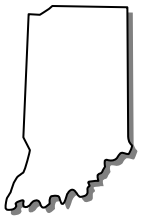

PROVIDER BULLETIN

BT200805 JANUARY 24, 2008

To: All Pharmacy Providers and Prescribing Practitioners

Subject: Mental Health Medication Edits and Revised Medical Necessity Review Form

Overview

This bulletin provides an overview of the Mental Health Quality Advisory Committee's (MHQAC) current medical necessity quality and utilization edits. It advises providers of medical necessity quality edits scheduled for implementation and provides a revised Medical Necessity Review Form used in seeking prior authorizations (PA) for mental health medications.

Medical Necessity Quality Edits for Mental Health Medications

On January 1, 2007, six initial mental health medical necessity quality edits (Level 1s) were implemented in the pharmacy claims processing systems of fee-for-service and managed care plans. The edits are Drug Utilization Review (DUR) Board and MHQAC approved. If any of the following clinical situations apply, the applicable claims processing system will require a medical necessity review via the existing prior authorization systems:

- Patient receiving two or more tricyclic antidepressant medications
- Patient receiving two or more typical antipsychotic medications
- Patient receiving three or more atypical antipsychotic medications
- Patient receiving three or more antipsychotic medications
- Patient receiving three or more benzodiazepine medications
- Patient receiving three or more any antidepressant medications, excluding trazodone

Refer to Provider Bulletin BT200626 for information about these edits, including PA criteria.

The following, additional Level 1 edits have been approved by the DUR Board and the MHQAC:

- 15 day trial fill for new atypical antipsychotic medications
- Patient receiving two or more sedative-hypnotics, including trazodone
- Patient receiving two or more SSRI and/or SNRI antidepressants, excluding bupropion and mirtazapine
- Patient receiving two or more stimulants having different core ingredients
- Patient receiving three or more of any anticonvulsant/mood stabilizer
- Patient receiving two or more atypical antipsychotics

- Patient, ages 18 – 64, receiving the following low dose atypical antipsychotics:
  - aripiprazole < 10mg/day
  - olanzapine < 5mg/day
  - quetiapine < 300mg/day
  - risperidone < 1mg/day
  - ziprasidone < 40mg/day

Although each edit has been *approved* by the DUR Board and the MHQAC, the Office of Medicaid Policy and Planning (OMPP) will make the final determination regarding which edits will be *implemented* and when.

Future Implementation Dates

The following edits and corresponding PA criteria will be implemented on **March 3, 2008**:

- Patients receiving two or more SSRI and/or SNRI antidepressants, excluding bupropion and mirtazapine
- Patients receiving two or more sedative-hypnotics, including trazodone

For the two edits listed above, the existence of *all* the following will be grounds for issuing authorization of the service:

- Medications are for DSM IV diagnosis, and
- Medications are prescribed by or in consultation with a psychiatrist, and
- Medications, or one of its counterparts, are for the purpose of tapering or cross tapering, and
- There is documentation in the medical record that the patient had a trial of each of the medications, at adequate dose and duration, and showed more improvement while taking the combination than on any one of the medications separately.

The following edit and corresponding PA criteria will also be implemented on **March 3, 2008**:

- Patients, ages 18 – 64, receiving 25mg or 50mg quetiapine dosages (daily dosages between 51mg and 299mg will be monitored to ensure appropriate utilization, that is not being used for induction of sleep or treatment of insomnia)

For the edit listed above, the existence of *all* the following will be grounds for issuing authorization for the service:

- Medications are for DSM IV diagnosis, and
- Medications, or one of its counterparts, are for the purpose of tapering or cross tapering, and
- Medications are being used for less than six months.

On **June 2, 2008**, the edit for 15-day trial fill for new, atypical antipsychotic medications will be implemented. This edit will use a four month "look back" period to determine if the patient had a prescription for the same active ingredient filled in the previous four months. If so, the new prescription will not be subject to the edit. If this is new medication for the patient or if it has been over four months since the medication was previously filled, the pharmacy will be able to fill the prescription for only a 15-day supply. Pharmacy providers and prescribers will be able to submit a PA request if the patient had samples. Copays for those individuals who are not copay exempt will apply to the 15-day trial fills. It may be advisable for the prescriber to issue two prescriptions, one for a 15-day supply and the second for the maintenance quantity if it is presumed that the patient will be continuing the medication.

The edits and criteria are consistent among all managed care plans and traditional Medicaid.

Utilization Edits for Mental Health Medications

Various claims processing edits, called utilization edits, were implemented June 19, 2007. These edits address prescribing situations inconsistent with established pharmacokinetic principles and clinical practice guidelines, and in some instances require PA. The intent of the edits is to promote patient adherence to medication regimens and ensure safe, appropriate use of medications by the Indiana Medicaid population. Utilization edits are reviewed quarterly, with updates conveyed to providers. For more information about the utilization edits refer to bulletin BT200709.
For a current list of the utilization edits, please refer to
http://www.indianamedicaid.com/ihcp/PharmacyServices/MentalHealthInfo.asp?comm=qac

Mental Health Quality Advisory Committee Meetings for 2008

The MHQAC will meet quarterly for calendar year 2008. The meeting dates are January 17, April 17, July 17, and October 16. Currently, all meetings are scheduled to start at 10 a.m. Eastern Time (ET), and will be held in Conference Center Room 2 of the Indiana Government Center South building. Please check the Web calendar at http://www.in.gov/fssa/6181.htm prior to attending any meeting to confirm the date, time, and location. These public meetings provide a forum, for those in attendance, to offer their feedback about the activities of the MHQAC. The meetings will include discussion of any future implementation plans regarding the following Level 1 edits:

- Patients receiving two or more stimulants having different core ingredients
- Patients receiving three or more of any anticonvulsant/mood stabilizer
- Patients receiving two or more atypical antipsychotics
- Patients, ages 18 – 64, receiving the following low dose atypical antipsychotics:
  - aripiprazole < 10mg/day
  - olanzapine < 5mg/day
  - risperidone < 1mg/day
  - ziprasidone < 40mg/day

The OMPP created an e-mail box for feedback about MHQAC activities. Messages sent to MHQAC@fssa.in.gov will not receive a response. Messages are forwarded to the MHQAC members for their consideration. Please note that messages containing protected health information (PHI) will not be forwarded. Send comments to be reviewed by the MHQAC members at a scheduled meeting to the above e-mail address no later than the 10th day of that month.

Revised Medical Necessity Review Form

The revised Medical Necessity Review Form , which is the same as the Mental Health PA Form on the Web, is attached at the end of this bulletin. Use it to request PA for mental health medications. It is also available on the Indiana Medicaid Web site at www.indianamedicaid.com under Forms.

Plan Contacts

To submit a PA request related to the MHQAC medical necessity quality edits, utilization edits, or for related pharmacy and prescribing questions, please contact the member's plan as listed in Table 1 below.

Table 1 – Plan Contact Information

Traditional Medicaid/*Care Select*	**Anthem**
Pharmacy Customer Service: Telephone: 1-866-879-0106 Fax: 1-866-780-2198 Web site (for PA forms): www.indianamedicaid.com	Pharmacy Customer Service: Telephone: 1-877-652-1223 Fax: 1-866-408-7103 Web site (for PA forms): http://www.anthem.com/wps/portal/ahpprovider?content_path=provider/in/f3/s4/t1/pw_ad089349.htm&state=in&rootLevel=2&label=Pharmacy%20Information
MDwise	**Managed Health Services (MHS)**
Pharmacy Customer Service: Telephone: 1-800-558-1655 Fax: 1-877-234-4274 Web site (for PA forms): http://www.mdwise.org/providers/pharmacy/	Pharmacy Customer Service: Telephone: 1-800-460-8988 Fax: 1-866-399-0909 Web site (for PA forms): https://www.managedhealthservices.com/portal/public/mhs_in

Contact Information

If you have questions about this bulletin, please contact EDS Customer Assistance at (317) 655-3240 in the Indianapolis local area, or toll-free at 1-800-577-1278.

If you need additional copies of this bulletin, please download them from the IHCP Web site at http://www.indianamedicaid.com/ihcp/Publications/banner_results.asp. To receive e-mail notifications of future IHCP publications, subscribe to the IHCP E-mail Notifications at http://www.indianamedicaid.com/ihcp/mailing_list/default.asp.

Indiana Medicaid Mental Health Quality Advisory Committee

Medical Necessity Review Form

	Phone:	Fax:
Traditional Medicaid	(866) 879-0106	(866) 780-2198
Managed Health Services	(800) 460-8988	(866) 399-0909
MDwise	(800) 558-1655	(877) 234-4274
Anthem	(877) 652-1223	(866) 408-7103

****All sections must be completed or the request will be returned****

Patient's Medicaid #	Date of Birth ☐☐ / ☐☐ / ☐☐☐☐
Patient's Name	Prescriber's Name
Prescriber's IN License #	Prescriber's Signature
Prescriber's NPI #	Specialty ☐ Psychiatry ☐ Neurology ☐ General Medicine ☐ Other
Return Fax # ☐☐☐ - ☐☐☐ - ☐☐☐☐	Return Phone # ☐☐☐ - ☐☐☐ - ☐☐☐☐

Check the applicable prescribing situation and answer questions as specified:

- ☐ 2 or more sedative hypnotics
- ☐ 2 or more SSRI/SNRI medications
- ☐ 2 or more typical antipsychotics
- ☐ 3 or more atypical antipsychotics
- ☐ 2 or more tricyclic antidepressants
- ☐ 3 or more antidepressants, excluding trazodone
- ☐ 3 or more any antipsychotics
- ☐ 3 or more benzodiazepines

For any box checked, answer questions **1 – 3 and 5** in the "Questions" section below.

☐ Low dose Seroquel (25mg and 50mg prescriptions) (Sleep disorder or insomnia are not valid diagnoses for the utilization of any strength of Seroquel; the request will be denied.)

If checked, answer questions **1, 3, and 4** in the "Questions" section below.

Example: If the prescribing situation is 3 or more benzodiazepines, mark the appropriate box above and answer questions 1, 2, 3, and 5 in the "Questions" section below.

Questions:	YES	NO
1) Is the medication prescribed for a DSM-IV diagnosis?	☐	☐
2) Is the medication prescribed by or in consultation with a psychiatrist?	☐	☐
3) Is the medication, or one of its counterparts, being tapered/cross-tapered?	☐	☐
• If yes, how long will the taper last? (indicate duration in "yes" box)	_____	
4) Is the prescribed medication being used for less than 6 months?	☐	☐
5) Is there documentation in the medical record that the patient has had a trial of each of the medications, at adequate dose and duration, and is improving more on the combination than on any one of the medications separately?	☐	☐

Indiana Medicaid Mental Health Quality Advisory Committee
Medical Necessity Review Form

Requested Medications (list all)	Strength	Qty	Dosage Regimen	Diagnosis	Date Started

Clinical Explanation/Justification (please be thorough; a current plan of treatment and progress notes may be requested for documentation):

Determination: (For Internal Use Only)
☐ Approved ☐ Denied (see comments for rationale) ☐ Suspended (need more information, see comments)
Comments: