Pieter Joost van Wattum, MD, MA
93 Edwards Street
New Haven, CT 06517
203-772-1270 #244

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TESTIMONY BEFORE THE APPROPRIATIONS COMMITTEE OF THE CONNECTICUT GENERAL ASSEMBLY

Re: Urgent Need for Passage of Medicaid Drug Denial Notification Requirement

Senator Harp, Representative Walker, and members of the Appropriations Committee-

My name is Pieter Joost van Wattum and I am a child and adolescent psychiatrist, and medical director of both the Clifford Beers Guidance Clinic in New Haven and the Children's Center in Hamden. More than 90 percent of my patients are HUSKY enrollees. DSS requires prior authorization (PA) for medications which are not on their preferred medication list. Although as prescriber, consumer and taxpayer, I fully support the notion of choosing a less expensive medication if a cheaper and therapeutically equivalent alternative is available, the implementation of PA has proven burdensome for my patients and their caregivers, as well as pharmacists and my colleagues, resulting in denials of access to urgently needed medications. I testify in support of the adoption of basic notification requirements to reduce this harm to our vulnerable patients.

Under the current Medicaid drug system, when a prescription is presented at the pharmacy for a drug for which PA is required, and such authorization has not been obtained, the pharmacist is only authorized by DSS to provide a one-time fourteen-day supply of the drug and no further supplies will be given without PA thereafter being obtained. However, DSS notifies neither the patient nor their prescriber that this has occurred. Although, as I understand it, in the case of psychiatric medications only, DSS is supposed to notify the prescriber that such a one-time supply was provided and further action is needed, in reality, this is not happening either.

During the past few weeks, I have received several faxes from pharmacies about the denial at the pharmacy, or calls from patients about medications that could no longer be prescribed apparently because, unknown to me, the one-time supply had already been provided and I did not know that PA was necessary for the patient to get more of the drug. Of note, none of these were new prescriptions, but rather medications on which patients had been stable, in

most cases, for several years. It appears that these medications have newly been taken off the preferred list and so now are subject to PA. On **none** of these occasions was I informed by DSS about the denial/one-time supply, and those faxes kindly sent by the pharmacy ended up in facilities where the patient was not registered, leading to a delay in PA and in one case the patient ran out of medication.

When patients are denied drugs at the pharmacy due to a lack of PA pharmacists are often not in a position to take timely action to reach and connect with the prescriber to assist the patient in receiving an alternative medication; and these patients lack means to pay for the drugs on their own when Medicaid payment is denied. In addition, not all prescribers have staff which, if reached in a timely manner, can take care of the PA process and they may lack time to respond quickly to the PA demand. The PA process often takes significantly more than 24 hours. In many cases, patients go to the pharmacy on week nights or weekends, leading to extra delays since pharmacies are often not fully staffed leaving limited time for the pharmacists to deal with this, and prescribers cannot be reached. So prompt notification that a one-time 14-day temporary supply has been provided and that further action is needed to prevent a total denial at the pharmacy on day 15 is needed.

A recent review conducted by DSS's contractor, Hewlett-Packard (HP), at the Medicaid Council Consumer Access Subcommittee's request, looked at HUSKY A and B enrollees, a generally healthier and far less medication-dependent Medicaid population than elderly and disabled Medicaid enrollees. HP found in its review that, even for this healthy population, in a 10-month period from 2008 to 2009, **5,142** claims for medications were denied by DSS electronically at the pharmacy because the medication the individual sought was not on the state's Preferred Drug List and therefore required PA, PA had not been obtained, and the person had already obtained his or her **one-time** 14-day temporary supply before returning to the pharmacy seeking another supply of the same medication. These "second-time-around" denials occur because, supposedly with the exception of mental health-related medications, DSS does not follow up with providers to advise the prescribers that PA is needed for the recipient to get a further supply of the drug (or that a different, perhaps less expensive, drug should be prescribed), and no written notice is provided to the patient warning them to take action. And as mentioned before, in my experience DSS does not warn prescribers of problems even with mental health medications.

As a provider who treats predominantly Medicaid enrollees, I urge you to adopt the most basic consumer protections which DSS has long been urged to adopt: send a written notice to Medicaid enrollees whenever any drug is denied at the pharmacy, in whole or in part, advising them of the steps they should take to fix the problem, and also notify the prescribers of the need to take action. Taken together, these two steps will substantially reduce the alarming number of cases in which no follow up is conducted, resulting in total denials of access to needed medications at the pharmacy.

As mentioned, there is supposedly an exception for mental health medications, but in my experience that is not implemented. There also are many other categories of prescribed drugs the

absence of which can have serious consequences, including hospitalizations at the state's expense. DSS does not issue written notices to Medicaid enrollees denied drugs at the pharmacy for **any** categories of drugs, despite having been instructed by former Attorney General Richard Blumenthal that this is required.

I am only one of many prescribers but certainly not the only one encountering these problems. In the interest of our patients, the need for the common-sense patient/consumer protections in the form of basic notification is apparent. I therefore urge you to take action to pass a drug denial notification bill this year.

Thank you for considering these comments.

Respectfully yours,

Pieter Joost van Wattum, MD, MA