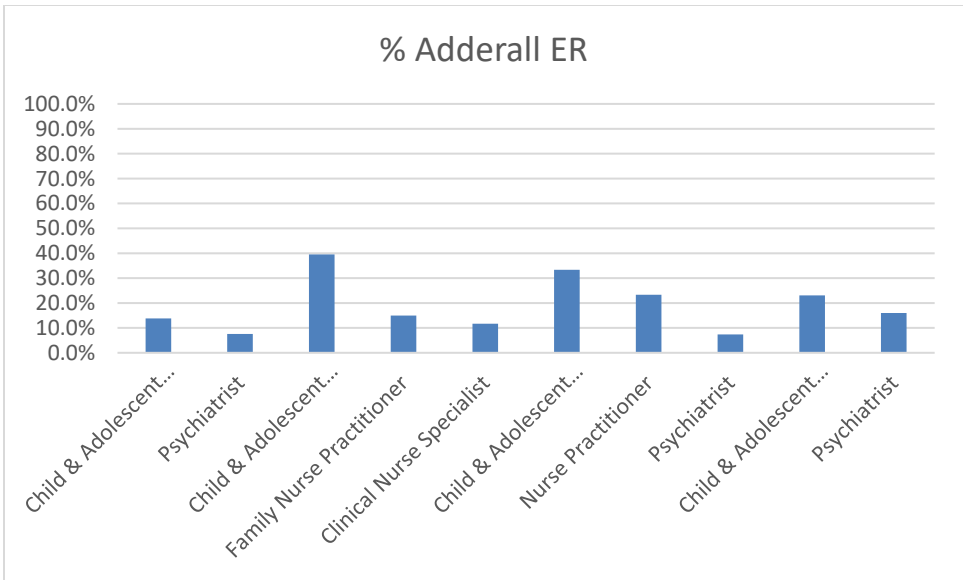
This outlier prescribes a disproportionate share of the more abusable immediate release product as shown on the following two charts which look at the top 10 prescribers of amphetamine products for ADHD.





It is important to note that the manufacturer of Adderall® makes the less abusable product Vyvanse® and they have also been encouraging use of Vyvanse® instead of Adderall® products during this time. When looking at the proportion of amphetamine products prescribed by the top 10 prescribers in this class, the outlier is shown to be the lowest by far for the least abusable product.





Again, these numbers are after two years of education and edits as directed by the 2017 legislature.

Antipsychotic Drugs and Children

Regarding antipsychotic use in children, there are two important things we would like to bring to your attention. First, on October 24, 2018, President Trump signed into law the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act. Within this legislation is the following:

“Program to monitor antipsychotic medications by children - The State has in place a program (as designed and implemented by the State) to monitor and manage the appropriate use of antipsychotic medications by children enrolled under the State plan (or under a waiver of the State plan) and submits annually to the Secretary such information as the Secretary may require on activities carried out under such program for individuals not more than the age of 18 years generally and children in foster care specifically.”

This requires all state Medicaid programs to have a program in place by October 1, 2019, to monitor and manage the appropriate use of antipsychotics in children.

Second, the Office of Inspector General (OIG) published in their September 2018 report, “Treatment Planning and Medication Monitoring Were Lacking for Children in Foster Care Receiving Psychotropic Medication” (OEI-07-15-00380) that North Dakota Medicaid ranks first in the nation for the highest percentage of children in foster care who were treated with psychotropic medications.

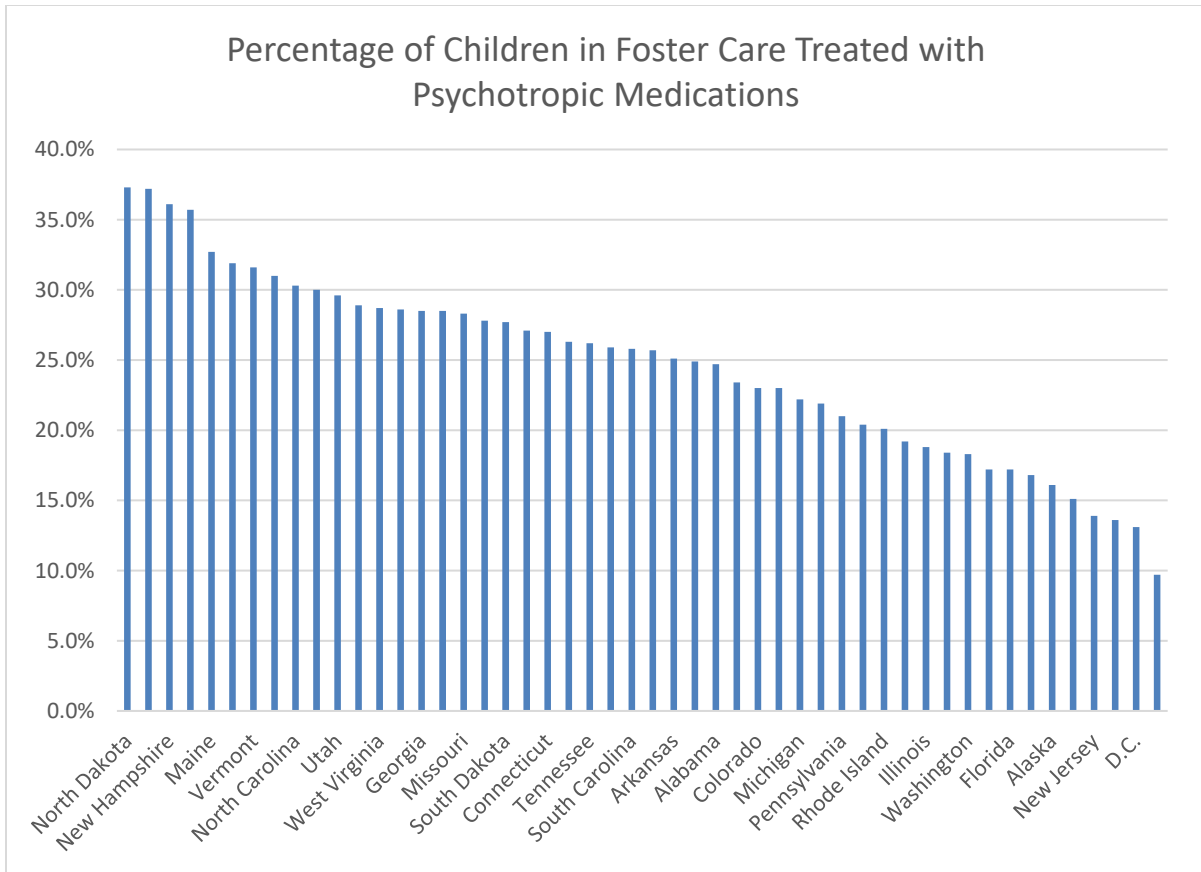


Exhibit B-1: State Demographics Regarding Children in Foster Care Treated with Psychotropic Medications and Related Medicaid Expenditures

State	Population of Children in Foster Care	Number of Children in Foster Care Treated with Psychotropic Medications	Percentage of Children in Foster Care Treated with Psychotropic Medications	Total Medicaid FFS Expenditures for Psychotropic Medications for Children in Foster Care
Iowa	13,951	4,981	35.7%	\$7,135,849
Maine	3,527	1,155	32.7%	\$1,600,692
New Hampshire	2,614	944	36.1%	\$1,741,581
North Dakota	2,734	1,021	37.3%	\$1,184,934
Virginia	14,999	5,584	37.2%	\$11,959,404

Source: OIG analysis of MSIS eligibility and prescription drug claims data, 2016.

The above data for stimulants and for children receiving psychotropic medications demonstrates the impact of the current limitations on the ability of the ND Medicaid program to administer certain classes within the pharmacy benefit consistent with the administration of other classes. Those efforts consist of incorporating edits and oversight approaches that help ensure appropriate, non-duplicative, safe, efficient, and effective utilization. The department's goal is to ensure every child's right to live a happy, healthy life. I have shared data earlier in this testimony that shows not all prescribers follow guidelines and general practice norms. There can be, and are, extreme outliers. To truly have mental health parity, the use of those medications must receive the same benefit from being evaluated, monitored, and managed as all other medications. Congress has found this to be enough of a concern to where they passed a law to require states to monitor and manage these medications in children.

The Department does not anticipate any changes in expenditures due to this bill, which is why there is no fiscal note.

This concludes my testimony, and I am happy to answer any questions you may have.