

Guidance 13

Indigent Psychiatric Medication Program, known as the Indigent Drug Program (IDP)

Contract Reference: *Sections A-1.1, A2-8, and C-1.2.3*
Authority: *Section 394.676, F.S. and 65E-16, F.A.C.*
Frequency: *Ongoing*
Due Date: *Not Applicable*

1. Purpose

The purpose of this guidance document is to:

- 1.1. Establish IDP administration procedures;
- 1.2. Provide written guidelines to the Managing Entities and IDP Providers; and
- 1.3. Establish medication order guidelines.

2. Definitions

- 2.1. **IDP Pharmacy:** A pharmacy holding a current permit pursuant to s. 449.01 F.S. from the Florida Board of Pharmacy that dispenses medication for the IDP.
- 2.2. **Formulary:** A listing of medications available in Order Express through Cardinal Health for IDP participating pharmacies to select the medications to order.
- 2.3. **Patient Assistance Program (PAP):** Any program offered through private agencies or pharmaceutical manufacturers designed to provide medication at low or no cost to uninsured individuals.
- 2.4. **Psychiatric or Psychotropic Medication:** Any drug prescribed with the primary intent to stabilize or improve mood, mental status, behavioral symptomatology, or mental illness. The medications the following major categories:
 - 2.4.1. Antipsychotics;
 - 2.4.2. Antidepressants;
 - 2.4.3. Anxiolytics;
 - 2.4.4. Mood stabilizers; and
 - 2.4.5. Cerebral or psychomotor stimulants.
 - 2.4.6. Other medications commonly used may include beta blockers, anticonvulsants, cognition enhancers, and opiate blockers.
- 2.5. **Side Effect and Adverse Drug Reaction:** Any effect other than the primary intended effect resulting from medication treatment. Side effects may be negative, neutral, or positive for the individual. An adverse drug reaction is an undesired or unexpected side effect, allergy, or toxicity that occurs with the administration of medication. Adverse drug reactions can range from mild side effects to very severe reactions, including death. Onset may be sudden, or it may take days to develop undesired or toxic reactions to medications.

3. Program Administration

3.1. Managing Entities

If Managing Entities receive funding under the IDP, they will:

- 3.1.1. Approve organizations requesting to become IDP providers. To be eligible, organizations must be under contract with the regional Managing Entity.
- 3.1.2. Provide updates to the list of approved IDP providers to the Department's Office of Substance Abuse and Mental Health (SAMH) Regional Office.
- 3.1.3. Report bulk purchases into FASAMS. Using the EVNT (non-client specific file upload) contractors should submit a service using the IDP OCA (MH076) with the Incidental Expense covered service (28) and the actual dollar amount for the units.
- 3.1.4. Ensure that agreements between IDP providers and participating pharmacies are current and executed.
- 3.1.5. Ensure that IDP providers use IDP funds for individuals who meet the criteria.

3.2. IDP Providers

3.2.1. IDP providers will:

3.2.1.1. Assess and enroll individuals in the IDP who meet the clinical and financial criteria established in ch. 394, F.S.

3.2.1.1.1. To meet the clinical criteria individuals:

3.2.1.1.1.1. Must be a member of at least one of the Department's priority populations; and

3.2.1.1.1.2. Must not reside in a state mental health treatment facility or an inpatient community unit.

3.2.1.1.2. To meet the financial eligibility criteria individuals:

3.2.1.1.2.1. Must have a net family income that is at or below 150 percent of the Federal Poverty Income Guidelines, as published annually in the Federal Register;

3.2.1.1.2.2. Must lack third-party insurance or other psychotropic medications funding sources; and

3.2.1.1.2.3. Must not participate in a program where other funding sources pay for psychotropic medications. If individuals have third party insurance for psychotropic medications but were temporarily denied benefits for these medications, they may receive IDP medications until such time as coverage or eligibility is reestablished.

3.2.1.2. Provide information to individuals and staff working with IDP individuals regarding adverse effects, side effects, possible allergic reactions, and instructions on what to do in case of an emergency;

3.2.1.3. Maintain a copy of the IDP pharmacy license and permit issued in accordance with s.499.01 F.S.

3.2.1.4. Actively participate in Patient Assistance Programs (PAP) that provide psychiatric medications without cost;

3.2.1.5. Ensure that IDP prescriptions meet the following conditions:

- 3.2.1.5.1. A prescription can be written for one year with four (90-day supply) refills;
- 3.2.1.5.2. Must be listed on the IDP Formulary; and
- 3.2.1.5.3. Must be filled at an IDP pharmacy.
- 3.2.1.6. Ensure participating pharmacies have an IDP account with Cardinal Health:
 - 3.2.1.6.1. Complete a Cardinal Account Spreadsheet including contact information for the provider and participating pharmacies; and
 - 3.2.1.6.2. Include a copy of the participating pharmacy's license.
- 3.2.1.7. Ensure participating pharmacies order and receive IDP medication using the Cardinal Health account:
 - 3.2.1.7.1. Select the IDP medication from "on formulary" available in Order Express; and
 - 3.2.1.7.2. Click on "Mark as Ready" button to finalize the order.
- 3.2.1.8. Review a copy of the invoice sent via email and have participating pharmacies notify Florida State Hospital of discrepancies within 24 of receiving the invoice.
- 3.2.1.9. Track IDP balance using the invoices.
- 3.2.1.10. Address emergency situations, including but not limited to:
 - 3.2.1.10.1. Order additional psychiatric medications from Cardinal; or a pharmacy of their choice(for urgent needs); and
 - 3.2.1.10.2. Pay dispensing fees to IDP pharmacy for individuals who cannot afford to pay the fee.
- 3.2.1.11. Implement medication receiving, storage, and administrative procedures that meet the current State approved prescribing instructions pursuant to Chapter 465.

3.3. Florida State Hospital

The Florida State Hospital will:

- 3.3.1. Setup the formulary available in Order Express.
- 3.3.2. Check available funds and notify the provider of outstanding balances.
- 3.3.3. Review the orders and make changes if necessary.
- 3.3.4. Submit the orders and email a copy of the order confirmation to the pharmacies and providers.
- 3.3.5. Ensure SAMH Regional Offices have a Group Mail Box to receive copies of invoices.

3.4. Additional Resource

3.4.1. the Florida Medicaid Drug Therapy Management Program for Behavioral Health:

<https://floridabhcenter.org/about/general-overview/>

*Note: In July 2020, the Florida Medicaid Drug Therapy Management Program for Behavioral Health changed its name to The Florida Center for Behavioral Health Improvements and Solutions (FCBHIS)