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Indiana Medicaid DUR Board
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Indiana State Gvmt Center, South
402 West Washington Street
Indianapolis, Indiana 46204

Indiana Medicaid Drug Utilization Review Board Newsletter

IRDP and the Indiana Preferred Drug List (PDL)

The Indiana Rational Drug Program (IRDP), originally launched January 7th, 2002, places certain drugs and drug classes on prior authorization (PA). The Preferred Drug List (PDL) program introduced in August 2002 builds on the intent of the IRDP. Since the last issue of the Drug Utilization Review (DUR) Board Newsletter the initial Indiana Preferred Drug List review has been completed with three more phases added to the Indiana PDL:

Phase 8: Bile Acid Sequestrants, Fibric Acids, Skeletal Muscle Relaxants, Urinary Tract Antispasmodics, Brand Name Narcotics, Antidiabetic Agents

Phase 9: Ophthalmic Mast Cell Stabilizers, Eye Antihistamines, Miotics and other Intraocular Pressure Reducers, Ophthalmic Antibiotics, Otic Antibiotics, Vitamin A Derivatives, Antipsoriatics, Leukocyte Stimulants, Hematinics, Ultracet, Forteo, Smoking Deterrent Agents

Phase 10: Antiviral (Influenza) Agents, Antiviral (Antiherpetic) Agents, Topical Antifungals, Oral Antifungals, Vaginal Antimicrobials, Topical Estrogen Agents, Anti-Ulcer/H. Pylori Agents

A complete list of the PDL can be viewed on the Indiana PBM Web site (www.indianapbm.com). These drugs are placed on either the PDL or the PA list after extensive clinical review by the Therapeutics Committee and DUR Board approval. Some drug classes have not been reviewed for PDL status. The drugs in these classes are not subject to the PA or the PDL edits. 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 selects 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, High Dose Alerts, Drug-Drug Severity Level 1 Alerts, Brand Medically Necessary, and 34-Day Supply. Additional IRDP processing includes the following: Brand NSAIDS/COX2, Brand Salicylate, H2 Antagonist, Carafate, Cytotec, Growth Hormone, Lactulose, and Synagis.

The prior approval form required for IRDP related alerts is downloadable from

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**

Semi-Annual PDL Re-Review Schedule

A complete re-review of the Indiana Preferred Drug List by the Therapeutics Committee is scheduled to take place on the following dates:

- August 1, 2003
- November 7, 2003

The Proton Pump Inhibitors and the Thiazolidinediones will not be included in the August re-review due to the re-review of these classes at the June 6, 2003 Therapeutics Committee meeting.

Questions About the PDL

Providers who wish to know more about the PDL are encouraged to refer to the Indiana PBM Web site, www.indianapbm.com. The Indiana PBM website contains specific information about the PDL and the PDL process.

Also, PDL bulletins can be found at www.indianamedicaid.com. For questions about the PDL, please call the ACS – State Health Care Clinical Call Center at 1-866-879-0106.

DUR Board Members

The 2003 DUR Board members are as follows:

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

Philip 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

The DUR Board meets once a 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. 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.

Changes to the IHCP ProDUR System

Starting July 21, 2003, IHCP's online ProDUR system will be modified to screen prescription claims in the following manner:

Therapeutic Duplication ProDUR Edit
Therapeutic duplication is defined as the use or prescribing of two or more drug products of the same therapeutic class, based on criteria published by First DataBank. Effective July 21st, therapeutic duplication alerts for Angiotensin Converting Enzyme Inhibitors (ACE Inhibitors) and Angiotensin Receptor Blockers (ARBs) will require prior authorization.

Pharmacists will not be permitted to override the alert unless prior authorization is obtained. Pharmacists can obtain a prior authorization from Health Care Excel (HCE) when one of the drugs has been discontinued. Prescribers must obtain prior authorization from HCE when multiple products in the same therapeutic class are being dispensed. Clinical rationale for therapeutic duplication is required to support the prior authorization request. The prior authorization forms are available on the IHCP website at www.indianamedicaid.com.

Prescribers and pharmacists can contact Health Care Excel by 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**

Top 25 Drugs First Quarter 2003

The following table lists the drugs ranked by total amount paid for the first quarter of 2003 for prescriptions dispensed to non-risk based IHCP members.

Top 25 Drugs by Total Amount Paid

| DRUG | CLAIMS PAID | TOTAL PAID |
|------------|-------------|-------------|
| ZYPREXA | 33,782 | \$9,718,727 |
| RISPERDAL | 35,546 | \$5,922,331 |
| PROTONIX | 42,277 | \$3,928,077 |
| SEROQUEL | 20,743 | \$3,726,504 |
| DEPAKOTE | 28,475 | \$3,008,309 |
| NEURONTIN | 23,997 | \$2,738,664 |
| ZOLOFT | 31,735 | \$2,648,787 |
| LIPITOR | 28,773 | \$2,379,948 |
| PAXIL | 24,963 | \$2,107,689 |
| NOVOSEVEN | 237 | \$2,049,664 |
| ALLEGRA | 32,959 | \$1,992,021 |
| DURAGESIC | 11,890 | \$1,977,368 |
| OXYCONTIN | 10,487 | \$1,888,051 |
| PLAVIX | 16,460 | \$1,804,332 |
| ZOCOR | 13,781 | \$1,594,170 |
| TOPAMAX | 9,021 | \$1,589,230 |
| EFFEXOR | 15,473 | \$1,535,724 |
| ACTOS | 8,530 | \$1,485,731 |
| CONCERTA | 22,953 | \$1,408,345 |
| ZITHROMAX | 35,404 | \$1,371,978 |
| AUGMENTIN | 21,227 | \$1,368,312 |
| WELLBUTRIN | 15,068 | \$1,355,786 |
| CELEXA | 17,946 | \$1,312,127 |
| REMERON | 18,274 | \$1,310,277 |
| ADVAIR | 9,558 | \$1,274,225 |