



"People
helping people
help
themselves"

MITCHELL E. DANIELS, JR., GOVERNOR
STATE OF INDIANA

Office of Medicaid Policy and Planning
MS 07, 402 W. WASHINGTON STREET, ROOM W382
INDIANAPOLIS, IN 46204-2739

October 25, 2010

Honorable Representative William Crawford
Chair, Select Joint Commission on Medicaid Oversight
State House
200 W. Washington Street
Indianapolis, IN 46204-2786

Dear Representative Crawford;

In accordance with Indiana statute IC 12-15-35-51(i), enclosed is a report from the Office of Medicaid Policy and Planning. This report primarily addresses activities of the Medicaid Mental Health Quality Advisory Committee (MHQAC).

We hope the Commission finds this report responsive to the statutory requirements and that it proves to be of assistance to the Commission in its important oversight capacity. Thank you for the opportunity to provide information pertaining to the activities of this advisory body to OMPP.

Sincerely,

Patricia Casanova
Director of Medicaid



OFFICE OF MEDICAID POLICY AND PLANNING

*REPORT TO THE SELECT JOINT COMMISSION ON MEDICAID
OVERSIGHT, IN ACCORDANCE WITH IC 12-15-35-51(i)*

October 2010

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INTRODUCTION

Indiana statute at IC 12-15-35-51(see Attachment 1) provided for the establishment of the mental health Medicaid quality advisory committee (see Attachment 2), referred to as “Mental Health Quality Advisory Committee” or, more simply, MHQAC. This important advisory committee to the Office of Medicaid Policy and Planning (“Office”) has played a central role in the development and recommendation to the Office of medically cogent and reasonable coverage policy pertaining to mental health medications under the Indiana Health Coverage (IHCP) programs benefit structure.

IC 12-15-35-51(i) (see Attachment 1) requires the Office to issue a report to the Select Joint Commission on Medicaid Oversight. The report—this document—substantially recaps the important work done by the MHQAC in its advisory role to the Office regarding mental health drug coverage policy.

It is the view of the Office that, through the substantial clinical knowledge and expertise of the members of the MHQAC, both IHCP and the citizens of the State of Indiana have realized the benefits of a clinically superior and fiscally prudent mental health drug coverage policy. As part of this report, the Office would like to extend its sincerest thanks to members of the MHQAC for the time and consideration they have afforded, and continue to provide, as members of this advisory Committee. The Office welcomes all comments from the members of the Select Joint Commission regarding this report.

EXECUTIVE SUMMARY

House Enrolled Act 1325 (HEA 1325) created the Mental Health Quality Advisory Committee (MHQAC). The purpose of the committee is to develop guidelines and programs to allow open and appropriate access to mental health medications, provide educational materials to prescribers, and to promote appropriate use of mental health medications. Various tasks performed by this committee include recommending "utilization edits" (also referred to as "dose optimization edits") for mental health medications, recommending "polypharmacy edits" (also referred to as "quality edits") for specific prescribing situations that may occur with mental health medications, monitoring mental health medication prior authorization statistics related to the above-referenced edits, and reviewing various reports to develop a deeper understanding of the impact of the Committee's actions on the program.

OBJECTIVES

The objectives of this report, per statute, are to:

- 1.) Advise the Select Joint Commission on Medicaid Oversight of the MHQAC's advice and recommendations under IC 12-15-35-51.
- 2.) Provide the number of restrictions implemented under IC 12-15-35.5.7(c) and the outcome of such restrictions.
- 3.) Provide information related to the transition of individuals who are aged, blind, or disabled to the risk based managed care program.
- 4.) Provide information regarding decisions by the Office to change the health care delivery system in which Medicaid is provided to recipients.

DEFINITIONS

Behavioral Health Drugs— The terms “behavioral health drugs” and “mental health drugs” are synonymous. Both terms refer collectively to antidepressants, antipsychotics, anti-anxiety medications, and so-called “cross-indicated” drugs.

Cross-Indicated Drug—Defined in Indiana statute at IC 12-15-35.5-2 as “a drug that is used for a purpose generally held to be reasonable, appropriate, and within the community standards of practice even though the use is not included in the federal Food and Drug Administration’s approved labeled indications for the drug.”

Triple A/Cross-Indicated Drugs (or “3A/Cross-Indicated Drugs”) —“Triple A/cross-indicated drugs” are “behavioral health drugs” (synonymous with “mental health drugs”).

Polypharmacy Edits—Also referred to as “quality edits”, these are claims processing system edits that are intended to prevent inappropriate prescribing situations. These edits, when encountered, require a medical necessity review via the prior authorization systems

Utilization Edits—Also referred to as “dose optimization edits”, these are claims processing system edits that identify prescribing situations inconsistent with established pharmacokinetic principles and clinical practice guidelines. The intent of the edits, some of which require prior authorization review when encountered, is to promote patient adherence to medication regimens and ensure safe, appropriate use of medications by the Indiana Medicaid population

OVERVIEW OF THE MHQAC

The advisory committee consists of the following members:

- (1) The director of the office or the director's designee, who shall serve as chairperson of the advisory committee
- (2) The director of the division of mental health and addiction or the director's designee
- (3) A representative of a statewide mental health advocacy organization
- (4) A representative of a statewide mental health provider organization
- (5) A representative from a managed care organization that participates in the state's Medicaid program
- (6) A member with expertise in psychiatric research representing an academic institution
- (7) A licensed pharmacist under IC 25-26
- (8) The commissioner of the department of correction or the commissioner's designee

The governor shall make the appointments for a term of four (4) years. The affirmative votes of a majority of the voting members appointed to the advisory committee are required by the advisory committee to take action on any measure.

The advisory committee shall advise the office and make recommendations and consider the following:

- (1) Peer reviewed medical literature
- (2) Observational studies
- (3) Health economic studies
- (4) Input from physicians and patients
- (5) Any other information determined by the advisory committee to be appropriate

The MHQAC's recommendations on all matters before it are conveyed to the Indiana Medicaid DUR Board for the Board's final determination and recommendations to the Office.

RECOMMENDATIONS OF THE MHQAC AND OUTCOMES

Mental Health Polypharmacy Edits

On January 1, 2007, six polypharmacy edits were implemented in the pharmacy claims processing systems of both fee-for-service and managed care plans. The purpose of these edits is to prevent inappropriate prescribing situations. These edits, when encountered, require a medical necessity review via the prior authorization systems. The polypharmacy edits apply to the following clinical situations:

1. Patient receiving two or more tricyclic antidepressant medications
2. Patient receiving two or more typical antipsychotic medications
3. Patient receiving three or more atypical antipsychotic medications
4. Patient receiving three or more of any antipsychotic medications
5. Patient receiving three or more benzodiazepine medications
6. Patient receiving three or more any antidepressant medications, excluding trazodone

Additional polypharmacy edits were subsequently implemented. Please refer to the Automated Prior Authorization section (page 19) of this report for additional information.

Utilization Edits

Various claims processing edits referred to as utilization edits were implemented on June 19, 2007. These edits address prescribing situations inconsistent with established clinical practice guidelines and in some instances require prior authorization when encountered. 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 on a quarterly basis, with updates conveyed to providers.

The polypharmacy and utilization edits were implemented consistently in both the traditional and managed care Medicaid pharmacy programs. Prior authorization criteria were developed to allow for medically appropriate prescribing circumstances. Please see Table 1 for a complete listing of mental health medications and utilization edits as of July 20, 2010.

Table 1 - Mental Health Medications and Utilization Edits

Mental Health Medication	Utilization Edit
ABILIFY 1MG/ML SOLUTION	30ml/day
ABILIFY 2MG TABLET	1/day
ABILIFY 5MG TABLET	1.5/day
ABILIFY 10MG TABLET	1/day
ABILIFY 15MG TABLET	1/day
ABILIFY 20MG TABLET	2/day
ABILIFY 30MG TABLET	1/day
ABILIFY DISCMELT 10MG TABL	2/day
ABILIFY DISCMELT 15MG TABL	2/day
ADDERALL XR 5MG CAPSULE SA	1/day
ADDERALL XR 10MG CAPSULES	1/day
ADDERALL XR 15MG CAPSULES	1/day
ADDERALL XR 20MG CAPSULES	2/day
ADDERALL XR 25MG CAPSULES	2/day
ADDERALL XR 30MG CAPSULES	2/day
ALPRAZOLAM 0.25MG TABLET	4/day
ALPRAZOLAM 0.5MG TABLET	4/day
ALPRAZOLAM 1MG TABLET	4/day
ALPRAZOLAM 2MG TABLET	4/day
ALPRAZOLAM 0.25MG ODT	4/day
ALPRAZOLAM 0.5MG ODT	4/day
ALPRAZOLAM 1MG ODT	4/day
ALPRAZOLAM 2MG ODT	4/day
ALPRAZOLAM 1MG/ML ORALCON	4ml/day
ALPRAZOLAM XR 0.5MG TABLET	1/day
ALPRAZOLAM XR 1MG TABLET	1/day
ALPRAZOLAM XR 2MG TABLET	1/day
ALPRAZOLAM XR 3MG TABLET	1/day
AMBIEN 5MG TABLET	1/day
AMBIEN 10MG TABLET	1/day
AMBIEN CR 6.25MG TABLET	1/day
AMBIEN CR 12.5MG TABLET	1/day
AMITRIPTYLINE HCL 10MG TAB	3/day
AMITRIPTYLINE HCL 25MG TAB	3/day
AMITRIPTYLINE HCL 50MG TAB	3/day
AMITRIPTYLINE HCL 75MG TAB	3/day
AMITRIPTYLINE HCL 100MG TA	3/day
AMITRIPTYLINE HCL 150MG TA	3/day
AMPHETAMINE SALTS 5MG TAB	3/day
AMPHETAMINE SALTS 7.5MG TA	3/day
AMPHETAMINE SALTS 10MG TAB	3/day
AMPHETAMINE SALTS 12.5MG T	3/day

Mental Health Medication	Utilization Edit
AMPHETAMINE SALTS 15MG TAB	3/day
AMPHETAMINE SALTS 20MG TAB	3/day
AMPHETAMINE SALTS 30MG TAB	3/day
ARICEPT 5MG TABLET	1/day
ARICEPT 10MG TABLET	1/day
ARICEPT ODT 5MG TABLET	1/day
ARICEPT ODT 10MG TABLET	1/day
BUPROPION HBR 348MG TAB SR 24H ORAL	1/day
BUPROPION HBR 522MG TAB SR 24H ORAL	1/day
BUPROPION HCL 75MG TABLET	4/day
BUPROPION HCL 100MG TABLET	4/day
BUPROPION SR 100MG TABLET	2/day
BUPROPION SR 150MG TABLET	2/day
BUPROPION HCL SR 200MG TAB	2/day
BUSPIRONE HCL 5MG TABLET	3/day
BUSPIRONE HCL 7.5MG TABLET	3/day
BUSPIRONE HCL 10MG TABLET	3/day
BUSPIRONE HCL 15MG TABLET	3/day
BUSPIRONE HCL 30MG TABLET	2/day
BUTISOL SODIUM 30MG/5 ML ELIXIR	15 ML/day
BUTISOL SODIUM 30MG TABLET	3/day
BUTISOL SODIUM 50MG TABLET	2/day
CHLORAL HYDRATE 250MG/5ML	20ml/day
CHLORAL HYDRATE 500MG/5 ML	10ml/day
CHLORAL HYDRATE 500MGCAPS	2/day
CHLORAL HYDRATE 500MGSUPP	2/day
CHLORDIAZEPOXIDE 5MG CAP	4/day
CHLORDIAZEPOXIDE 10MG CAP	4/day
CHLORDIAZEPOXIDE 25MG CAP	4/day
CHLORPROMAZINE 10MG TABLET	4/day
CHLORPROMAZINE 25MG TABLET	4/day
CHLORPROMAZINE 50MG TABLET	4/day
CHLORPROMAZINE100MGTABLET	4/day
CHLORPROMAZINE200MGTABLET	4/day
CITALOPRAM 10MG/5 ML SOLUT	20ml/day
CITALOPRAM HBR 10MG TABLET	1/day
CITALOPRAM HBR 20MG TABLET	1/day
CITALOPRAM HBR 40MG TABLET	1/day
CLOMIPRAMINE 25MG CAPSULE	2/day
CLOMIPRAMINE 50MG CAPSULE	5/day
CLOMIPRAMINE 75MG CAPSULE	3/day
CLONAZEPAM .125MG DIS TAB	3/day
CLONAZEPAM .25MG DIS TAB	3/day
CLONAZEPAM 0.5MG DIS TAB	3/day
CLONAZEPAM 1MG DIS TABLET	3/day

Mental Health Medication	Utilization Edit
CLONAZEPAM 2MG DIS TAB	3/day
CLONAZEPAM 0.5 MG TABLET	3/day
CLONAZEPAM 1MG TABLET	3/day
CLONAZEPAM 2MG TABLET	3/day
CLONIDINE HCL 0.1MG TABLET	10/day
CLONIDINE HCL 0.2MG TABLET	10/day
CLONIDINE HCL 0.3MG TABLET	8/day
CLORAZEPATE 3.75MG TABLET	4/day
CLORAZEPATE 7.5MG TABLET	4/day
CLORAZEPATE 15MG TABLET	4/day
CLOZAPINE 12.5MG TABLET	3/day
CLOZAPINE 25MG TABLET	3/day
CLOZAPINE 50MG TABLET	3/day
CLOZAPINE 100MG TABLET	6/day
CLOZAPINE 200MG TABLET	3/day
COGNEX 10MG CAPSULE	4/day
COGNEX 20MG CAPSULE	4/day
COGNEX 30MG CAPSULE	4/day
COGNEX 40MG CAPSULE	4/day
CONCERTA 18MG TABLET SA	1/day
CONCERTA 27MG TABLET SA	1/day
CONCERTA 36MG TABLET SA	2/day
CONCERTA 54MG TABLET SA	2/day
CYMBALTA 20MG CAPSULE	2/day
CYMBALTA 30MG CAPSULE	2/day
CYMBALTA 60MG CAPSULE	2/day
D-AMPHETAMINE 5MG CAP SA	2/day
D-AMPHETAMINE 15MG CAP SA	2/day
D-AMPHETAMINE SULFATE, 5MG/5ML SOLUTION	40ml/day
DAYTRANA 10MG/9 HR PATCH	1/day
DAYTRANA 15MG/9 HR PATCH	1/day
DAYTRANA 20MG/9 HOUR PATCH	1/day
DAYTRANA 30MG/9 HOUR PATCH	1/day
DESIPRAMINE 10MG TABLET	4/day
DESIPRAMINE 25MG TABLET	2/day
DESIPRAMINE 50MG TABLET	2/day
DESIPRAMINE 75MG TABLET	2/day
DESIPRAMINE 100MG TABLET	3/day
DESIPRAMINE 150MG TABLET	2/day
DEXEDRINE SPANSULES, 5MG CAPSULE	2/day
DEXEDRINE SPANSULES, 15MG CAPSULE	2/day
DEXTROAMPHETAMINE 5MG TAB	3/day
DEXTROAMPHETAMINE 10MG TAB	3/day
DEXTROAMPHET 10MG SR CAPSULE	2/day
DIAZEPAM 2MG TABLET	4/day
DIAZEPAM 5MG TABLET	4/day

Mental Health Medication	Utilization Edit
DIAZEPAM 10MG TABLET	4/day
DIAZEPAM 5MG/ML ORAL CONC	8ml/day
DORAL 7.5MG TABLET	1/day
DORAL 15MG TABLET	1/day
DOXEPIN 10MG/ML ORAL CONC	30ml/day
DOXEPIN 10MG CAPSULE	4/day
DOXEPIN 25MG CAPSULE	2/day
DOXEPIN 50MG CAPSULE	2/day
DOXEPIN 75MG CAPSULE	2/day
DOXEPIN 100MG CAPSULE	2/day
DOXEPIN 150MG CAPSULE	2/day
EDLUAR 5MG SL TABLET	1/day
EDLUAR 10MG SL TABLET	1/day
EFFEXOR XR 37.5MG CAPSULE	1/day
EFFEXOR XR 75MG CAPSULE	2/day
EFFEXOR XR 150MG CAPSULE	2/day
EMSAM 6MG/24 HOURS PATCH	1/day
EMSAM 9MG/24 HOURS PATCH	1/day
EMSAM 12MG/24 HOURS PATCH	1/day
ERGOLOID MESYL 0.5MG TAB SL	3/day
ERGOLOID MESYL 1MG TAB SL	3/day
ERGOLOID MESYLATES 1MG TAB	3/day
ESTAZOLAM 1MG TABLET	1/day
ESTAZOLAM 2MG TABLET	1/day
EXELON 2MG/ML ORAL SOLUTIO	6ml/day
EXELON 1.5MG CAPSULE	2/day
EXELON 3MG CAPSULE	2/day
EXELON 4.5MG CAPSULE	2/day
EXELON 6MG CAPSULE	2/day
EXELON 4.6MG/24 HOUR PATCH	1/day
EXELON 9.5MG/24 HOUR PATCH	1/day
FANAPT 1MG	2/day
FANAPT 2MG	2/day
FANAPT 4MG	2/day
FANAPT 6MG	2/day
FANAPT 8MG	2/day
FANAPT 10MG	2/day
FANAPT 12MG	2/day
FANAPT 1-2-4-6MG DOSEPAK	2/day
FAZACLO 12.5MG TABLET	3/day
FAZACLO 25MG TABLET	3/day
FAZACLO 100MG TABLET	6/day
FLUOXETINE 20MG/5 ML SOLUT	20ml/day
FLUOXETINE HCL 10MG CAPSUL	1/day
FLUOXETINE HCL 10MG TABLET	1.5/day
FLUOXETINE HCL 20MG CAPSUL	4/day
FLUOXETINE HCL 20MG TABLET	4/day

Mental Health Medication	Utilization Edit
FLUOXETINE HCL 40MG CAPSUL	2/day
FLUPHENAZINE 1MG TABLET	4/day
FLUPHENAZINE 2.5MG TABLET	4/day
FLUPHENAZINE 5MG TABLET	4/day
FLUPHENAZINE 10MG TABLET	4/day
FLURAZEPAM 15MG CAPSULE	1/day
FLURAZEPAM 30MG CAPSULE	1/day
FLUVOXAMINE MALEATE 25MG T	1/day
FLUVOXAMINE MALEATE 50MG T	1/day
FLUVOXAMINE MAL 100MG TAB	3/day
FOCALIN 2.5MG TABLET	2/day
FOCALIN 5MG TABLET	2/day
FOCALIN 10MG TABLET	4/day
FOCALIN XR 5MG CAPSULE	1/day
FOCALIN XR 10MG CAPSULE	1/day
FOCALIN XR 15MG CAPSULE	1/day
FOCALIN XR 20MG CAPSULE	2/day
FOCALIN XR 30MG CAPSULE	1/day
GEODON 20MG CAPSULE	2/day
GEODON 40MG CAPSULE	2/day
GEODON 60MG CAPSULE	3/day
GEODON 80MG CAPSULE	3/day
HALOPERIDOL 0.5MG TABLET	3/day
HALOPERIDOL 1MG TABLET	3/day
HALOPERIDOL 2MG TABLET	3/day
HALOPERIDOL 5MG TABLET	3/day
HALOPERIDOL 10MG TABLET	3/day
HALOPERIDOL 20MG TABLET	3/day
HYDERGINE LC 1MG CAPSULE	3/day
HYDROXYZINE 10MG/5 ML SYRU	100ml/day
HYDROXYZINE HCL 10MG TABLET	4/day
HYDROXYZINE HCL 25MG TABLET	4/day
HYDROXYZINE HCL 50MG TABLET	8/day
HYDROXYZINE PAM 25MG CAP	4/day
HYDROXYZINE PAM 50MG CAP	4/day
HYDROXYZINE PAM 100MG CAP	4/day
IMIPRAMINE HCL 10MG TABLET	2/day
IMIPRAMINE HCL 25MG TABLET	1/day
IMIPRAMINE HCL 50MG TABLET	6/day
IMIPRAMINE PAMOATE 75MG CA	1/day
IMIPRAMINE PAMOATE 100MG C	3/day
IMIPRAMINE PAMOATE 125MG C	2/day
IMIPRAMINE PAMOATE 150MG C	2/day
INTUNIV ER 1MG	1/day
INTUNIV ER 2MG	1/day
INTUNIV ER 3MG	1/day
INTUNIV ER 4MG	1/day

Mental Health Medication	Utilization Edit
INVEGA 3MG TABLET	1/day
INVEGA 6MG TABLET	2/day
INVEGA 9MG TABLET	1/day
INVEGA ER 1.5MG TABLET	1/day
INVEGA SUSTENNA 39MG PREFILLED SYRINGE	1/28 days
INVEGA SUSTENNA 78MG PREFILLED SYRINGE	1/28 days
INVEGA SUSTENNA 117MG PREFILLED SYRINGE	1/28 days
INVEGA SUSTENNA 156MG PREFILLED SYRINGE	1/28 days
INVEGA SUSTENNA 234MG PREFILLED SYRINGE	1/28 days
LEXAPRO 5MG TABLET	1/day
LEXAPRO 10MG TABLET	1/day
LEXAPRO 20MG TABLET	2/day
LEXAPRO 5MG/5 ML SOLUTION	20ml/day
LIBRITABS 25MG TABLET	4/day
LORAZEPAM 0.5MG TABLET	4/day;max quantity 120
LORAZEPAM 1MG TABLET	4/day;max quantity 120
LORAZEPAM 2MG TABLET	4/day;max quantity 120
LOXAPINE SUCCINATE 5MG CA	4/day
LOXAPINE SUCCINATE 10MG CA	4/day
LOXAPINE SUCCINATE 25MG CAP	4/day
LOXAPINE SUCCINATE 50MG CA	4/day
LUNESTA 1MG TABLET	1/day
LUNESTA 2MG TABLET	1/day
LUNESTA 3MG TABLET	1/day
LUVOX CR 100MG CAPSULES	2/day
LUVOX CR 150MG CAPSULES	2/day
MARPLAN 10MG TABLET	3/day
MAPROTILINE 25MG TABLET	3/day
MAPROTILINE 50MG TABLET	3/day
MAPROTILINE 75MG TABLET	3/day
MEPROBAMATE 200MG TABLET	4/day
MEPROBAMATE 400MG TABLET	4/day
METADATE CD 10MG CAPSULE	1/day
METADATE CD 20MG CAPSULE	1/day
METADATE CD 30MG CAPSULE	1/day
METADATE CD 40MG CAPSULE	1/day
METADATE CD 50MG CAPSULE	1/day
METADATE CD 60MG CAPSULE	1/day
METADATE ER 10MG TABLET	3/day
METADATE ER 20MG TABLET	3/day
METHAMPHETAMINE HCL 5MG TA	PA
METHYLIN 2.5MG CHEWABLE TAB	3/day

Mental Health Medication	Utilization Edit
METHYLIN 5MG CHEWABLE TAB	3/day
METHYLIN 10MG CHEWABLE TABL	3/day
METHYLIN 5MG/5 ML SOLUTION	60ml/day
METHYLIN 10MG/5 ML SOLUTIO	30ml/day
METHYLIN ER 10MG TABLET SA	3/day
METHYLIN ER 20MG TABLET SA	3/day
METHYLPHENIDATE 5MG TABLE	3/day
METHYLPHENIDATE 10MG TABLE	3/day
METHYLPHENIDATE 20MG TABLET	3/day
METHYLPHENIDATE ER 20MG TA	3/day
MIRTAZAPINE 7.5MG TABLET	1/day
MIRTAZAPINE 15MG RPD DISLV	1/day
MIRTAZAPINE 15MG TABLET	1/day
MIRTAZAPINE 30MG RPD DISLV	1/day
MIRTAZAPINE 30MG TABLET	1/day
MIRTAZAPINE 45MG RPD DISLV	1/day
MIRTAZAPINE 45MG TABLET	1/day
MOBAN 5MG TABLET	4/day
MOBAN 10MG TABLET	4/day
MOBAN 25MG TABLET	4/day
MOBAN 50MG TABLET	4/day
MOBAN 100MG TABLET	3/day
NAMENDA 10MG/5 ML SOLUTION	10ml/day
NAMENDA 5MG TABLET	2/day
NAMENDA 10MG TABLET	2/day
NAMENDA 5-10MG TITRATION P	2/day
NARDIL 15MG TABLET	6/day
NEFAZODONE HCL 50MG TABLET	2/day
NEFAZODONE HCL 100MG TABLE	2/day
NEFAZODONE HCL 150MG TABLE	2/day
NEFAZODONE HCL 200MG TABLE	2/day
NEFAZODONE HCL 250MG TABLE	2/day
NIRAVAM 0.25MG TABLET	3/day
NIRAVAM 0.5MG TABLET	3/day
NIRAVAM 1MG TABLET	3/day
NIRAVAM 2MG TABLET	3/day
NORPRAMIN 25MG TABLET	2/day
NORPRAMIN 50MG TABLET	2/day
NORTRIPTYLINE 10MG/5 ML SO	20ml/day
NORTRIPTYLINE HCL 10MG CAP	4/day
NORTRIPTYLINE HCL 25MG CAP	4/day
NORTRIPTYLINE HCL 50MG CAP	3/day
NORTRIPTYLINE HCL 75MG CAP	2/day
NUVIGIL 50MG	2/day
NUVIGIL 100MG	1/day
NUVIGIL 150MG	1/day
NUVIGIL 200MG	1/day

Mental Health Medication	Utilization Edit
NUVIGIL 250MG	1/day
ORAP 1MG TABLET	10/day
ORAP 2MG TABLET	5/day
OXAZEPAM 10MG CAPSULE	4/day;max quantity 120
OXAZEPAM 15MG CAPSULE	4/day;max quantity 120
OXAZEPAM 30MG CAPSULE	4/day;max quantity 120
OXAZEPAM 15MG TABLET	4/day;max quantity 120
PAMELOR 10MG CAPSULE	4/day
PAROXETINE HCL 10MG TABLET	1/day
PAROXETINE HCL 20MG TABLET	1/day
PAROXETINE HCL 30MG TABLET	2/day
PAROXETINE HCL 40MG TABLET	2/day
PAXIL 10MG/5 ML SUSPENSION	40ml/day
PAXIL CR 12.5MG TABLET	1/day
PAXIL CR 25MG TABLET	1/day
PAXIL CR 37.5MG TABLET	1/day
PERPHENAZINE 2MG TABLET	4/day
PERPHENAZINE 4MG TABLET	4/day
PERPHENAZINE 8MG TABLET	4/day
PERPHENAZINE 16MG TABLET	4/day
PEXEVA 10MG TABLET	1/day
PEXEVA 20MG TABLET	1/day
PEXEVA 30MG TABLET	1/day
PEXEVA 40MG TABLET	1/day
PLACIDYL 500MG CAPSULE	1/day
PLACIDYL 750MG CAPSULE	1/day
PRISTIQ 50MG TABLET	1/day
PRISTIQ 100MG TABLET	1/day
PROTRIPTYLINE 5MG TABLET	4/day
PROTRIPTYLINE 10MG TABLET	4/day
PROVIGIL 100MG TABLET	1/day
PROVIGIL 200MG TABLET	2/day
PROZAC WEEKLY 90MG CAPSULE	4/28 days
RAZADYNE 4MG/ML ORAL SOLUT	6ml/day
RAZADYNE 4MG TABLET	2/day
RAZADYNE 8MG TABLET	2/day
RAZADYNE 12MG TABLET	2/day
RAZADYNE ER 8MG CAPSULE	1/day
RAZADYNE ER 16MG CAPSULE	1/day
RAZADYNE ER 24MG CAPSULE	1/day
RESTORIL 22.5MG CAPSULE	1/day
RISPERDAL 0.25MG TABLET	2/day
RISPERDAL 0.5MG TABLET	2/day
RISPERDAL 0.5 M-TAB	2/day
RISPERDAL 1MG M-TAB	2/day
RISPERDAL 1MG TABLET	2/day
RISPERDAL 2MG M-TAB	2/day

Mental Health Medication	Utilization Edit
RISPERDAL 2MG TABLET	2/day
RISPERDAL 3MG M-TAB	2/day
RISPERDAL 3MG TABLET	2/day
RISPERDAL 4MG M-TAB	2/day
RISPERDAL 4MG TABLET	2/day
RISPERDAL CONSTA 12.5MG SYR	2/28 days
RISPERDAL CONSTA 25MG SYR	2/28 days
RISPERDAL CONSTA 37.5MG SY	2/28 days
RISPERDAL CONSTA 50MG SYR	2/28 days
RISPERIDONE 0.25MG ODT	2/day
RISPERIDONE 1MG/1ML SOLUTION	8ml/day
RITALIN LA 10MG CAPSULE	1/day
RITALIN LA 20MG CAPSULE	1/day
RITALIN LA 30MG CAPSULE	2/day
RITALIN LA 40MG CAPSULE	1/day
ROZEREM 8MG TABLET	1/day
SAPHRIS 5MG SUBLINGUAL TABLET	2/day
SAPHRIS 10MG SUBLINGUAL TABLET	2/day
SARAFEM 10MG TABLET	1/day
SARAFEM 15MG TABLET	1/day
SARAFEM 20MG TABLET	1/day
SERAX 15MG TABLET	4/day;max quantity 120
SEROQUEL 25MG TABLET	3/day
SEROQUEL 50MG TABLET	3/day
SEROQUEL 100MG TABLET	3/day
SEROQUEL 200MG TABLET	3/day
SEROQUEL 300MG TABLET	4/day
SEROQUEL 400MG TABLET	4/day
SEROQUEL XR 150MG TABLET	1/day
SEROQUEL XR 200MG TABLET	1/day
SEROQUEL XR 300MG TABLET	3/day
SEROQUEL XR 400MG TABLET	4/day
SERTRALINE 20MG/ML ORAL CO	10ml/day
SERTRALINE HCL 25MG TABLET	2/day
SERTRALINE HCL 50MG TABLET	2/day
SERTRALINE HCL 100MG TABLE	3/day
SONATA 5MG CAPSULE	2/day
SONATA 10MG CAPSULE	2/day
STRATTERA 10MG CAPSULE	2/day
STRATTERA 18MG CAPSULE	2/day
STRATTERA 25MG CAPSULE	2/day
STRATTERA 40MG CAPSULE	2/day
STRATTERA 60MG CAPSULE	1/day
STRATTERA 80MG CAPSULE	1/day
STRATTERA 100MG CAPSULE	1/day
SURMONTIL 25MG CAPSULE	1/day
SURMONTIL 50MG CAPSULE	1/day

Mental Health Medication	Utilization Edit
SURMONTIL 100MG CAPSULE	3/day
SYMBYAX 3-25MG CAPSULE	1/day
SYMBYAX 6-25MG CAPSULE	1/day
SYMBYAX 6-50MG CAPSULE	1/day
SYMBYAX 12-25MG CAPSULE	1/day
SYMBYAX 12-50MG CAPSULE	1/day
TEMAZEPAM 7.5MG CAPSULE	1/day
TEMAZEPAM 15MG CAPSULE	1/day
TEMAZEPAM 30MG CAPSULE	1/day
THIOTHIXENE 20MG CAPSULE	3/day
THIORIDAZINE 10MG TABLET	4/day
THIORIDAZINE 15MG TABLET	4/day
THIORIDAZINE 25MG TABLET	4/day
THIORIDAZINE 50MG TABLET	4/day
THIORIDAZINE 100MG TABLET	4/day
THIORIDAZINE 150MG TABLET	4/day
THIORIDAZINE 200MG TABLET	4/day
THIOTHIXENE 1MG CAPSULE	3/day
THIOTHIXENE 2MG CAPSULE	3/day
THIOTHIXENE 5MG CAPSULE	3/day
THIOTHIXENE 10MG CAPSULE	3/day
TRANLYCYPROMINE SULF 10MG	6/day
TRANXENE SD 11.25MG TABLET	1/day
TRANXENE SD 22.5MG TAB	1/day
TRAZODONE 50MG TABLET	2/day
TRAZODONE 100MG TABLET	3/day
TRAZODONE 150MG TABLET	3/day
TRAZODONE 300MG TABLET	2/day
TRIAZOLAM 0.125MG TABLET	1/day
TRIAZOLAM 0.25MG TABLET	1/day
TRIFLUOPERAZINE 1MG TABLET	2/day
TRIFLUOPERAZINE 2MG TABLET	2/day
TRIFLUOPERAZINE 5MG TABLET	2/day
TRIFLUOPERAZINE 10MG TABLET	4/day
VENLAFAXINE HCL 25MG TABLET	3/day
VENLAFAXINE HCL 37.5MG TAB	3/day
VENLAFAXINE HCL 50MG TABLET	3/day
VENLAFAXINE HCL 75MG TABLET	3/day
VENLAFAXINE HCL 100MG TABLET	3/day
VENLAFAXINE HCL 37.5MG TAB OSM 24 ORAL	1/day
VENLAFAXINE HCL 75MG TAB OSM 24 ORAL	2/day
VENLAFAXINE HCL 150MG TAB OSM 24 ORAL	1/day
VENLAFAXINE HCL 225 MG TAB OSM 24 ORAL	1/day

Mental Health Medication	Utilization Edit
VENLAFAXINE XR 150MG CAPSULE	2/day
VYVANSE 20MG CAPSULE	1/day
VYVANSE 30MG CAPSULE	1/day
VYVANSE 40MG CAPSULE	1/day
VYVANSE 50MG CAPSULE	1/day
VYVANSE 60MG CAPSULE	1/day
VYVANSE 70MG CAPSULE	1/day
WELLBUTRIN XL 150MG TABLET	1/day
WELLBUTRIN XL 300MG TABLET	1/day
ZYPREXA 2.5MG TABLET	1/day
ZYPREXA 5MG TABLET	1/day
ZYPREXA 7.5MG TABLET	1/day
ZYPREXA 10MG TABLET	2/day
ZYPREXA 15MG TABLET	2/day
ZYPREXA 20MG TABLET	3/day
ZYPREXA ZYDIS 5MG TABLET	1/day
ZYPREXA ZYDIS 10MG TABLET	2/day
ZYPREXA ZYDIS 15MG TAB	2/day
ZYPREXA ZYDIS 20MG TABLET	3/day

Mental health drugs are considered to have preferred status, in accordance with state statute IC 12-15-35-28(g)(2). Prior to the pharmacy benefit consolidation at the end of calendar year 2009, mental health health drug expenditures represented about 38.2% of total drug expenditures, equaling approximately \$120 million per year. The estimated net savings associated with implementation of the polypharmacy and utilization edits was approximately \$4.94 million for the fee-for-service (FFS) Medicaid program for calendar year 2007. Please note that the polypharmacy edits were implemented in January of 2007, whereas the utilization edits were implemented in June of 2007. As a result of these utilization edits and the edits implemented since, the annual savings would be expected to be greater.

Automated Prior Authorization System

On November 1, 2009, the fee-for-service (FFS) pharmacy program implemented an automated prior authorization (PA) tool known as SmartPA™. SmartPA™ executes real-time prior authorization decisions by utilizing highly sophisticated clinical edits supported by the member's medical and pharmacy claims data.

SmartPA™ ensures that the prescribed therapy meets Indiana-specific evidence-based criteria for appropriate use. If the criteria is met, the claim will continue through the pharmacy claims processing system. If the criteria is not met, the claim will be denied and the provider will receive notification to contact the pharmacy prior authorization vendor.

The MHQAC recommended that several polypharmacy edits be implemented within the automated prior authorization system. Please see Table 4 for a listing of these edits and their implementation dates.

Table 4. Polypharmacy Edits Implemented within SmartPA™

Implementation Date	Indiana SmartPA™ Edit
March 16, 2010	Duplicate Stimulant Therapy
March 9, 2010	Low Dose Atypical Antipsychotic Therapy
February 9, 2010	Duplicate Atypical Antipsychotic Therapy
February 9, 2010	Duplicate Typical Antipsychotic Therapy
December 8, 2009	Duplicate SSRI and SNRI Antidepressant Therapy
November 1, 2009	15 Day Trial on New Atypical Antipsychotic Therapy

Monitoring Mental Health Medication Prior Authorization Statistics

The MHQAC monitors mental health medication prior authorization statistics in order to identify any trends that could potentially have a negative impact on beneficiaries and the financial aspects of the program. Included in the monitoring is the number of utilizing members that triggered edits. Evidence to date has demonstrated that no utilizing members have been adversely impacted by the MHQAC prior authorization requirements.

PROVIDE INFORMATION RELATED TO THE TRANSITION OF INDIVIDUALS WHO ARE AGED, BLIND, OR DISABLED TO THE RISK BASED MANAGED CARE PROGRAM; OFFICE DECISIONS TO CHANGE THE HEALTH CARE DELIVERY SYSTEM IN WHICH MEDICAID IS PROVIDED TO RECIPIENTS

On December 31, 2009, patients enrolled in IHCP managed care entities (MCEs) began receiving their pharmacy benefit through the fee-for-service (FFS) Medicaid program. This initiative, referred to as the pharmacy benefit consolidation, increased the number of members receiving their pharmacy benefit under the FFS Medicaid program from approximately 280,000 to approximately 1,000,000 . The consolidation has been well received by both beneficiaries and providers of service.

CONCLUSION

The MHQAC was tasked with developing guidelines and programs that promote appropriate use of mental health medications. Various tasks performed by the Committee include recommending polypharmacy and utilization edits for mental health medications, recommending automated prior authorizations for mental health medications, monitoring mental health medication prior authorization statistics, and reviewing various reports to develop a deeper understanding of the impact of the MHQAC's activities on the Medicaid program. The polypharmacy and utilization edits recommended by the MHQAC saved approximately \$4.94 million for CY 2007. The annual savings would be expected to be greater now as a result of subsequent edits made by the MHQAC.

On December 31, 2009, patients in the Medicaid managed care entities (MCEs) began receiving pharmacy benefits through the fee-for-service (FFS) Medicaid program. This action, which increased the number of members receiving pharmacy benefits through FFS from approximately 280,000 to approximately 1,000,000 , has been well received by both beneficiaries and providers of service.

ATTACHMENT 1

IC 12-15-35-51

Establishment of mental health Medicaid quality advisory committee; members; reimbursement; duties

Sec. 51. (a) As used in this section, "advisory committee" refers to the mental health Medicaid quality advisory committee established by subsection (b).

(b) The mental health Medicaid quality advisory committee is established. The advisory committee consists of the following members:

(1) The director of the office or the director's designee, who shall serve as chairperson of the advisory committee.

(2) The director of the division of mental health and addiction or the director's designee.

(3) A representative of a statewide mental health advocacy organization.

(4) A representative of a statewide mental health provider organization.

(5) A representative from a managed care organization that participates in the state's Medicaid program.

(6) A member with expertise in psychiatric research representing an academic institution.

(7) A pharmacist licensed under IC 25-26.

(8) The commissioner of the department of correction or the commissioner's designee.

The governor shall make the appointments for a term of four (4) years under subdivisions (3) through (7) and fill any vacancy on the advisory committee.

(c) The office shall staff the advisory committee. The expenses of the advisory committee shall be paid by the office.

(d) Each member of the advisory committee who is not a state employee is entitled to the minimum salary per diem provided by IC 4-10-11-2.1(b). The member is also entitled to reimbursement for traveling expenses as provided under IC 4-13-1-4 and other expenses actually incurred in connection with the member's duties as provided in the state policies and procedures established by the Indiana department of administration and approved by the budget agency.

(e) Each member of the advisory committee who is a state employee is entitled to reimbursement for traveling expenses as provided under IC 4-13-1-4 and other expenses actually incurred in connection with the member's duties as provided in the state policies and procedures established by the Indiana department of administration and approved by the budget agency.

(f) The affirmative votes of a majority of the voting members appointed to the advisory committee are required by the advisory committee to take action on any measure.

(g) The advisory committee shall advise the office and make recommendations concerning the implementation of IC 12-15-35.5-7(c) and consider the following:

(1) Peer reviewed medical literature.

(2) Observational studies.

(3) Health economic studies.

(4) Input from physicians and patients.

(5) Any other information determined by the advisory committee to be appropriate.

(h) The office shall report recommendations made by the advisory committee to the drug utilization review board established by section 19 of this chapter.

(i) The office shall report the following information to the select joint commission on Medicaid oversight established by IC 2-5-26-3:

(1) The advisory committee's advice and recommendations made under this section.

(2) The number of restrictions implemented under IC 12-15-35.5-7(c) and the outcome of each restriction.

(3) The transition of individuals who are aged, blind, or disabled to the risk based managed care program. This information shall also be reported to the health finance commission established by IC 2-5-23-3.

(4) Any decision by the office to change the health care delivery system in which Medicaid is provided to recipients.

(j) Notwithstanding subsection (b), the initial members appointed to the advisory committee under this section are appointed for the following terms:

(1) Individuals appointed under subsection (b)(3) and (b)(4) are appointed for a term of four (4) years.

(2) An individual appointed under subsection (b)(5) is appointed for a term of three (3) years.

(3) An individual appointed under subsection (b)(6) is appointed for a term of two (2) years.

(4) An individual appointed under subsection (b)(7) is appointed for a term of one (1) year.

This subsection expires December 31, 2013.

As added by P.L.36-2009, SEC.2.

ATTACHMENT 2

MHQAC MEMBERSHIP BY STATUTORY DESIGNATION

MEDICAID DIRECTOR

Patricia Casanova
Director of Medicaid
402 W. Washington St., W461
Indianapolis, IN 46204
pat.casanova@fssa.in.gov

DIRECTOR (OR DESIGNEE) OF THE DIVISION OF MENTAL HEALTH AND ADDICTION

Dr. George Parker, Medical Director
Division of Mental Health & Addiction
402 W. Washington St., W353
Indianapolis, IN 46204
george.parker@fssa.in.gov

COMMISSIONER (OR DESIGNEE) OF DEPARTMENT OF CORRECTION

Position currently vacant

REPRESENTATIVE OF A STATEWIDE MENTAL HEALTH ADVOCACY ORGANIZATION

Stephen McCaffrey, President and CEO
Mental Health Association in Indiana
1431 N. Delaware Street
Indianapolis, IN 46202
smccaffrey@mentalhealthassociation.com

REPRESENTATIVE OF A STATEWIDE MENTAL HEALTH PROVIDER ORGANIZATION

James Koontz, M.D., CEO

Samaritan Center
515 Bayou Street
Vincennes, IN 47591
JKOONTZ@gshvin.org

REPRESENTATIVE FROM A MEDICAID MCO

Katherine Wentworth, JD
Vice President of Legal Affairs
MDwise, Inc.
1099 N. Meridian Street, Suite 320
Indianapolis, IN 46202
kwentworth@mdwise.org

ACADEMIC INSTITUTION REPRESENTATIVE (EXPERTISE IN PSYCHIATRIC RESEARCH)

Carol Ott, R.Ph., PharmD, BCPP
Wishard Hospital
Myers Building, Room W7555
1001 W. 10th Street
Indianapolis, IN 46202
caott@iupui.edu

PHARMACIST LICENSED UNDER IC 25-26

Jeremy Thain
Meijer Pharmacy
5534 Buckfield Court
Fort Wayne, IN 46814
jeremy.thain@meijer.com
jthain@frontier.com