

## Appendix A: Explanation of Terms and Conditions

**Adequate trial for antipsychotics:** Four (4) to eight (8) weeks.

**Combination Use of Two Atypicals:** Requires PA.

**Continuation of Therapy:** Members stabilized on a medication in the hospital will be exempt from the PA requirements upon discharge, unless the medication has been on the market 6 months and/or has not been reviewed by The PHP Pharmacy & Therapeutics Committee. The requestor must submit the PA request form documenting that the member stabilized on medication while in the hospital. (Please note: to assist with this process, the Plan is currently developing a Hospital Discharge PA Form for use at the psychiatric facilities. Instructions for completing this form will be forthcoming.)

**Drug Indications:** Stipulated by the original filings with the FDA for use within specific diseases. Accepted uses, not mentioned in the FDA package insert, may be supported by the “official compendia” (USPDI, Drug Dex, or AHFS).

**Experimental Therapy:** The Centers for Medicare & Medicaid Services (CMS) defines experimental therapy as the use of a medication that has no reference to listings in the official compendia, the FDA-approved package insert, or from appropriate peer-reviewed literature.

**Grandfathered:** Exemption from PA requirements for members currently receiving a medication before initiation of a drug benefit change by the Pharmacy & Therapeutics Committee. Usually set for a specified time frame (i.e. six months). Members new to the Plan who can substantiate history of treatment with non-preferred medications prior to becoming a member will be considered for grandfathering.

**ICD – 9 Diagnostic Codes:** International classification of diseases assigns a number with suffix digits, allowing a full medical description of the disease being treated.

**Non-Preferred Medications:** Medications NOT preferred by PHP based on review and evaluation using scientific methods to determine safety, efficacy and best value when compared to similar therapeutic comparators within a drug class. Non-preferred medications may require prior-authorization and may not be fully displayed on the PHP formulary.

**Off-Label Use:** Drug prescribed for treatment of a disease or symptoms not indicated by writings within the manufacturer’s package insert, the United States Pharmacopeia Dispensing Information (USPDI), Drug Dex, or the American Hospital Formulary Services (AHFS) book. A medication being prescribed without mention in the above references would be considered experimental therapy.

**Oral Solution:** Oral solution for children under six (6) years of age may be covered based on the member’s special needs.

**Over FDA Recommended Maximum Dose:** Requires PA and medical necessity criteria.

**Passport Advantage (PAD):** PAD is our Medicare Advantage plan which offers health and prescription drug coverage to Passport Health Plan members who also have Medicare Parts A and B. PAD covers the Medicare Part D prescription drug benefit as well as medications covered under Medicare Part B. Medicare excludes coverage of benzodiazepines, barbiturates, over-the-counter medications, and prescription vitamins and mineral products (except prenatal vitamins and fluoride preparations). However, PAD members may have coverage for these items under their PHP (Medicaid) benefits.

**Pill Splitting:** Certain antipsychotics, anticonvulsants, and SSRIs have pill splitting requirements. PHP will support the payment for one pill splitting device per year per member.

**Polypharmacy:** Concurrent use of two or more medications. In a National Association of State Mental Health Program Directors (NASMHPD) September 2001 report, five (5) subtypes of polypharmacy were identified:

1. Same-class polypharmacy - e.g. the use of two selective serotonin reuptake inhibitors.
2. Multiclass polypharmacy - e.g. the use of full doses of drugs from different medication classes to treat the same symptom cluster.

3. Adjunctive polypharmacy - e.g. the use of a medication to treat side effects of another.
4. Augmentation - e.g. the use of a medication at a low dose to augment another, or adding a medication that would not be used alone to treat a symptom cluster.
5. Total polypharmacy – The total count of medications used in a patient, or total drug load.

Polypharmacy may be appropriate in the following circumstances:

- Refractory situations
- Dual and triple diagnoses w/brain injury, Bipolar disorder
- When discharged from the hospital
- Cross tapering

**Preferred Medications:** Medications on the formulary that are preferred by Passport Health Plan (PHP). These selections may differ from Kentucky Medicaid. Preferred medications have been evaluated by the Pharmacy & Therapeutics Committee for safety, efficacy and value, and are often compared to a like therapeutic comparator.

**Prior Authorization (PA):** process wherein PHP must approve a medication before the pharmacy may dispense it.

**Quantity Limits:** e.g. 30-day supply per prescription

**Refill Too Early:** This edit is in place to allow for a 30-day supply. Requests for refills before day 26 of the prescription will reject with a notice that the prescription was attempted to be filled “too early.” This may also occur if the patient changes strengths of a medication before a 30 day supply of medication is used. To prevent this, prescribe a quantity sufficient for the titration whenever possible. For example, a titration schedule of Topamax® 50MG b.i.d. for 10 days, then Topamax® 100MG QD can be written as Topamax® 50MG b.i.d. #20 for 10 days, Topamax® 100MG QD # 20 for 20 days.

**Restricted to Specific Disease or Specialty:** Medications may be restricted to certain specialties due to the preponderance of use and experience by the specialty practitioner in a particular diagnosis.

**Samples:** Providers must document samples of PHP non-preferred agents given to members in the chart notes. Because PHP members only have a very small and affordable co-payment, use of samples is discouraged.

**Step Therapy:** Certain preferred medications must be tried to treat a medical condition first before PHP will reimburse another medication for that condition.

**Treatment for Resistant or Refractory ADHD:** Failure of at least two stimulants in each class.

**When to use Risperdal® oral tablets vs. disintegrating tablets (M-tabs) vs. solution:**

- Oral tablets are first option
- The oral solution is appropriate for children with swallowing difficulty or < six (6) years of age.
- M-tabs are reserved for children demonstrating compliance issues with the oral tablets and solution.