IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201440 AUGUST 28, 2014

Pharmacy updates approved by Drug Utilization Review Board August 2014

The Indiana Health Coverage Programs (IHCP) announces enhancements to its SilentAuth automated pharmacy prior authorization (PA) system, updates to the mental health utilization edits, and changes to the Preferred Drug List (PDL), as approved by the Drug Utilization Review (DUR) Board at its August 15, 2014, meeting.

SilentAuth PA enhancement

The IHCP has enhanced its automated PA system to update the criteria for the Multiple Sclerosis Agents. The goal is to ensure appropriate utilization for IHCP members. These enhancements will be implemented in the IHCP pharmacy claims processing system for claims with dates of service (DOS) on or after October 1, 2014.

Mental health utilization edits

Utilization edits for mental health medications are reviewed quarterly by the Mental Health Quality Advisory Committee (MHQAC). The DUR Board approved updates to the utilization edits listed in Table 1, as recommended by the MHQAC. These updates are effective for DOS on or after October 1, 2014.

Table 1 – Updates to utilization edits effective for DOS on or after October 1, 2014

Name and strength of medication	Utilization edit
Desvenlafaxine Fumarate SR 50 mg Tabs	1/day
Desvenlafaxine Fumarate SR 100 mg Tabs	2/day
Khedezla ER 50 mg Tabs	1/day
Khedezla ER 100 mg Tabs	2/day
Trokendi XR 25 mg Caps	2/day
Trokendi XR 50 mg Caps	2/day
Trokendi XR 100 mg Caps	2/day
Trokendi XR 200 mg Caps	2/day
Qudexy XR 25 mg Caps	2/day
Qudexy XR 50 mg Caps	2/day
Qudexy XR 100 mg Caps	2/day
Qudexy XR 150 mg Caps	2/day
Qudexy XR 200 mg Caps	2/day

The complete list of *Utilization Edits* for *Mental Health Medications* is available under the Pharmacy Services quick link at indianamedicaid.com (Pharmacy Services > Boards and Committees > Mental Health Quality Advisory Committee MHQAC > Utilization Edits for Mental Health Medications).

Changes to the PDL

Changes to the PDL were made at the August 15, 2014, DUR Board meeting. These decisions are based on the recommendations from the Therapeutics Committee meeting August 1, 2014. See Table 2 for a summary of drug-specific changes to the PDL. These changes are effective for DOS on or after October 1, 2014, unless otherwise noted.

With respect to the PDL in general, the DUR Board established the following policy effective October 1, 2014:

> If a brand product has been listed as nonpreferred on the PDL and a new generic of that drug becomes available, the new generic product will be added to the PDL as nonpreferred until it is reviewed by Therapeutics Committee in the product's regularly scheduled review cycle.

The following existing policy will continue to be in effect:

> If a brand product has been listed as preferred on the PDL and a new generic of that drug becomes available, the new generic product will be added to the PDL as nonpreferred until it is financially advantageous to move the generic to preferred status. Once the generic agent is financially advantageous, it will replace the brand product as preferred. The branded agent will no longer be listed and will require a Brand Medically Necessary prior authorization.

Table 2 - Approved changes to the PDL effective for DOS on or after October 1, 2014

Drug Class	Drug	PDL Status
Antiviral Monoclonal Antibody	Synagis	Maintain as nonpreferred with the following PA criteria: **Infants less than 12 months of age:** ■ Infants born preterm before 29 weeks' gestation ■ Infants born preterm with chronic lung disease of prematurity (defined as: <32 weeks gestation and a requirement for >21% oxygen for at least 28 days after birth) ■ Infants requiring medical therapy for hemodynamically significant heart disease ■ Infants with neuromuscular disease or congenital abnormalities of the airways **Infants and children less than 24 months of age:** ■ Infants and children that required at least 28 days of supplemental oxygen after birth and who continue to require medical intervention (supplemental oxygen, chronic corticosteroid use, or diuretic therapy) ■ Infants and children who will be profoundly immunocompromised during the RSV season (solid organ or hematopoietic stem cell transplant, chemotherapy, or other condition that leaves the infant profoundly immunocompromised)

Table 2 - Approved changes to the PDL effective for DOS on or after October 1, 2014 (Continued)

Drug Class	Drug	PDL Status
Beta Adrenergic and Corticosteroids	Symbicort	Preferred (previously nonpreferred)
Bronchodilator Agents – Beta Adrenergic and Anticholinergic Combinations		Must not concurrently use >1 inhaled anticholinergic agent (excluding nebulization solution)
	Anoro Ellipta	Nonpreferred
	Combivent Respimat	Preferred (previously nonpreferred); maintain current quantity limit
	Combivent	Remove from the PDL
Monoclonal Antibodies to Immunoglobulin E	Xolair	Maintain as nonpreferred; update prior authorization criteria to include a diagnosis of chronic idiopathic urticaria with the following criteria: ■ Must supply documentation of at least 6 weeks of symptoms ■ Must supply documentation that the member has a tried at least 14 days of H1-receptor antagonist therapy
Nasal Antihistamines/ Nasal Anti-inflammatory Steroids	Budesonide nasal suspension	Nonpreferred
	Astepro 0.15% nasal spray	Preferred (previously nonpreferred)
Pulmonary Anti-hypertensives	Orenitram	Nonpreferred with the following criteria: ■ Diagnosis of pulmonary hypertension in the past 2 years AND ■ The member does not have severe hepatic impairment (Child-Pugh class C)
Cephalosporins 3rd Generation	Suprax non-chewable tablets	Nonpreferred (previously preferred)
	Suprax capsules	Preferred
Fluoroquinolones	Moxifloxacin	Nonpreferred
	Avelox	Preferred (previously nonpreferred)
	Ofloxacin	Nonpreferred (previously preferred)
	Ciprofloxacin suspension	Nonpreferred; add to Cipro Suspension PA criteria
Hepatitis C Agents	Olysio	Preferred; maintain current PA criteria
	Sovaldi	Nonpreferred; maintain current PA criteria
	Moderiba	Nonpreferred

Table 2 - Approved changes to the PDL effective for DOS on or after October 1, 2014 (Continued)

Drug Class	Drug	PDL Status
Ophthalmic Antibiotics	Gatifloxacin	Nonpreferred
Otic Antibiotics	Cipro HC	Preferred (previously nonpreferred)
	Ciprofloxacin	Nonpreferred (previously preferred)
Topical Antifungals	Ecoza	Nonpreferred
	Luzu	Nonpreferred
	Jublia	Nonpreferred
Topical Antivirals	Acyclovir ointment	Nonpreferred
ACE Inhibitors	Quinapril	Preferred (previously nonpreferred)
	Captopril	Nonpreferred (previously preferred)
	Moexipril	Nonpreferred (previously preferred)
ACE Inhibitors w/ Diuretics	Fosinopril/HCTZ	Nonpreferred (previously preferred)
	Moexipril/HCTZ	Nonpreferred (previously preferred)
Beta Adrenergic Blockers	Hemangeol solution	Nonpreferred
	Nadolol	Nonpreferred (previously preferred)
	Bystolic	Preferred (previously nonpreferred)
	Betaxolol	Nonpreferred (previously preferred)
Calcium Channel Blockers	Matzim LA	Nonpreferred (previously preferred)
	Nimodipine	Nonpreferred (previously preferred); add the following step therapy – must have a diagnosis of subarachnoid hemorrhage
CCBs w/HMG-CoA Reductase Inhibitors	Amlodipine/ atorvastatin	Nonpreferred (previously preferred)
Direct Renin Inhibitors	Tekturna	Preferred (previously nonpreferred); maintain current step therapy
Direct Renin Inhibitors w/ CCBs and Diuretics	Amturnide	Preferred (previously nonpreferred); maintain current step therapy
Direct Renin Inhibitors w/ CCBs	Tekamlo	Preferred (previously nonpreferred); maintain current step therapy
Direct Renin Inhibitors w/ Diuretics	Tekturna HCT	Preferred (previously nonpreferred); maintain current step therapy

Table 2 - Approved changes to the PDL effective for DOS on or after October 1, 2014 (Continued)

Drug Class	Drug	PDL Status
Fibric Acid Derivatives	Vascepa	Maintain as nonpreferred; move to Lipotropics drug class
	Tricor	Nonpreferred (previously preferred)
	Trilipix	Nonpreferred (previously preferred)
	Fenofibrate	Preferred (previously nonpreferred)
Lipotropics	Simcor	Nonpreferred (previously preferred); add the following step therapy – must have a trial of 90 days of simvastatin and Niaspan concurrently in the past 180 days
	Omega-3-acid ethyl esters	Nonpreferred; add the following step therapy – must have a trial of Lovaza or documented intolerance for use
Antimigraine	Alsuma	Nonpreferred; add quantity limit of 1 box (2 injections)/30 days
	Zomig ZMT	Nonpreferred (previously preferred)
	Rizatriptan ODT	Preferred (previously nonpreferred)
	Relpax	Preferred (previously nonpreferred)
Electrolyte Depleters	Velphoro	Nonpreferred
	Sevelamer carbonate	Nonpreferred
	Renvela	Preferred (previously nonpreferred)

The PDL, SilentAuth, and PA criteria can be accessed under the Pharmacy Services quick link at indianamedicaid.com. Notices of the DUR Board meetings and agendas are posted on the Family and Social Services Administration (FSSA) website at in.gov/fssa. Click “FSSA Calendar” on the left side of the page to access the events calendar. Please direct Pharmacy PA requests and questions about the PDL, the OTC Drug Formulary, or this bulletin to the Catamaran Clinical and Technical Help Desk by calling toll-free 1-855-577-6317.

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