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**DRAFT**

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Indiana Medicaid DUR Board  
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# Indiana Medicaid Drug Utilization Review Board Newsletter

## IRDP and the Indiana Preferred Drug List (PDL)

The Indiana Rational Drug Program (IRDP), originally launched January 7<sup>th</sup>, 2002, places certain drugs and drug classes on prior authorization (PA). The Preferred Drug List program (PDL) introduced in August 2002, builds upon on the intent of the IRDP, but encompasses all drug classes. The PDL program has previously undergone 6 phases:

Phase 1: Non-sedating Antihistamines

Phase 2: Proton Pump Inhibitors, COX II Inhibitors, ACE Inhibitors, HMG Co A Reductase Inhibitors

Phase 3: Calcium Channel Blockers, Loop Diuretics, Beta Adrenergic Blocking Agents, Alpha Adrenergic Blocking Agents, Angiotensin Receptor Blockers, Platelet Aggregation Inhibitors

Phase 4: Antimigraines/5HT Receptor Agonist, Glitazones, Ace Inhibitor/Calcium Channel Blocker Combination, Benign Prostatic Hypertrophy/Micturition Agents, Antihypertensive Combinations, Angiotensin Receptor Blockers

Phase 5: Macrolides, Quinolones, Cephalosporins (2nd & 3rd Generation), Antifungal Agents

Phase 6: Selective Estrogen Receptor Modulators (SERM), Bone Resorption Suppression Agents, Heparin And Related Preparations, Antiemetic/Antivertigo Agents

A complete list of the PDL can be viewed on the Indiana PBM Web site ([www.indianapbm.com](http://www.indianapbm.com)). These drugs are placed on either the preferred drug list (PDL) or the PA list after extensive clinical review by the Therapeutics Committee. The PDL is intended to promote quality drug therapy while controlling costs for Primary Care Case Management Program, Fee-for-Service

Program, and the primary care case management component of the Children's Health Insurance Program.

### The PA Process

If a prescriber writes for a non-PDL medication without an approved PA, the claim will be rejected. The prescriber may contact a clinical pharmacist at the ACS call center. The prescriber may choose to change the prescription to the PDL alternative. The claim will then be paid.

The second possibility is that upon discussing the patient profile and PDL alternatives with a clinical pharmacist, the physician resolves not to change the prescription. In this case, the non- PDL medication will be approved.

Prescribers may also choose to refer to the online PDL when necessary. If the medication the prescriber prefers for the patient is not on the PDL, the prescriber may call ACS to initiate the prior authorization process before the patient goes to the pharmacy. Contact the ACS clinical call center for PDL related alerts:

**ACS State HealthCare, Inc**  
**Prescription Benefits Management**  
**Northridge Center One, Suite 400**  
**365 Northridge Road**  
**Atlanta, GA 30305**  
**Telephone: 1-866-879-0106**

Health Care Excel continues to process all calls related to IRDP. The IRDP currently consists of the following non-PDL alerts: Early Refill, Brand Medically Necessary, and 34-Day Supply. Additional IRDP processing includes the following: Tramadol, Brand NSAIDS/COX2, Brand Salicylate, H2 Antagonist, Carafate, Cytotec, Growth Hormone, Stadol, Lactulose, Oxycodone, Ocycontin, Synagis, Tretinoin, Hydrocodone/APAP, and Duragesic.

The prior approval form required for IRDP related alerts may be downloaded from [www.indianamedicaid.com](http://www.indianamedicaid.com). Prescribers and their authorized office personnel may submit requests via telephone, fax, or mail using the following information:

**Health Care Excel  
Prior Authorization Department  
Attn: Indiana Rational Drug Program  
2629 Waterfront Pkwy East Dr., Suite 200  
Indianapolis, IN 46214  
Telephone: (317) 347-4511  
Fax: (317) 347-3593  
Toll Free: (800) 457-4518**

### Phase 7 PDL

On December 20<sup>th</sup>, 2002, the Indiana Medicaid DUR Board approved the 7<sup>th</sup> Phase of the Preferred Drug List (PDL) program. Phase 7 of the PDL is to be implemented on February 26<sup>th</sup>, 2003. The drug classes reviewed for Phase 7 include: medications used to treat osteoporosis (Selective Estrogen Receptor Modulators and Bone Resorption Suppression Agents), Heparin and related products, and Antiemetic/Antivertigo agents. Additionally, Phase 7 adds quantity limits for prescriptions written for Zofran®, Kytril®, and the non-PDL medication Anzmet®. The PDL additions are listed in table 6.1.

Table 6.1

| <i>SERMs/Bone Resorption Supp Agents</i> | <i>Heparin &amp; Related Products</i> | <i>Antiemetic &amp; Antivertigo Agents*</i> |
|--|---------------------------------------|---|
| Actonel                                  | heparin: all generic forms            | Zofran                                      |
| Fosamax Weekly                           | Fragmin pre-filled syringe            | Kytril                                      |
| Evista                                   | Lovenox pre-filled syringe            |   |
| etidronate disodium                      |                                       |   |

\*limit 10 tabs or 1 bottle oral solution/prescription

### Questions About the PDL

Providers who wish to know more about the PDL are encouraged to refer to IHCP Bulletins BT200235, BT200243, BT200246, BT200247, BT200255, and

BT200261. Copies of the bulletins are available on the IHCP Web site at [www.indianamedicaid.com](http://www.indianamedicaid.com). The Indiana PBM Web site ([www.indianapbm.com](http://www.indianapbm.com)), contains specific information about the PDL and the PDL program. Questions about the bulletins or the PDL are to be directed to the ACS – State Health Care Clinical Call Center at 1-866-879-0106.

### The 2003 DUR Board Members

The 2003 DUR Board members are as follows. Individuals noted with an asterisk are new members of the Board.

**Terry Lindstrom, Ph.D.**  
*Chairperson, Pharmacologist*

**John J. Wernert, M.D.**  
*Vice-Chairperson, Physician*

**Patricia Treadwell, M.D.**  
*Physician*

**Marc Shirley, R.Ph.**  
*OMPP Representative-Ex Officio*

**Neil Irick, M.D.**  
*Physician*

**Phillip N. Eskew, Jr., M.D.**  
*Physician*

**G. Thomas Wilson, B.S. Pharm., J.D.**  
*Pharmacist*

**Thomas A. Smith, P.D., M.S.**  
*Pharmacist*

**Paula J. Ceh, Pharm.D.**  
*Pharmacist*

**Brian Musial, R.Ph.**  
*Pharmacist*

**Marko Mychaskiw, R.Ph., Ph.D.**  
*Health Economist*

**Vicki Perry**  
*HMO Representative*

DUR Board meetings are scheduled at 9:30 am on the third Friday of each month. Dates, locations, and agendas for upcoming meetings are published on the DUR Board Web site. The Web site also allows readers to submit comments to the Board via e-mail. To access the DUR Board Web site, go to the IHCP Web site at [www.IndianaMedicaid.com](http://www.IndianaMedicaid.com). Position the cursor to the Pharmacy Services button, found on the top bar of the IHCP's homepage, to highlight menu selections. Readers can access information pertaining to bulletins and the latest news involving the IHCP

pharmacy benefit, as well as DUR Board information, by clicking the appropriate listing from the menu.

### DUR Board 2003 Meeting Dates:

- **January 17, 2003**
- **February 23, 2003**
- **March 21, 2003**
- **April 25, 2003**
- **May 16, 2003**
- **June 20, 2003**
- **July 18, 2003**
- **August 15, 2003**
- **September 19, 2003**
- **October 17, 2003**
- **November 21, 2003**
- **December 19, 2003**

### PDL Review Schedule

A tentative schedule of drug classes for review is on the [www.IndianaPBM.com](http://www.IndianaPBM.com) Web site. The following classes are scheduled for the February review:

- Skeletal Muscle Relaxants (H6H)
- Urinary Tract Antispasmodic/Antiincontinence (R1A)
- Biguanides/Other Hypoglycemic Agents (CK4)
- Brand Name Narcotics (H3A)
- Fibric Acids (M4E)
- Bile Acid Sequestrants (D7L)

### IRDP ProDUR Alert Activity for November

On December 20<sup>th</sup>, 2002, the Indiana Medicaid DUR Board was presented a report of Indiana Rational Drug Program ProDUR alert activity occurring during November 1<sup>st</sup> to November 30<sup>th</sup>, 2002. The following information was contained in the report:

For the month, 7,571 ProDUR alerts were issued on pharmacy claims submitted via Point-of-Sale. PA overrides were submitted for 6,585 of those alerts (87 percent). Table 6.2 shows the top 6 alert categories including total number of alerts, alerts approved, alerts denied and the number of alerts suspended.

Table 6.2

| Category           | Total Number of alerts | Approved | Denied | Suspended |
|--------------------|------------------------|----------|--------|-----------|
| Tramadol           | 209                    | 125      | 25     | 59        |
| Brand COX2 /NSAIDS | 494                    | 329      | 27     | 138       |
| H2 Antagonists     | 130                    | 103      | 6      | 21        |
| Synagis            | 144                    | 131      | 12     | 1         |
| Early Refill       | 6024                   | 5590     | 349    | 85        |
| Duragesic          | 113                    | 103      | 6      | 4         |

### Changes to the IHCP ProDUR System

Starting January 15, 2003, IHCP’s online ProDUR system will be modified to screen prescription claims in the following manner:

#### Drug-Drug Interaction Edit

A Severity Level 1 drug-drug interaction occurs when a patient has been prescribed two or more medications that are contraindicated for simultaneous use and may result in serious harm or death for the patient. Effective January 15th, 2003, claims that post a drug-drug alert (based on data taken from First DataBank), will be denied.

Pharmacists will not be permitted to override the alert unless prior authorization is obtained. PA will be granted when an extenuating circumstance exists to substantiate the need to dispense products that are contraindicated for simultaneous use, or where one of the drugs has actually been discontinued (false-positive). The dispensing pharmacist will be allowed to obtain a PA when a false-positive Severity Level 1 drug-drug interaction exists.

#### High Dose Edit

High Dose has been defined by the Indiana DUR Board as a dose that exceeds the recommended dosage based on criteria published by First DataBank. Starting March 6<sup>th</sup>, 2003, all claims

posting the high dose edit will require the pharmacy provider to call the appropriate help desk for prior approval. The following therapeutic classes are the only therapeutic classes exempt at this time since they are presently screened by IRDP:

- Hydrocodone / APAP
- Oxycodone / APAP
- Oxycodone

In addition, there are some drugs or drug classes which the dispensing pharmacist can override (disposition A) at the point-of-sale. These drugs/classes are listed in table 6.3.

Table 6.3  
Drugs /Classes with Disposition A

|   |
|---|
| J5D Beta-Adrenergic Agents  |
| Q8B Ear Preparations, Misc. Anti-infectives                       |
| Q8W Ear Preparations, Antibiotics                                 |
| Q8H Ear Preparations, Local Anesthetics                           |
| Q6I Eye Antibiotic-Corticoid Combinations                         |
| Q6R Eye Antihistamines  |
| Q6P Eye Anti-inflammatory Agents                                  |
| Q6V Eye Antivirals  |
| Q6H Eye Local Anesthetics   |
| Q6S Eye Sulfonamides  |
| Q6C Eye Vasoconstrictors (RX Only)                                |
| Q6G Miotics/Other Intraoc. Pressure Reducers                      |
| H2L, H2O Anti-Psychotics, Non-Phenothiazines                      |
| H2G, H2I Anti-Psychotics, Phenothiazines                          |
| H4B, H4C Anticonvulsants  |
| H7P Antipsychotics, Atypical, Dopamine, & Serotonin Antagonists   |
| H2D Barbiturates  |
| A9A Calcium Channel Blocking Agents                               |
| Q6W Ophthalmic Antibiotics  |
| Q6U Ophthalmic Mast Cell Stabilizers                              |
| Q6A Ophthalmic Preparations, Miscellaneous                        |
| H2F, H2P Anti-Anxiety Drugs                                       |
| H2M Anti-Mania Drugs  |
| H2V Anti-Narcolepsy/Anti-Hyperkinesia Agents                      |
| H2A Central Nervous System Stimulants                             |
| J1B Cholinesterase Inhibitors                                     |
| Guanfacine HCl  |
| Clonidine HCl   |
| H2H, H7L, H7K, H7J Monoamine Oxidase (MAO) Inhibitors             |
| H2E, H2Q Sedative-Hypnotics, Non-Barbiturate                      |
| H2S, H7H Serotonin Specific Reuptake Inhibitors                   |
| H7E Serotonin-2 Antagonist/Reuptake Inhibitors                    |
| H7C Serotonin-Norepinephrine Reuptake-Inhibit                     |
| H2X Tricyclic Antidepressant/Benzodiazepine Combinations          |
| H2W Tricyclic Antidepressant/Phenothiazine Combinations           |
| H2U Tricyclic Antidepressants & Rel. Non-SEL. Reuptake Inhibitors |

### Top 25 Drugs Classes for 2002

The Antipsychotics, Atypical, Dopamine, & Serotonin Antagonists drug class accounted for the highest dollar amount paid for prescription drug services dispensed to non-risk based IHCP members. Table 6.4 lists the drug classes ranked by total amount paid.

Table 6.4  
2002 Top 25 Drug Classes by Total Amount Paid

| Rank | Drug Class   | Paid Units | Amount Paid     |
|------|--|------------|-----------------|
| 1    | Antipsychotics, Atypical, Dopamine, & Serotonin Antagonist | 390979     | \$74,545,984.25 |
| 2    | Anticonvulsants  | 480301     | \$36,727,000.40 |
| 3    | Serotonin Specific Reuptake Inhibitors (SSRIs)             | 418380     | \$33,733,197.24 |
| 4    | Gastric Acid Secretion reducers                            | 391601     | \$30,125,529.59 |
| 5    | Analgesics, Narcotics                                      | 759155     | \$26,899,352.87 |
| 6    | Lipotropics  | 203352     | \$16,649,168.05 |
| 7    | Antihistamines   | 394679     | \$15,586,368.10 |
| 8    | NSAIDS, Cyclooxygenase Inhibitor                           | 316574     | \$12,043,220.97 |
| 9    | Antihemophilic Factors                                     | 1816       | \$11,760,182.99 |
| 10   | Beta-Adrenergic Agents                                     | 321442     | \$10,767,760.35 |
| 11   | Calcium Channel Blocking Agents                            | 202259     | \$9,473,666.75  |
| 12   | Insulins   | 146809     | \$7,984,929.02  |
| 13   | Penicillins  | 336042     | \$7,933,883.89  |
| 14   | Hypotensives, ACE Blocking Type                            | 227389     | \$7,610,978.91  |
| 15   | Hypoglycemics, Insulin-Response Enhancers (NS)             | 60579      | \$7,393,877.22  |
| 16   | Anti-anxiety   | 322910     | \$7,334,027.18  |
| 17   | Glucocorticoids  | 182740     | \$7,011,624.83  |
| 18   | Anti-narcolepsy / Anti-hyperkinesia Agents                 | 114927     | \$6,690,760.78  |
| 19   | Platelet Aggregation Inhibitors                            | 67649      | \$6,506,998.41  |
| 20   | Quinolones   | 92567      | \$6,236,274.16  |
| 21   | Macrolides   | 162406     | \$6,193,082.70  |
| 22   | Cholinesterase Inhibitors                                  | 50600      | \$6,067,640.89  |
| 23   | Blood Sugar Diagnostics                                    | 77855      | \$5,918,388.72  |
| 24   | Adrenergics, Aromatic, Non-Catecholamine                   | 86140      | \$5,719,775.33  |
| 25   | Antimigraine Preparations                                  | 45648      | \$5,693,426.36  |

