

COMMONWEALTH of VIRGINIA

Department of Medical Assistance Services

GREGG A. PANE, MD, MPA

November 1, 2010

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MEMORANDUM

TO:

The Honorable Charles J. Colgan

Chairman, Senate Finance Committee

The Honorable Lacey E. Putney

Chairman, House Appropriations Committee

FROM:

Gregg A. Pane, MD, MPA

SUBJECT: Report on Preferred Drug List Program

Item 297 (P)(7) of the 2010 Appropriations Act directs the Department of Medical Assistance Services (DMAS) to report on the utilization and cost of drugs exempted from the DMAS Preferred Drug List (antidepressant, anti-anxiety and antipsychotic medications) to the Chairmen of the House Appropriations and Senate Finance Committees by December 1, 2010. A copy of Item 297 (P)(7) is attached to this letter.

In response to this directive, DMAS compiled the following information that provides the cost and utilization information for these exempted drugs from the period of June 1, 2009 through June 30, 2010:

Number of Unduplicated Members who Received PDL Exempted Drugs: 92,178

Total PDL Exempted Drug Claims Paid: 593,604

Total Amount Paid by DMAS for PDL Exempted Drugs: \$48,802,337 Total Number of Prescriptions for PDL Exempted Drugs: 321,378

Please contact Scott Cannady, DMAS Senior Health Policy Analyst, at 804-786-7959 or scott.cannady@dmas.virginia.gov if you have any questions or require additional information.

Attachment

Pc: The Honorable William (Bill) A. Hazel, Jr., M.D.

Attachment A Item 297 (P)(7) of the 2010 Appropriations Act

The Department of Medical Assistance Services shall (i) exempt antidepressant, antianxiety and antipsychotic medications used for the treatment of mental illness from the Medicaid Preferred Drug List program; (ii) continually review utilization of behavioral health medications under the State Medicaid Program for Medicaid recipients; and (iii) ensure appropriate use of these medications according to federal Food and Drug Administration (FDA) approved indications and dosage levels. The department may also require retrospective clinical justification according to FDA approved indications and dosage levels for the use of multiple behavioral health drugs for a Medicaid patient. For individuals 18 years of age and younger who are prescribed three or more behavioral health drugs, the department may implement clinical edits that target inefficient, ineffective, or potentially harmful prescribing patterns in accordance with FDA-approved indications and dosage levels. The department shall report on the utilization and cost of drugs exempted under the provisions of this paragraph to the Chairmen of the House Appropriations and Senate Finance Committees by December 1, 2010.