



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
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DEPARTMENT OF HUMAN SERVICES
EUGENE I. GESSOW, DIRECTOR

Iowa Medicaid Mental Health Advisory Group Meeting February 13, 2009

**Location: Iowa Medicaid Enterprise
100 Army Post Rd.
Des Moines, Iowa 50315**

Time: 8:00 a.m. – 9:30 a.m.

Tentative Agenda

1. Welcome & Introductions
 - a) Advisory Group Members and Staff
 - b) Approval of the minutes
2. P&T Recommendations on Select Mental Health Drugs
 - a). Clinical Discussion and Final Recommendation by MHAG to DUR Commission - See Attachment 1
 - b). Attachment 2 – Specific Recommendations from P&T
 - c). Attachment 3 - Proposed PDL
3. Future Meeting(s)
 - a) Available Dates in April 2009?
4. Adjournment

****Please submit any questions on administrative procedures or policy prior to the meeting to Susan Parker, R.Ph., Pharm.D. at sparker2@dhs.state.ia.us.**

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For more information contact the DUR Director, Chad Bissell, Pharm.D. at info@iadur.org or (515) 725-1271

Attachment 1

Summary of Non-Preferred Recommendations from November 13, 2008 P & T Committee Meeting

Summary of P&T Recommendations

1. Nonpreferred: Pexeva, Metadate CD, Ritalin LA.
2. Nonpreferred with Conditions¹: Seroquel XR, Luvox CR, Risperdal M-Tab, Zyprexa Zydis, Abilify Discmelt, Pristiq, and Invega
3. Prior Authorization (PA) requirements recommended for those drugs in “Nonpreferred with Conditions” mean that the member must have a trial and failure of the parent compound.

Classification of Recommendations

I. Drugs

A. Brand Name Products

- | | |
|----------------|---------------|
| 1) Pexeva | Non-Preferred |
| 2) Metadate CD | Non-Preferred |
| 3) Ritalin LA | Non-Preferred |

B. Extended Release Products*

- | | |
|----------------|---------------|
| 1) Luvox CR | Non-Preferred |
| 2) Seroquel XR | Non-Preferred |

C. Different Dosage Forms of Preferred Products*

- | | |
|---------------------|---------------|
| 1) Risperdal M-Tab | Non-Preferred |
| 2) Zyprexa Zydis | Non-Preferred |
| 3) Abilify Discmelt | Non-Preferred |

D. Metabolites of Preferred Products*

- | | |
|------------|---------------|
| 1) Invega | Non-Preferred |
| 2) Pristiq | Non-Preferred |

*With Conditions

II. Prior Authorization Requirements Recommended

“Nonpreferred with Conditions” mean that the member must have a trial and failure of the parent compound.

¹ “Conditions” refers to the clinical prior authorization criteria developed and recommended by the DUR Commission that require specific medical criteria and guidelines be met as a condition for prior authorization approval.

Recommendations from November 13, 2008 P & T Committee Meeting¹

- 1) Recommended to change Nardil from Recommended to Preferred
- 2) Recommended to change Emsam from Non-Recommended to Preferred
- 3) Recommended to change Parnate from Recommended to Preferred²
- 4) Recommended to change Lexapro from Recommended to Preferred and accept the DUR Commission recommendation to split Lexapro 20mg tablets to achieve a 10mg dose and to split Lexapro 10mg tablets to achieve a 5mg dose.
- 5) Recommended to change Luvox CR from Non-Recommended to Non-Preferred with Conditions³ and accept clinical prior authorization criteria, recommended by DUR but not yet implemented, for this drug. This drug will be under the Extended Release Formulations PA category.
- 6) Recommended to change Paxil Susp from Recommended to Preferred.
- 7) Recommended to change Pexeva from Non-Recommended to Non-Preferred.
- 8) Recommended to change Pristiq from Non-Recommended to Non-Preferred with Conditions and add clinical prior authorization to this drug. The DUR Commission would need to develop the PA criteria for this drug.
- 9) Recommended to change Cymbalta from Non-Recommended to Preferred.
- 10) Recommended to change Maprotiline from Recommended to Preferred.
- 11) Recommended to change Wellbutrin XL from Recommended to Preferred.
- 12) Recommended to change Effexor XR from Non-Recommended to Preferred.
- 13) Recommended to change Amoxapine from Recommended to Preferred.
- 14) Recommended to change Tofranil-PM from Non-Recommended to Preferred.
- 15) Recommended to change Vivactil from Recommended to Preferred.
- 16) Recommended to change Surmontil from Recommended to Preferred.
- 17) Recommended to change Invega from Non-Recommended to Non-Preferred with Conditions and add clinical prior authorization to this drug. The DUR Commission would need to develop the PA criteria for this drug.
- 18) Recommended to change Risperdal from Recommended to Preferred.

¹ It was recommended that all drugs changing to a nonpreferred status in these categories be grandfathered. Grandfathering allows members currently on a drug to remain on the drug. The pharmacy claims processing system identifies members on a particular drug by looking back in the claims system 180 days to see which members have had paid claims for the specific drug and allows the members to continue to get the same drug without restrictions. This grandfathering process remains in place for the duration of the member's eligibility.

The change in drug status to nonpreferred would only stop pharmacy claims from paying for "new users" or those members that have not had the drug previously paid by Medicaid. If the member does not have a history of the requested drug in the Medicaid paid claims system, a prior authorization would be required.

² P&T recommended a POS look back to screen for drug interactions for all MAOIs-it has been confirmed that pharmacy software already does this so no POS look back will be implemented by Medicaid.

³ "Conditions" refers to the clinical prior authorization criteria developed and recommended by the DUR Commission that require specific medical criteria and guidelines be met as a condition for prior authorization approval.

- 19) Recommended to change Risperdal M-Tab from Non-Recommended to Non-Preferred with Conditions and add clinical prior authorization to this drug. The DUR Commission would need to develop the PA criteria for this drug.
- 20) Recommended to change Risperdal Consta from Non-Recommended to Preferred.
- 21) Recommended to change Seroquel from Recommended to Preferred.
- 22) Recommended to change Seroquel XR from Non-Recommended to Non-Preferred with Conditions and keep the clinical prior authorization requirement. PA criteria already exists for this drug under the PA category Extended Release Formulations.
- 23) Recommended to change Zyprexa from Non-Recommended to Preferred.
- 24) Recommended to change Zyprexa Zydis from Non-Recommended to Non-Preferred with Conditions and add clinical prior authorization to this drug. The DUR Commission would need to develop the PA criteria for this drug.
- 25) Recommended to change Abilify from Non-Recommended to Preferred.
- 26) Recommended to change Abilify Discmelt from Non-Recommended to Non-Preferred with Conditions and add clinical prior authorization to this drug. The DUR Commission would need to develop the PA criteria for this drug.
- 27) Recommended to change Geodon from Recommended to Preferred.
- 28) Recommended to change Moban from Non-Recommended to Preferred.
- 29) Recommended to change all strengths of Vyvanse from Recommended to Preferred.
- 30) Recommended to change Adderall XR from Recommended to Preferred
- 31) Recommended to change Focalin from Recommended to Preferred.
- 32) Recommended to change Focalin XR from Recommended to Preferred.
- 33) Recommended to change Daytrana from Recommended to Preferred.
- 34) Recommended to change Metadate CD from Non-Recommended to Non-Preferred.
- 35) Recommended to change Concerta from Recommended to Preferred.
- 36) Recommended to change Ritalin LA from Non-Recommended to Non-Preferred.
- 37) Recommended to change Strattera from Non-Recommended to Preferred.
- 38) Recommended to change Provigil from Non-Recommended to Preferred.

Summary of Recommended Changes: Of the 38 drugs recommended moving from the RDL to the PDL:

- **28 drugs** moved to **Preferred** status
- **3 drugs** moved to **Non-Preferred** status-Pexeva, Metadate CD & Ritalin LA. However different brands of the same chemical entity are preferred drugs. The pharmacist may use up to a one-time 30-day override if prior authorization cannot be immediately received.
- **7 drugs** moved to **Non-Preferred with Conditions**- Seroquel XR, Luvox CR, Risperdal M-Tab, Zyprexa Zydis, Abilify Discmelt, Pristiq, and Invega. Seroquel XR claims currently require PA⁴ and Luvox CR is being added to the Extended Release Formulation PA Criteria along with Seroquel XR. The DUR Commission will develop the PA criteria for the other 5 drugs. The pharmacist may use up to a one-time 72-hour override if prior authorization cannot be immediately received.

⁴ The current Extended Release Formulation PA Criteria is:

Payment for the extended release formulation will be considered only for cases in which there is documentation of previous trial and therapy failure with the immediate release product of the same chemical entity, unless evidence is provided that use of the immediate release product would be medically contraindicated.

Prior authorization is required for the following extended release formulation(s):

1. Seroquel® XR

B. G. or Q	COM	P. N. R. or NR	Therapeutic Category	B. G. or Q	COM	P. N. R. or NR	Therapeutic Category
ANTIDEPRESSANTS - MAO INHIBITORS				G		P	BUPROPION HCL
B	P	R	NARDIL	G		P	BUPROPION HCL SR
B	P	R	EMSAM	G		N	bupropion hcl tab sr 12hr 100 mg
B	P	R	PARNATE	B		N	WELLBUTRIN
ANTIDEPRESSANTS - SELECTED SSRI'S				B		P	WELLBUTRIN SR
G		P	Mirtazapine	B	P	R	WELLBUTRIN XL
B		P	REMERON	B		P	EFFEXOR
B		P	REMERON SOLTAB	B	P	NR	EFFEXOR XR
G		P	Nefazodone HCl	B		N	SARAFEM
B		N	DESYREL	ANTIDEPRESSANTS - TRI-CYCLICS			
G		P	TRAZODONE HCL	G		P	Amitriptyline HCl
G		N	trazodone hcl tab 300 mg	B		N	ELAVIL
B		N	CELEXA	B	P	R	AMOXAPINE
G		P	Citalopram Hydrobromide	B		N	ANAFRANIL
B	P	R	LEXAPRO	G		P	Clomipramine HCl
G		P	FLUOXETINE HCL	G		P	Desipramine HCl
G		N	fluoxetine hcl cap 40 mg	B		N	NORPRAMIN
G		N	fluoxetine hcl tab 20 mg	G		P	Doxepin HCl
B		N	PROZAC	B		N	SINEQUAN
B		N	PROZAC WEEKLY	G		P	Imipramine HCl
B		N	RAPIFLUX	B		N	TOFRANIL
G		P	Fluvoxamine Maleate	B	P	NR	TOFRANIL-PM
B	N	NR	LUVOX CR	B		N	AVENTYL
G		N	Paroxetine HCl	G		P	Nortriptyline HCl
G		P	Paroxetine HCl	B		N	PAMELOR
B		N	PAXIL	B	P	R	VIVACTIL
B	P	R	PAXIL SUS 10MG/5ML	B	P	R	SURMONTIL
B		P	PAXIL CR	ANTIPSYCHOTICS - ATYPICALS			
B	N	NR	PEXEVA	B	N	NR	INVEGA
G		P	SERTRALINE HCL	B	P	R	RISPERDAL
B		N	ZOLOFT	B	N	NR	RISPERDAL M-TAB
B	N	NR	PRISTIQ	G		N	Risperidone
B	P	NR	CYMBALTA	B	P	NR	RISPERDAL CONSTA
B		P	EFFEXOR	B	P	R	SEROQUEL
B		P	EFFEXOR XR	B	N	NR	SEROQUEL XR
G		N	Venlafaxine HCl	B	P	NR	ZYPREXA
G	P	R	Maprotiline HCl	B	N	NR	ZYPREXA ZYDIS
G		P	BUPROPION TAB 100MG SR	B	P	NR	ABILIFY
G		N	BUPROPION TAB 150MG ER	B	N	NR	ABILIFY DISCMELT

B. G. or Q	COM	P. N. R. or NR	Therapeutic Category	B. G. or Q	COM	P. N. R. or NR	Therapeutic Category
ANTIPSYCHOTICS - ATYPICALS				B		R	DIAZEPAM SOL 1MG/ML
- Continued -				B		R	DIAZEPAM INTENSOL
B	P	R	GEODON	B		N	VALIUM
ANTIPSYCHOTICS - SPECIAL ATYPICALS				B		N	ATIVAN
B		N	CLOZARIL	G		P	Lorazepam
G		P	Clozapine	B		P	LORAZEPAM INTENSOL
B		P	FAZACLO	G		P	Oxazepam
ANTIPSYCHOTICS - TYPICAL				B		N	SERAX
G		P	Haloperidol	ANXIOLYTICS - LONG ACTING			
G		P	Haloperidol Lactate	G		N	Alprazolam
G		P	Haloperidol Decanoate	B		N	XANAX XR
B		N	LOXITANE	ANXIOLYTICS - MISC.			
G		P	Loxapine Succinate	B		N	BUSPAR
B	P	NR	MOBAN	G		P	Bupirone HCl
B		N	THORAZINE	G		N	bupirone hcl tab 30 mg
G		P	Chlorpromazine HCl	G		P	Droperidol
B		N	THORAZINE	B		N	INAPSINE
G		P	Fluphenazine HCl	G		P	Meprobamate
G		P	Fluphenazine Decanoate	B		N	MILTOWN
G		P	Perphenazine	LITHIUM			
G		P	Thioridazine HCl	B		P	ESKALITH
G		P	Trifluoperazine HCl	B		P	ESKALITH CR
B		N	NAVANE	G		P	Lithium Carbonate
G		P	Thiothixene	G		N	lithium carbonate cap 600 mg
ANXIOLYTICS - BENZODIAZEPINES				B		P	LITHOBID
G		P	Alprazolam	G		P	Lithium Citrate
B		R	ALPRAZOLAM INTENSOL	PSYCHOTHERAPEUTIC COMBINATION			
B		N	NIRAVAM	B		N	LIMBITROL
B		N	XANAX	B		N	LIMBITROL DS
G		P	Chlordiazepoxide HCl	G		P	Chlordiazepoxide-Amitriptyline
B		N	LIBRIUM	G		P	Perphenazine-Amitriptyline
G		P	Clorazepate Dipotassium	B		NR	SYMBYAX
B		N	TRANXENE				
B		N	TRANXENE-SD				
B		N	TRANXENE-T				
G		P	DIAZEPAM				

B, G, or Q	COM	P, N, R, or NR	Therapeutic Category	B, G, or Q	COM	P, N, R, or NR	Therapeutic Category
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SEDATIVE/HYPNOTICS - BARBITURATE

B		R	BUTISOL SODIUM
B		R	MEBARAL
G		P	Phenobarbital
B		NR	LUMINAL
B		NR	SECONAL
B		NR	CHLORAL HYDRATE CRYSTALS
G		P	chloral hydrate syrup 500 mg/5ml
B		NR	SOMNOTE

SEDATIVE/HYPNOTICS - BENZODIAZEPINES

G		P	Estazolam
B		N	DALMANE
G		P	Flurazepam HCl
G		P	Midazolam HCl
B		N	VERSED
B		R	DORAL
B		N	RESTORIL CAP 15MG
B		NR	RESTORIL CAP 22.5MG
B		N	RESTORIL CAP 30MG
B		R	RESTORIL CAP 7.5MG
G		P	Temazepam
B		N	HALCION
G		P	Triazolam

STIMULANTS - AMPHETAMINES - LONG ACTING

B		P	DEXEDRINE
G		N	Dextroamphetamine Sulfate
B	P	R	VYVANSE
B	P	R	ADDERALL XR

STIMULANTS - AMPHETAMINES - SHORT ACTING

G		N	Dextroamphetamine Sulfate
G		P	dextroamphetamine sulfate tab 10 mg
B		P	DEXTROSTAT
B		N	DEXTROSTAT TAB 10MG
B		N	ADDERALL
G		P	Amphetamine-Dextroamphetamine

STIMULANTS - METHYLPHENIDATE

B	P	R	FOCALIN
G		P	Methylphenidate HCl
B		N	RITALIN

STIMULANTS - METHYLPHENIDATE - LONG ACTING

B	P	R	FOCALIN XR
B	P	R	DAYTRANA
B	P	R	CONCERTA
B	N	NR	METADATE CD
B		N	METADATE ER
G		P	METHYLPHENIDATE HCL ER
B	N	NR	RITALIN LA
B		N	RITALIN SR

STIMULANTS - OTHER STIMULANTS / LIKE STIMULANTS

B	P	NR	STRATTERA
B	P	NR	PROVIGIL