Agenda Item: 2a

Mental Health Drug
Prospective Drug Utilization Review (proDUR) Edits

Background: Nationally, much attention has been focused on monitoring the prescribing of psychotropic medications in children. Various agencies including the Centers for Medicare and Medicaid Services (CMS), the Administration for Children and Families (ACF) and the Substance Abuse and Mental Health Services Administration (SAMHSA) have been working collaboratively with states to strengthen their systems of prescribing and monitoring use of psychotropic medication among children, specifically in foster care (with the passage of the Child and Family Services Improvement and Innovation Act of 2011 [P.L.112-34]). There have been many reports and resources released including the September 20, 2013 American Psychiatric Association list of specific uses of antipsychotic medications that are common, but potentially unnecessary and sometimes harmful, as part of the Choosing Wisely® campaign.

Various issues associated with the use of antipsychotic medication in children and adults have been noted in profile review and focused on in educational initiatives to prescribers by the Drug Utilization Review (DUR) Commission for several years. This includes prescribing outside of FDA-approved product labeling for indication, age, dosage, or duration of therapy, polypharmacy and safety and efficacy.

Educational initiatives in the form of letters to prescribers of the individual patients and DUR Digest articles regarding this topic have not had an impact on the prescribing practice. The DUR Commission, in consultation with the Medicaid Mental Health Advisory Group (MHAG), which are both composed of practicing pharmacist and physicians, including psychiatrists, recommended the Department implement edits on antipsychotic medications in April 2012.

ProDUR Edits

1. Age Edit: Apply an age edit on risperidone for members less than five (5) years of age and an age edit on all other antipsychotics for members less than six (6) years of age.
2. Duplicate Antipsychotic Therapy: Apply edits that prevent duplicate antipsychotic therapy for members less than 18 years of age initially, then the same edit will be applied to 18 and older in the second phase (4-6 months after the first).

   When the proDUR edits are applied to a claim, the claim will deny if the age of the member falls below the set age and will also deny if the member is on more than one antipsychotic medication. In order for the claim to process, a prior authorization (PA) must be submitted and approved.

Implementation — Prior to the initiation of these edits, the following steps will be taken:

1. Committees: This will be an October 2014 refresher agenda item for the DUR and the MHAG meetings.
2. Provider Communication: An Informational Letter will be sent to all providers including discharge planners, to encourage changes to drug regimen or submission of a PA prior to implementation of the edits and prior to discharge.
3. Soft Edits: Initiate soft edits to the pharmacy indicating the claim(s) will deny for a PA at a specific date indicated, should prompt the pharmacy to notify the prescriber.
4. Prescriber Communication: The IME will produce a report of members impacted and notify those prescribers of their patients that will be impacted by the change, specifics about the change and the proposed effective date.

Agenda Item: 2b

FAQ Regarding Prospective Drug Utilization Review (proDUR) Edits on Antipsychotics

1. **What is a Prospective Drug Utilization Review (proDUR) edit?** A proDUR edit is a process in which a request for a drug product for a particular patient is screened for potential drug therapy problems before the product is dispensed. When the proDUR edits for the antipsychotic drugs are applied to a claim, the claim will deny if the age of the member falls below the set age (less than five years of age for risperidone and less than six years of age for all other antipsychotics) and will also deny if the member is on more than one antipsychotic medication. In order for the claim to process, a prior authorization (PA) must be submitted and approved.

2. **Why are the Prospective Drug Utilization Review (proDUR) edits on antipsychotics drugs being implemented?** The overall goal is to improve the quality of care and enhance patient safety by reviewing for use according to the FDA-approved indications and dosages, and to discourage routine prescribing of two or more antipsychotic medications concurrently.

3. **What antipsychotic medications require a Prior Authorization (PA) due to the proDUR edits?** A prior authorization (PA) would be required for the following antipsychotics:
   - Atypical antipsychotics include aripiprazole (Abilify), asenapine (Saphris), clozapine (Clozaril), iloperidone (Fanapt), lurasidone (Latuda), olanzapine (Zyprexa), paliperidone (Invega), quetiapine (Seroquel), risperidone (Risperdal) and ziprasidone (Geodon).
   - Typical antipsychotics include chlorpromazine, fluphenazine, haloperidol (Haldol), loxapine (Loxitane), perphenazine, trifluoperazine, thioridazine and thiothixene.

   when the member falls below the set age and/or if the member is on more than one antipsychotic medication.

4. **How long does a Prior Authorization (PA) take?** The pharmacist reviewer will make a decision and respond within 24 hours of the request. Federal law requires Medicaid programs that utilize prior authorization programs to respond within 24 hours of a request for prior authorization. The average determination time for a PA request is currently four to five hours.

5. **Who can request a Prior Authorization (PA)? How is a PA requested?** The prescriber requests prior authorizations. The process is a prescriber fax-only system using the forms provided by the Iowa Medicaid Enterprise. The

prescriber must request prior authorization by faxing the designated Request for Prior Authorization form to 800-574-2515.

6. **Do the proDUR edits apply to discharged hospitalized or institutionalized patients?** The IME encourages providers and discharge planners to request prior approval as part of the discharge planning process for hospitalized or institutionalized patients. Requests for prior approval should be initiated prior to discharge to ensure a smooth transition into the community.

7. **Will antipsychotics be approved for children through Prior Authorization (PA) if the patient is under the FDA approved age range?** Antipsychotic dosing schedules are guided by the specific indication for use. The FDA-approved indications and dosages for antipsychotics will be followed. The drug prior authorization unit will consider other indications and dosages as listed in the compendia on an individual basis after reviewing documentation submitted regarding the medical necessity.

8. **Will more than one antipsychotic be approved through Prior Authorization (PA)?** Routine prescribing of two or more antipsychotic medications concurrently should be avoided. Requests for more than one antipsychotic, to be used concurrently, will only be considered for short-term use when the patient is transitioning from one antipsychotic to another. Documentation of the taper schedule should be included with the prior authorization request. Long-term, concomitant use of two or more antipsychotics will not be routinely authorized. The drug prior authorization unit will consider requests on an individual basis after reviewing documentation submitted regarding the medical necessity.

9. **What if the patient needs his/her antipsychotic medication(s) right away? Will the patient have to immediately stop one or more of the medications?** The multiple notifications to prescribers in advance of implementation of the proDUR edit are to allow time for the prescriber to make changes to the drug regimen or submit a PA request. The provider should not wait for the patient's claims to hit a prior approval edit at the pharmacy and should proceed with his/her request as soon as possible. Once the edit is in place, consideration will be made for short-term transitions in therapy.

10. **Who should a prescriber contact if they have Prior Authorization (PA) questions?** The prescriber may call the PA Provider Help Desk (256-4607 for local or 877-776-1567) for assistance with PA criteria or forms.