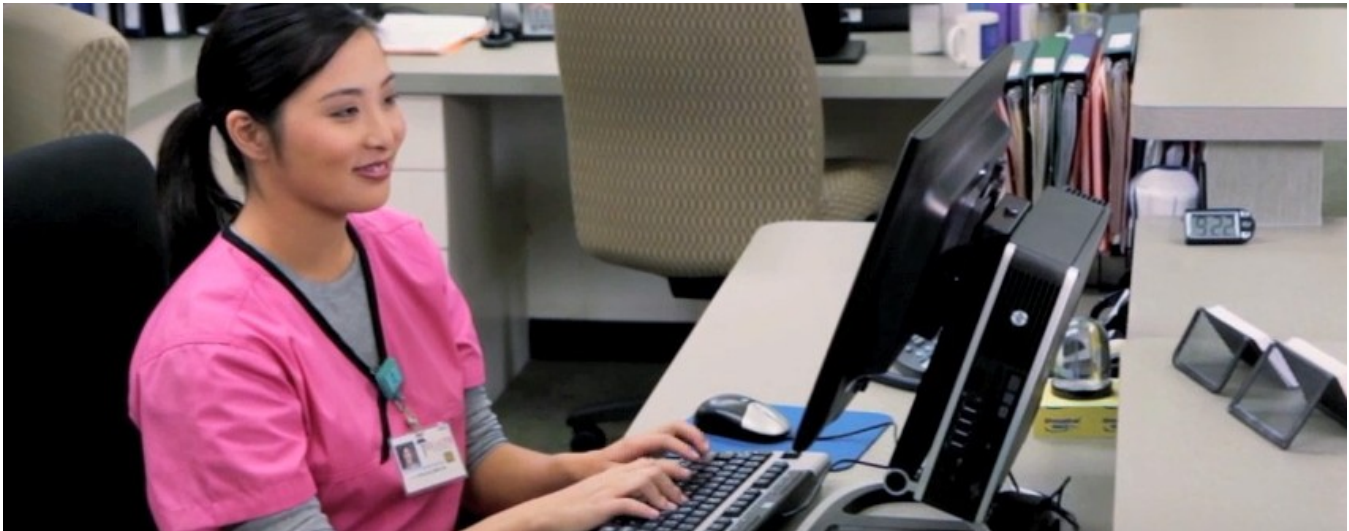


# IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201232 AUGUST 28, 2012



## **SmartPA™ Pharmacy PA enhancements and changes to the PDL and OTC Drug Formularies**

Indiana Medicaid announces enhancements to its SmartPA automated pharmacy prior authorization (PA) system and changes to the Preferred Drug List (PDL) and Over the Counter (OTC) Drug Formularies, approved by the Drug Utilization Review (DUR) Board at its August 17, 2012, meeting.

### **SmartPA enhancement**

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 a SmartPA rule for Brilinta (ticagrelor) in the pharmacy claims processing system. The goal is to ensure appropriate utilization for IHCP members. This enhancement will be implemented in the IHCP pharmacy claims processing system for dates of service on or after October 1, 2012. Pharmacy providers will receive the following text message when a claim denies based on this rule: BRILINTA\_PA\_REQ\_CALL\_8668790106.

### **Changes to the PDL and OTC Drug Formularies**

Changes to the PDL and OTC Drug Formularies are based on recommendations from the Therapeutics Committee meeting August 3, 2012. Please see the tables on the following pages for a summary of these changes, which are effective for dates of service (DOS) on or after October 1, 2012.

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The PDL and SmartPA criteria can be accessed on the [Indiana Pharmacy Benefits Manager website](http://indianapbm.com) at indianapbm.com. The OTC Drug Formularies can be accessed at the [Myers & Stauffer LC website](http://in.mslc.com) at in.mslc.com under Pharmacy > State Mac List. Notice of the DUR Board meetings and agendas are posted on the [Family and Social Services Administration \(FSSA\) website](http://in.gov/fssa) at in.gov/fssa. Click "FSSA Calendar" on the left side of the page to access the events calendar.

Please direct prior authorization (PA) requests and questions about the PDL and OTC Drug Formularies to the Xerox (formerly ACS) Clinical Call Center at 1-866-879-0106. Please direct questions about this bulletin to HP Customer Assistance at (317) 655-3240 in the Indianapolis local area or toll-free at 1-800-577-1278.

*Approved changes to the PDL effective for DOS on or after October 1, 2012*

Drug class	Drug	PDL status
Beta Agonists	Arcapta	Non-preferred
Leukotriene Receptor Antagonists	Singulair	Preferred through 12/31/12 with the following PA criteria: <ul style="list-style-type: none"> <li>For a diagnosis of asthma, patients must be 18 years of age and older and concurrently on an oral inhaled corticosteroid</li> <li>For a diagnosis of allergic rhinitis, patients must concurrently be on a nasal steroid and antihistamine within the past 100 days</li> </ul>
Monoclonal Antibodies to Immunoglobulin E	Xolair	Non-preferred with the following re-defined controller therapy within SmartPA criteria: <ul style="list-style-type: none"> <li>Chronic controller therapy is defined as at least 90 days of therapy within the past 120 days on one of the following: <ul style="list-style-type: none"> <li>Concurrent use of an inhaled corticosteroid (ICS) and long-acting beta-2 agonist (LABA)</li> </ul> <b>OR</b> <ul style="list-style-type: none"> <li>Use of a LABA/ICS combination product</li> </ul> </li> </ul>
Nasal Antihistamines, Nasal Anti-inflammatory Steroids	Qnasl spray	Non-preferred
Nasal Antihistamines, Nasal Anti-inflammatory Steroids	Nasarel	Remove from PDL; product no longer available
Oral Inhaled Glucocorticoids	Pulmicort Flexhaler	Preferred for those 12 years of age and younger Non-preferred for those over 12 years of age
Oral Inhaled Glucocorticoids	Aerobid, Aerobid-M, Pulmicort Turbuhaler	Remove from PDL; products no longer available
Antivirals – Anti-influenza	Symmetrel	Remove from PDL; product no longer available
Cephalosporins – 1 <sup>st</sup> Generation	Duricef	Remove from PDL; product no longer available
Cephalosporins – 3 <sup>rd</sup> Generation	Omnicef, Vantin	Remove from PDL; products no longer available

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*Approved changes to the PDL effective for DOS on or after October 1, 2012*

<b>Drug class</b>	<b>Drug</b>	<b>PDL status</b>
Fluoroquinolones	Floxin, Proquin XR	Remove from PDL; products no longer available
Ophthalmic Antibiotics	bacitracin eye ointment	Non-preferred
Ophthalmic Antibiotics	neomycin-bacitracin-polymyxin eye ointment	Non-preferred
Systemic Antifungals	Nizoral tablets	Remove from PDL; product no longer available
Topical Antifungals	baza antifungal cream, ciclopirox kit	Non-preferred
Topical Antifungals	Micatin, Spectazole	Remove from PDL; products no longer available
Topical Antifungals	Denavir cream	Non-preferred
Topical Antiviral and Anti-inflammatory Steroid Combination	Xerese cream	Non-preferred with the following step edit and quantity limit: <ul style="list-style-type: none"> <li>• Trial of Abreva required</li> <li>• Quantity limit of 1 tube per claim per 90 days</li> </ul>
Vaginal Antimicrobials	miconazole combination pack	Non-preferred
ACE-Inhibitors (ACE-I)	Monopril	Remove from PDL; product no longer available
ACE-I with Diuretics	Monopril HCT	Remove from PDL; product no longer available
Angiotensin Receptor Blockers	irbesartan	Non-preferred with the following quantity limit: <ul style="list-style-type: none"> <li>• 1 tablet/day</li> </ul>
Angiotensin Receptor Blockers with Diuretics	Edarbyclor	Non-preferred
Angiotensin Receptor Blockers with Diuretics	irbesartan/hctz	Non-preferred
Beta Blockers	pindolol	Non-preferred
Beta Blockers	Visken	Remove from PDL; product no longer available

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*Approved changes to the PDL effective for DOS on or after October 1, 2012*

<b>Drug class</b>	<b>Drug</b>	<b>PDL status</b>
Beta Blockers with Diuretics	Dutoprol	Non-preferred
Beta Blockers with Diuretics	metoprolol/hctz, nadolol/ bendroflumethiazide, and propranolol/hctz	Non-preferred
Calcium Channel Blockers	diltiazem and verapamil (non- time released prod- ucts)	Preferred
Calcium Channel Blockers	Nimotop	Remove from PDL; product no longer available
Fibric Acids	Fenoglide	Remove from PDL; product no longer available
HMG CoA Reductase Inhibitors	fluvastatin capsules	Non-preferred
HMG CoA Reductase Inhibitors	Lipitor	Non-preferred
HMG CoA Reductase Inhibitors	atorvastatin	Preferred
Lipotropics	Zetia	Preferred, with step edit modified to the following: <ul style="list-style-type: none"> <li>Patients currently or previously on a HMG CoA Reductase Inhibitor or fenofibrate within the past 90 days may receive Zetia</li> </ul>
Lipotropics	Vytorin	Preferred with current step edits
Electrolyte Depletter Agents	Phoslo	Non-preferred
MS Agents	Avonex pen	Preferred with SmartPA criteria

*Adult OTC Drug Formulary changes effective for DOS on or after October 1, 2012*

<b>Drug class</b>	<b>Drug</b>	<b>OTC Drug Formulary status</b>
Analgesics	apap 160mg/5mL elixir	Covered
Non-sedating Antihistamines	cetirizine syrup, loratadine syrup	Covered
Vitamins	Vitamin B liquid, Vitamin D drops	Covered

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*Pediatric OTC Drug Formulary changes effective for DOS on or after October 1, 2012*

<b>Drug class</b>	<b>Drug</b>	<b>OTC Drug Formulary status</b>
Iron Products	ferrous sulfate 75mg/0.6mL drops	Remove from OTC Drug Formulary; product no longer available
Iron Products	ferrous sulfate 15mg/1mL drops	Covered
Vitamins	ascorbic acid granular and ascorbic acid liquid	Remove from OTC Drug Formulary; products no longer available

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