SCOPE:
Centene Corporate Pharmacy Department, MHS Indiana Pharmacy Department, Centene Pharmacy and Therapeutics Committee, MHS pharmacy and Therapeutics Committee

PURPOSE:
To provide open access to mental health medications in accordance with Indiana State Law IC 12-15-35.5-3

POLICY:
MHS will not place prior authorization or medical necessity criteria on drugs classified as anxiolytic, antidepressant, antipsychotic or drugs cross indicated for these indications. These drugs are referred to as AAAX medications. All AAAX medications will be considered preferred agents on the MHS PDL. Mental health drugs are defined by the state of Indiana as:

(1) A drug that is classified as an anxiolytic, antidepressant, or antipsychotic central nervous system drug in the most recent publication of Drug Facts and Comparisons (published by the Facts and Comparisons Division of J.B. Lippincott Company).

(2) A drug that, according to:
   (A) the American Psychiatric Press Textbook of Psychopharmacy;
   (B) Current Clinical Strategies for Psychiatry;
   (C) Drug Facts and Comparisons; or
   (D) a publication with a focus and content similar to the publications described in clauses (A) through (C);
   is a cross-indicated drug for a central nervous system drug classification described in subdivision (1).

(3) A drug that is:
   (A) classified in a central nervous system drug category or classification (according to Drug Facts and Comparisons) that is created after March 12, 2002; and
   (B) prescribed for the treatment of a mental illness (as defined in the most recent publication of the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders).

Brand medically necessary policies will be enforced to mandate the use of generic formulations for instances when multiple source brand drugs are prescribed.
MHS will utilize appropriate use and safety edits at the POS including; Quantity Limits, Lower Age Limits, Upper Age Limits, Duplicate Therapy Edits, Dose Consolidation Edits, Fraud and Abuse Edits and Teratogenic Edits.

MHS will continue to place utilization management edits on mental health drugs consistent with FDA approved dosing guidelines for the mental health indications of individual drugs.

**This policy will supersede all other clinical policies for drugs identified as a mental health drug.

PROCEDURE:
Newly Approved Mental Health Drugs – MHS pharmacy director will identify newly approved mental health drugs and request their addition to the MHS PDL.

Process for requesting PDL addition:
- Submit request for PDL addition to Envolve Pharmacy Solutions through myaccountmgr with any accompanying necessary utilization management edit
- Notify Envolve Pharmacy Solution PA reviewers of the impending addition and inform them to approve all PA requests they receive for “not on PDL” rejections while the drug is in process to be loaded to the PDL.
- Notify Indiana DUR board of drug addition within 30 days after making the addition to the PDL.

Reconciliation of State Mental Health Drug List – MHS pharmacy director will review the published State AAAX list on a quarterly basis to identify newly added drugs and ensure that they have been added to the PDL.

If a drug is identified on the AAX list that is not on the current PDL, the pharmacy director will request the addition using the same procedure as newly approved drugs.

If a drug has been removed from the AAAX list, consideration will be given to its preferred status on the MHS PDL.
REFERENCES

ATTACHMENTS

DEFINITIONS:

REVISION LOG

<table>
<thead>
<tr>
<th>REVISION</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revised Product Type to apply to only Medicaid business lines</td>
<td>3/16</td>
</tr>
<tr>
<td>Annual Review – Changed US Script to Envolve Pharmacy Solutions.</td>
<td>1/17</td>
</tr>
<tr>
<td>Annual Review – No changes</td>
<td>10/17</td>
</tr>
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POLICY AND PROCEDURE APPROVAL

The electronic approval retained in Compliance 360, Centene's P&P management software, is considered equivalent to a physical signature.

Director of Pharmacy_________________________ Date:  ______________________

Vice President of Medical Affairs______________ Date:  ______________________

Plan President & CEO_________________________ Date:  ______________________