CEAO September 15, 2010 Minutes

Meeting called to order at 10:20am by Senator Slossberg.

Senator Slosseberg asked the Commission to review the letter that was sent to DSS and the response that was received yesterday, as well as the DAS response to the Smart Unit letter.

Rep. Spallone thanked the commission for their hard work and attendance.

Carrie Vibert gave an overview of what PRI staff will be updating the Commission on at this meeting.

Cathy Conlin began speaking about the Generic Drug issue. (see handout)

Senator Kissel asked why we are paying so much while Massachusetts (for example) is paying less.

He followed up by saying that many people talk of the danger of generic drugs for treating some disorders because they need to be so fine tuned to the individual. He asked if we will be bringing in mental health drug professionals, to discuss this, or if we are excluding this from our cost savings analysis.

Ms. Conlin replied that mental health drugs are not on the preferred drug list, but if Medicaid patients are on a specific drug, which is not on the list they will be allowed to stay on it. Senator Kissel reminded the Commission that we need to be mindful of this.

Senator Slossberg mirrored his concerns, but also stated that if we maintain the carve-outs for specific drug use that they would still be able to realize significant savings.

Senator LeBeau asked how we would be able to accommodate the kinds of issues that are being raised right now. Ms. Conlin replied that Massachusetts uses a program that uses evidence based prescription drugs and uses this information to create its drug list.

Another reason that Connecticut may be paying more is that other states may be in a purchasing pool, and may just have more purchasing power than we do.

Representative Mushinsky asked if we need to be working on legislation pertaining to this issue.

We do not currently have legislation that requires agencies to use generic drugs.

Ms. Conlin replied that in state statute there is a requirement for pharmacists to distribute an FDA approved generic if one is available. The question now, is what should the requirements be for a physician to prescribe a brand name vs. a generic drug? The question is the requirement for prior authorization.

Rep. Geragosian reinforced that the Commission's intent is to keep people on a specific drug if they are currently undergoing treatment with that drug.

The prescription rate per client is 9.2 in Connecticut vs. Pennsylvania's rate of 3.5. What does PA do that has a low rate? Many things may impact this. Connecticut has recently looked at prescriptions per client which showed that Medicare has some patients that are currently on 15 prescriptions per month. There is a high over prescribing rate which we are looking into lowering.

Pharmacy costs in many cases do lower other costs, this was not taken into account for this discussion, as this is only concerning prescription drugs.

Rigorous prior authorization vs. what we have right now? Ms. Conlin thinks it is what would be required to have the approval of a prior authorization. In MA you would be required to have a generic drug first before the brand name drug is prescribed. If the generic drug doesn't work, the patient is switched and that is noted in the system so that there is not a repeat occurrence.

Bill Cibes asked what the requirement under the SEBAC agreement for state employees is, and how it differs from the rigorous prior authorization for non state employees.

It is Ms. Conlin's understanding that if you do not have a prior authorization for a brand name drug, then you will have to pay the full amount, but she isn't sure if that is the same policy for people on Medicaid.

Mr. Cibes also confirmed that 15,000 Medicaid participates were on 15 or more prescriptions per month. He stated that maybe we should review that.

Secretary Cicchetti commented that the over prescribing of individuals many times pertains to elderly clients or people who see different doctors and use different pharmacies. DSS has teamed up with UCONN School of Pharmacy to look at the highest usage individuals and find that many times it is lack of communication between doctors. Electronic medical records would help but would cost a lot of money to implement.

Drug Recycling
See Handout 2 by Miriam Klugar

Rep. Mushinsky asked if nursing home patients can switch to Veteran's prescription drugs (starting Oct 1) has been taken into account. PRI staff would look into that.

Rep. Morin would like a better response from DSS. "Shortly" isn't a good enough answer.

Tan-F Update.
Neil Ayers, OFA
Handout 3

State Personnel Statistics
Representative Spallone noted that there were 81 State Agencies – and asked if there was anything that wasn't being counted. Carrie Vibert replied that they are still working on it, but the number is the amount separate entities. She also noted that there were different ways of coding things, for example MP is used for management, bur not all managers are coded this way.

Representative Mushinsky asked that the Chairs send a letter to the Connecticut State University System requesting information on their staff.