

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS

BT201160

DECEMBER 1, 2011



Enhancement to SmartPA™ Automated Pharmacy PA System and changes to the Preferred Drug List

Indiana Medicaid announces enhancements to its SmartPA automated pharmacy prior authorization (PA) system and changes to the Preferred Drug List (PDL), approved by the Drug Utilization Review (DUR) Board at its November 18, 2011, meeting.

SmartPA enhanced

The Indiana Health Coverage Programs (IHCP) has enhanced its automated prior authorization (PA) system, SmartPA. IHCP bulletin [BT200927](#) and banner page [BR200939](#) provide historical information regarding SmartPA. The IHCP is implementing SmartPA rules for multiple sclerosis agents, aromatase inhibitors, and brand medically necessary anticonvulsants within the pharmacy claims processing system. The goal is to ensure appropriate utilization of these medications for IHCP members. These enhancements were approved by the Indiana Medicaid DUR Board and will be implemented in the IHCP pharmacy claims processing system on or after January 1, 2012. Pharmacy providers will receive the following text messages when a claim denies based on these rules:

Text messaging for SmartPA rules

Name of Rule	Denial Text Message
Multiple sclerosis agents	MS_AGENTS_CALL_8668790106
Aromatase inhibitors	AROMATASE_INH_CALL_8668790106
Brand medically necessary anticonvulsants	BMN_ANTICONVUL_CALL_8668790106

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Changes to the PDL

Decisions to change the PDL are based on recommendations from the Therapeutics Committee meetings on November 4, 2011. Please refer to the table beginning on the next page for a summary of these changes. The changes are effective January 1, 2012.

The PDL and SmartPA criteria can be accessed at the [Indiana Pharmacy Benefits Manager website](http://indianapbm.com) at indianapbm.com under Pharmacy Services. Notice of the DUR Board meetings and agendas are posted on the [Family and Social Services Administration \(FSSA\) website](http://state.in.us/fssa/) 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.

Please direct prior authorization 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.

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Approved changes to the PDL effective January 1, 2012

Drug Class	Drug	PDL Status
Antiemetics	Granisol oral solution	Non-preferred with quantity limit of 1 bottle per prescription
Antiemetics	Kytril oral solution	Remove from the PDL; no longer available
Narcotics	carisoprodol/asa/codeine tablets	Non-preferred
Narcotics	Nucynta ER tablets	Non-preferred with quantity limit of 2 tablets per day
Narcotics	oxymorphone ER tablets	Non-preferred
Narcotics	Suboxone (all formulations) and Subutex tablets	Preferred with current PA criteria
Narcotics	Trezix tablets	Non-preferred
Narcotics	Xolox tablets	Non-preferred
Narcotics	Panlor DC caps and Panlor SS tabs	Remove from the PDL; no longer available
Skeletal Muscle Relaxants	cyclobenzaprine 15mg and 30mg ER capsules	Non-preferred
Skeletal Muscle Relaxants	metaxalone tablets	Non-preferred
Skeletal Muscle Relaxants	orphenadrine compound and orphenadrine compound forte tablets	Non-preferred
Skeletal Muscle Relaxants	dantrolene capsules	Non-preferred
Acne Agents	Clinac BPO gel	Non-preferred
Acne Agents	Generic tretinoin formulations	Non-preferred
Acne Agents	All non-preferred products	Add the following step edit for all non-preferred products: <ul style="list-style-type: none"> • 14 day trial and failure each of at least 2 preferred agents
Acne Agents	Differin cream, gel, pledgets, and solution	Maintain as preferred for patients 25 years and younger with the following step edit: <ul style="list-style-type: none"> • Must try and fail a preferred tretinoin product Non-preferred for patients 26 years and older with the following step edit: <ul style="list-style-type: none"> • Must try and fail a preferred tretinoin product
Acne Agents	Differin lotion	Maintain as non-preferred for all recipients with the following step edit: <ul style="list-style-type: none"> • Must try and fail a preferred tretinoin product

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Drug Class	Drug	PDL Status
Antipsoriatics	calcipotriene ointment	Preferred with the following step edit and quantity limit: <ul style="list-style-type: none"> • Must try and fail Dovonex cream for 30 days within the last 120 days • Quantity limit of 60g per 30 days
Antipsoriatics	Taclonex ointment	Non-preferred with the following step edit: <ul style="list-style-type: none"> • 14 day trial and failure of two preferred topical agents required
Antipsoriatics	Vectical ointment	Non-preferred with the following step edit: <ul style="list-style-type: none"> • 14 day trial and failure of 2 preferred topical agents required
Antidiabetic Agents, Oral	Tradjenta tablets	Preferred with the following step edit: <ul style="list-style-type: none"> • Must try and fail metformin within the past 180 days
Antidiabetic Agents, Oral	Januvia/Janumet tablets	Non-preferred with the following step edit: <ul style="list-style-type: none"> • Must try and fail Onglyza or Tradjenta within the past 180 days <p><i>Patients on Januvia/Janumet within the last 180 days will be grandfathered for 90 days from the date of implementation</i></p>
Antidiabetic Agents, Oral	Avandia tablets	Non-preferred and maintain current step edit and quantity limit
Antidiabetic Agents, Oral	Avandamet tablets	Non-preferred and maintain current step edit
Antidiabetic Agents, Oral	Avandaryl	Non-preferred and maintain current step edit
Antidiabetic Agents, Oral	Actoplus Met	Non-preferred and maintain current step edit
Antidiabetic Agents, Oral	Actoplus Met XR	Non-preferred and maintain current step edit
Antidiabetic Agents, Oral	Duetact tablets	Non-preferred and maintain current step edit
Antidiabetic Agents, Oral	Starlix tablets	Non-preferred
SERMs/Bone Resorption Inhibitors	Actionel with calcium tablets	Remove from the PDL; no longer available

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Drug Class	Drug	PDL Status
Growth Hormones	Nutropin/Nutropin AQ	Non-preferred with the following PA criteria: <ul style="list-style-type: none"> • Must have the diagnosis of growth failure associated with chronic renal insufficiency and meet other appropriate criteria for growth hormone therapy
Growth Hormones	Omnitrope	Non-preferred and maintain current PA criteria
Growth Hormones	Saizen	Non-preferred and maintain current PA criteria
Growth Hormones	Tev-tropin	Non-preferred and maintain current PA criteria
Injectable Hypoglycemics, Insulin	Levemir Flexpen	Preferred
H. Pylori Agents	Helidac	Preferred
Laxatives and Cathartics	Amitiza capsules	Non-preferred and maintain current step edit
Ulcerative Colitis Agents	Apriso	Preferred
Benign Prostatic Hypertrophy Agents	alfuzosin ER tablets	Preferred
Benign Prostatic Hypertrophy Agents	Avodart softgels	Non-preferred
Urinary Tract Antispasmodic Agents	Toviaz	Non-preferred with current SmartPA criteria for non-preferred agents
Urinary Tract Antispasmodic Agents	Sanctura XR	Preferred and maintain current SmartPA criteria
Direct Factor Inhibitors	Xarelto 10mg tablets	Preferred with the following quantity limit: <ul style="list-style-type: none"> • 1 tablet per day; 35 tablets per 180 days
Direct Factor Inhibitors	Xarelto 15mg and 20mg tablets	Preferred with the following quantity limit: <ul style="list-style-type: none"> • 1 tablet per day
Heparin and Related Products	fondaparinux syringes	Preferred with the following quantity limit: <ul style="list-style-type: none"> • 1 syringe per day
Heparin and Related Products	Arixtra	Non-preferred and maintain current quantity limit
Platelet Aggregation Inhibitors	Brilinta tablets	Preferred with the following PA criteria and quantity limit: <ul style="list-style-type: none"> • Diagnosis of ACS and concurrent use of ASA • Quantity limit of 2 tablets per day

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Drug Class	Drug	PDL Status
Oral Contraceptives	Altavera	Preferred
Oral Contraceptives	Briellyn	Preferred
Oral Contraceptives	norgestimate/ethinyl estradiol (0.25mg/0.035mg; 0.18-0.215- 0.25mg/0.035mg)	Preferred
Oral Contraceptives	Orsythia	Preferred
Oral Contraceptives	Beyaz	Preferred
Oral Contraceptives	Camila	Preferred
Oral Contraceptives	Jolivette	Preferred
Oral Contraceptives	Mononessa	Preferred
Oral Contraceptives	Nora-Be	Preferred
Oral Contraceptives	Sprintec	Preferred
Oral Contraceptives	Amethia	Non-preferred
Oral Contraceptives	Amethyst	Non-preferred
Oral Contraceptives	Emoquette	Non-preferred
Oral Contraceptives	Generess FE	Non-preferred
Oral Contraceptives	Loryna	Non-preferred
Oral Contraceptives	Syeda	Non-preferred
Oral Contraceptives	Zeosa	Non-preferred
Oral Contraceptives	Ortho-Cyclen	Non-preferred
Oral Contraceptives	Ortho-Tri-Cyclen	Non-preferred
Oral Contraceptives	Tri-Lo Sprintec	Remove from PDL; no longer available
Prenatal vitamins	All generic prenatal vitamins	Preferred
Prenatal vitamins	All brand prenatal vitamins	Non-preferred
Prenatal vitamins	All formulations	All prenatal vitamins will be restricted to females only. In addition, all prenatal vitamins will have an age restriction of less than or equal to 50 years of age.
Miotics-Intraocular Pressure Reducers	dorzolamide	Preferred
Miotics-Intraocular Pressure Reducers	dorzolamide/timolol	Preferred
Miotics-Intraocular Pressure Reducers	Cosopt	Non-preferred
Miotics-Intraocular Pressure Reducers	Trusopt	Non-preferred
Miotics-Intraocular Pressure Reducers	Travatan	Remove from PDL; no longer available
Ophthalmic Anti-histamine/Mast Cell Stabilizers	epinastine eye drops	Non-preferred

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Drug Class	Drug	PDL Status
Ophthalmic Anti-inflammatory Agents	bromfenac ophthalmic drops	Non-preferred