



## P R O V I D E R   B U L L E T I N

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**To:            Prescribing Providers and Pharmacy Providers**

**Subject:    Automation of Pharmacy Prior Authorization for Fee-for-Service Claims**

## Overview

Indiana Health Coverage Programs (IHCP) provider bulletin [BT200927](#), dated August 24, 2009, and banner page [BR200939](#), dated September 29, 2009, notified providers of the implementation of an automated prior authorization (PA) system known as Smart PA™. The implementation schedule and the link to the prior authorization criteria for the Smart PA™ rules are below. The Office of Medicaid Policy and Planning (OMPP) will continue to provide implementation schedules and PA criteria via HP provider bulletins and banner pages as the rules are approved by the Drug Utilization Review (DUR) Board.

## Implementation Information

Table 1 shows the implementation schedule for Smart PA™.

Table 1 – Implementation Schedule for Smart PA™

Name of Indiana Smart PA™ Rule*	Implementation Date	Text Message for Claim Denial
Duplicate SSRI and SNRI Anti-depressant Therapy	December 8, 2009	DUP_SSRI/SNRI_CALL_8668790106
Opiate Overutilization**	January 1, 2010	OPIATES_CALL_8668790106
Duplicate Atypical Anti-psychotic Therapy	February 9, 2010	DUP_ATYP_ANTIP_CALL_8668790106
Duplicate Typical Anti-psychotic Therapy	February 9, 2010	DUP_TYP_ANTIP_CALL_8668790106
Duplicate Stimulant Therapy	March 9, 2010	DUP_STIMULANTS_CALL_8668790106
Low Dose Atypical Anti-psychotic Therapy	March 9, 2010	LOW_ATYP_ANTIP_CALL_8668790106

\* If applicable, the HP edits will be turned off with the implementation of the corresponding Smart PA™ rule.

\*\* Refer to IHCP Provider Bulletin [BT200944](#), dated December 1, 2009, for additional information.

*Note: Refer to IHCP Provider Bulletin [BT200805](#), dated January 24, 2008, for additional information regarding the Mental Health Quality Advisory Committee mental health edits.*

## Prior Authorization Criteria

The PA criteria for each Smart PA™ Rule referenced above can be found at <http://www.indianapbm.com/automatedrxpa.htm>.

## Existing Prior Authorizations

Existing pharmacy PAs for the rules above that are being replaced will be honored through their expiration dates.

## Contact Information

For pharmacy PA requests and Preferred Drug List inquiries, contact Affiliated Computer Services (ACS) at 1-866-879-0106.

For pharmacy claims processing inquiries, contact HP at 1-800-577-1278, option 1 for pharmacy.

If you need additional copies of this bulletin, please download them from the IHCP Web site at [http://www.indianamedicaid.com/ihcp/Publications/bulletin\\_results.asp](http://www.indianamedicaid.com/ihcp/Publications/bulletin_results.asp). To receive e-mail notifications of future IHCP publications, subscribe to the IHCP E-mail Notifications at [http://www.indianamedicaid.com/ihcp/mailling\\_list/default.asp](http://www.indianamedicaid.com/ihcp/mailling_list/default.asp).