IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201133 JUNE 21, 2011

This bulletin is a correction of BT201128, published May 31, 2011. This bulletin corrects the step-edit process for Butrans, found on the second page of the table included in this bulletin.

Changes to the Preferred Drug List

Changes to the Preferred Drug List (PDL) were made at the May 20, 2011, Drug Utilization Review (DUR) Board meeting. These decisions are based on the recommendations from the Therapeutics Committee meetings held May 6, 2011. Please refer to the table on the following page for a summary of these changes. The changes are effective July 1, 2011.

The PDL can be accessed on the Indiana Pharmacy Benefits Manager Web site at indianapbm.com under Pharmacy Services. Notice of the DUR Board meetings and agendas are posted on the Family and Social Services Administration (FSSA) Web site at state.in.us/fssa/ (click “More Events” near the middle of the page to access the events calendar). Information about the Therapeutics Committee is available at indianapbm.com.

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Approved changes to the PDL effective July 1, 2011

Drug Class	Drug	PDL Status
Antiemetics	Emend 150mg vial	Non-preferred
Narcotics	Fentanyl citrate products	Updated criteria: Patient must have a diagnosis of cancer or diagnosis within approved compendia, **and** Be under the care of a physician who meets all qualifications to prescribe fentanyl citrate (federal, state, and local), **and** Currently be on any long-acting opioid medication around-the-clock, **and** Must be tolerant to opioids. Tolerance defined as at least one week without adequate pain relief by any of the following: • ≥ 60mg oral morphine/day • ≥ 25mcg/hr transdermal fentanyl • ≥ 30 mg oral oxycodone/day • ≥ 8mg oral hydromorphone/day • ≥ 25mg oral oxymorphone/day • Equianalgesic dose of another opioid
Narcotics	Abstral	Non-preferred with PA criteria for fentanyl citrate products, **and** Must be ≥ 18 years of age Initial dose: 100mcg only Quantity limit: Four units/day
Narcotics	Actiq	Non-preferred with PA criteria for fentanyl citrate products, **and** Must be ≥ 16 years of age Initial dose: 200mcg only Quantity limit: Six units/day for initial supply; four units/day thereafter
Narcotics	Fentora	Non-preferred with PA criteria for fentanyl citrate products, **and** Must be ≥ 18 years of age Initial dose: 100mcg; 200mcg only in patients converting from Actiq doses ≥ 600mcg Quantity limit: Four units/day

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Drug Class	Drug	PDL Status
Narcotics	Onsolis	Non-preferred with PA criteria for fentanyl citrate products, **and** Must be ≥ 18 years of age Initial dose: 200mcg only Quantity limit: Four units/day
Narcotics	Butrans	Non-preferred with step edit; must fail two non-CII preferred agents and meet current SmartPA™ criteria for fentanyl patches. Quantity limit of four patches per 28 days
Narcotics	Oxymorphone IR	Non-preferred with SmartPA criteria
Narcotics	Propoxyphene containing products	Coverage discontinued as of November 2010
Narcotic Antitussive/First Generation Antihistamine Combinations	Hydrocodone/chlorpheniramine suspension	Non-preferred with quantity limit of 4 oz per prescription
Acne Agents	Acanya gel 50g pump	Non-preferred
Antidiabetic Agents, Oral	Cycloset	Not covered
Antidiabetic Agents, Oral	Kombiglyze XR	Preferred with step edit; must try and fail metformin within the past 180 days
SERMs/Bone Resorption Inhibitors	Atelvia	Non-preferred with step edit; must try and fail alendronate within the past 90 days
Proton-Pump Inhibitors (PPI)	All non-preferred agents	Updated criteria: Must try and fail two preferred agents for a total length of therapy of four weeks, unless the patient is intolerant to these agents New patients must first try and fail two preferred agents for total length of therapy of four weeks, unless the patient is intolerant to these agents, before receiving a non-preferred PPI. All patients with an existing PPI prior authorization are **not** subject to the step edit.
Proton-Pump Inhibitors	Dexilant	Non-preferred **as of October 1, 2011,** and maintain current quantity limit
Proton-Pump Inhibitors	Lansoprazole ODT	Preferred for patients 12 years and under with quantity limit of one tab/day Non-preferred for patients over 12 years with quantity limit of one tab/day

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Drug Class	Drug	PDL Status
Proton-Pump Inhibitors	Pantoprazole	Preferred **as of October 1, 2011,** and maintain current quantity limit
Proton-Pump Inhibitors	Prevacid Solutabs	Non-preferred with quantity limit of one tab/day
Proton-Pump Inhibitors	Nexium vials	Non-preferred with PA criteria; must be NPO or provide medical justification describing reason oral preferred agents are inappropriate
Proton-Pump Inhibitors	Protonix vials	Non-preferred with PA criteria; must be NPO or provide medical justification describing reason oral preferred agents are inappropriate
Direct Thrombin Inhibitors	Pradaxa	Non-preferred with PA requirement of diagnosis of non-valvular atrial fibrillation
Oral Contraceptives	Cyclafem 1/35	Preferred
Oral Contraceptives	Beyaz, Cyclafem 7/7/7, Ella, Introvale, Lo Loestrin FE, Safyral, Zarah	Non-preferred
Prenatal Vitamins	Elite-OB 400, OB Complete One, OB Complete Premier, PNV-DHA + Docusate, PNV Iron (NDC 42192-0314-90), PNV-Total, Taron-BC, Taron-Duo EC, Triveen-Duo DHA, Triveen-Ten, Vemavite-PRX2, Venatal-FA, Vol-Nate, Vol-Plus, Vol-Tab RX, Zatean-CH	Preferred
Prenatal Vitamins	Nexa Select, PNV-DHA Plus, PNV Iron (NDC 42192-0314-09), PreNexa Premier, Protect Natal	Non-preferred
Miotics-Intraocular Pressure Reducers	Xalatan drops	Non-preferred
Miotics-Intraocular Pressure Reducers	Latanoprost drops	Preferred
Ophthalmic Anti-histamines/Mast Cell Stabilizers	Lastacaft drops	Non-preferred
Ophthalmic Anti-inflammatory Agents	Bromday solution	Non-preferred
Ophthalmic Anti-inflammatory Agents	Diclofenac drops	Preferred
Ophthalmic Anti-inflammatory Agents	Voltaren drops	Non-preferred

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Drug Class	Drug	PDL Status
Ophthalmic Anti-inflammatory Immunomodulator-Type Agent	Restasis	Non-preferred with current step edit and quantity limit of two vials/day; max 30-day supply dispensed at one time Initial approval will be three months and subsequent approvals up to one year PA requests for Restasis for members concurrently using antihistamine or anticholinergic agents will be denied
Topical Antiparasitics	Natroba	Preferred with quantity limit of one bottle per claim per month
Beta-Adrenergic and Corticosteroid Combinations	Dulera	Preferred

Questions?

Please direct prior authorization (PA) requests and questions about the PDL to the Affiliated Computer Services (ACS) Clinical Call Center at 1-866-879-0106. If you have questions about this bulletin, please contact Customer Assistance at (317) 655-3240 in the Indianapolis local area or toll-free at 1-800-577-1278.