



MENTAL HEALTH CLINICAL ADVISORY GROUP

LEGISLATIVE REPORT

December 2021

STAFFED BY:

HEALTH POLICY & ANALYTICS DIVISION

OFFICE OF DELIVERY SYSTEMS INNOVATION

SUMMARY

Pursuant to ORS 414.359(6), the Mental Health Clinical Advisory Group (MHCAG) is required to report to the interim committees of the Legislative Assembly related to health on recommendations made to the Oregon Health Authority (Authority) and may include recommendations for legislation. The following report fulfills that requirement.

The MHCAG is an 18-member group of mental health professionals tasked with creating clinical practice resources and recommendations for the treatment of mental health disorders with mental health drugs. The MHCAG published eight comprehensive resources on bipolar disorder and major depressive disorder in 2021.

All resources published by MHCAG can be found at: <https://www.oregon.gov/oha/HSD/OHP/Pages/PT-MHCAG.aspx>

HISTORY

The MHCAG is charged with developing evidence-based algorithms for the treatment of mental health disorders with mental health drugs and making recommendations to OHA and the Pharmacy and Therapeutic (P & T) Committee. The statute also requires the MHCAG to publish its approved recommendations within 30 days of approval and submit an annual report. Senate Bill 138, passed in 2019, extends the work of the MHCAG indefinitely. This document provides an overview of the work and recommendations made by the MHCAG during 2021, including:

- Implementation of evidence-based algorithms
- Recommended changes to any preferred drug list used by the Authority
- Practice guidelines for the treatment of mental health disorders including, but not limited to, mental health drugs
- Coordinating the work of the group with an entity that offers a psychiatric adviceline

The following is a link where the above recommendations and deliverables can be found: <https://www.oregon.gov/oha/HPA/DSI-Pharmacy/Pages/MHCAG-Recommendations.aspx>

2021 PUBLICATIONS

The MHCAG met eleven times during 2021 via a virtual meeting platform. The MHCAG published the following eight clinical practice resources and recommendation documents during 2021:

1. "[Breakthrough symptoms and bipolar disorder.](#)" This document summarizes some of the most prevalent symptoms clinicians may observe while treating someone with bipolar disorder.
2. "[Comparing anti-depressant monotherapies based on adverse effects.](#)" This publication lists the pros and cons clinicians and patients should consider before starting or changing anti-depressant medications.
3. "[Medication algorithm for the treatment of major depressive disorder](#)" This publication is a flow chart that shows a treatment path for major depressive disorder using medications while also considering possible psychosocial contributors to treatment outcomes.
4. "[Sexual health and anti-depressant medications.](#)" This publication provides links to comprehensive information for both clinicians and patients on the often-underemphasized sexual side effects of anti-depressant medications.

5. "[Major depression evaluation and treatment algorithm.](#)" This publication is a multi-modal treatment flow chart for the treatment of depression. Among other considerations, it includes lifestyle, psychotherapy and medication recommendations.
6. "[When Depression Treatment Doesn't Work.](#)" This publication provides possible treatment pathways for those with treatment-resistant depression. Pathways included are transcranial magnetic stimulation (TMS), electroconvulsive therapy (ECT), ketamine, intranasal esketamine (Spravato®) and statement on the use of psychedelics.
7. "[Switching Between Anti-depressant Medications.](#)" This publication describes an approach to discontinuing one medication while beginning a different medication. A medication table with dose increments, medication half-lives, average minimum effective dose and maximum dose is included.
8. "[Drug augmentation for treatment-resistant depression.](#)" This publication offers medication-focused options for treating treatment-resistant depression when there has been an inadequate response to two trials of anti-depressant medication. There are four tables included that note the evidence base, effectiveness and harms associated with the listed medications.

The group reviewed scientific evidence, considered real-world practice dynamics encountered by patients and practitioners, and heard public testimony prior to voting to approve content for publication.

2021 P & T COMMITTEE CONSULTATION

While the MHCAG has not yet presented its work on major depressive disorder to the P & T Committee, it did provide consultation to the P & T on specific topics requested by the P & T membership. P & T Committee requests for consultation are intermittent and typically occur during special meetings. Members provide individual comment on the topic presented but do not vote by consensus as a group about the feedback provided. The Oregon State University DURM group staff collate the feedback and present the information at P & T meetings. Following are the P & T topics considered by the MHCAG during 2021:

January 2021 - Esketamine and Treatment Resistant Depression

At the special meeting held on January 28, 2021, the MHCAG provided feedback on the portion of the OSU DURM group's comprehensive review of anti-depressants that covered the use of nasal-administered esketamine for those patients assessed by clinicians to be acutely suicidal. Members of the group responded by saying that it made sense for patients with treatment-resistant depression to have access to nasal-administered esketamine and was not appropriate for those who may be acutely suicidal but had not yet tried oral anti-depressants.

March 2021 - Recommendations for de-prescribing anti-psychotic medications

During the March 25, 2021 special meeting, the MHCAG provided feedback on proposed recommendations identifying areas where prescribing practices could be optimized when children and adults are prescribed multiple mental health medications. This included opportunities where anti-psychotic de-prescribing could be indicated. Members stated their support for the proposed recommendations noted below and in the DURM evaluation [report](#) contained in the MHCAG meeting materials:

"Review profiles of patients with the following high-risk categories to identify opportunities for therapy optimization or de-prescribing:

- Patients with long-term use (>90 days) of 6 or more mental health drugs (or >4 drugs in children)
- Patients with possible contraindications to therapy for antipsychotics and stimulants (such as elderly patients with dementia-related psychosis and stimulant abuse)
- Children without FDA-approved diagnoses or claims history indicating use of non-pharmacological psychosocial services
- Children less than 5 years of age prescribed a stimulant or antipsychotic”

October 2021 -Esketamine use in patients with substance use disorders

On October 21, 2021, the MHCAG provided feedback about the proposed prior authorization criteria addition of clinician-administered risk assessment for the abuse/misuse of esketamine for those patients diagnosed with treatment-resistant depression and a history of substance use disorders. Members recommended that the proposed prior authorization criteria be removed due to the already tight esketamine prescription rules.

Mental Health Clinical Advisory Group Meeting Records

For all MHCAG meeting materials and meeting minutes please visit this [link](#).

Pharmacy & Therapeutics Committee Meeting Records

P & T Committee information, including meeting minutes, can be found [here](#).

FUTURE MCHAG WORK

The MHCAG has committed to creating two-three clinical guidance documents each year. In 2022, the MHCAG expects to publish additional clinical resources for the treatment of major depressive disorder and anxiety disorders.

SPECIAL THANKS

The OHA wishes to thank the members of the MHCAG. Many of the MHCAG members are actively practicing clinicians who have been working through the COVID-19 pandemic and facing unprecedented challenges. Similarly, advocates and consumers have personally felt the profound impacts of the pandemic. That being said, all members have prioritized this important work and contributed greatly to the deliverables described in this report.