

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201246 NOVEMBER 27, 2012



Changes to the Preferred Drug List

Changes to the Preferred Drug List (PDL) were made at the November 16, 2012, Drug Utilization Review (DUR) Board meeting. These decisions are based on the recommendations from the Therapeutics Committee meeting November 2, 2012. Please refer to [Table 1](#) beginning on the next page for a summary of these changes. The changes are effective January 1, 2013, for claims with dates of service on or after January 1, 2013.

The PDL can be accessed on the [Indiana Pharmacy Benefits Manager website](#) at indianapbm.com. Notice of the DUR Board meetings and agendas are posted on the [Family and Social Services Administration \(FSSA\) website](#) at in.gov/fssa. Click the left side of the page to access the events calendar.

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Table 1 – Approved changes to the PDL effective for claims with dates of service on or after January 1, 2013

Drug class	Drug	PDL status
Narcotics	Nucynta ER tablets	Maintain as nonpreferred with current quantity limit and SmartPA™ criteria, and with the following added criteria for diagnosis of diabetic peripheral neuropathy: <ul style="list-style-type: none"> • For patients 64 years and younger, therapeutic failure required of at least a one-month (30-day) trial of one of the following: amitriptyline, carbamazepine, desipramine, doxepin, gabapentin, imipramine, nortriptyline, or oxcarbazepine • For patients 65 years and older, therapeutic failure required of at least a one-month (30-day) trial of one of the following: carbamazepine, desipramine, gabapentin, nortriptyline, or oxcarbazepine
Narcotics	Subsys sublingual spray	Maintain as nonpreferred with the following added criteria: <ul style="list-style-type: none"> • Must be ≥ 18 years of age • Initial dose: 100mcg only • Quantity limit: 4 units/day
Antipsoriatics	Sorilux topical foam	Add to nonpreferred with the following step edit: <ul style="list-style-type: none"> • 14-day trial of 2 preferred topical agents required
Antidiabetic Agents, Oral	Actos tablets	Add to nonpreferred with current quantity limit and the following step edit: <ul style="list-style-type: none"> • Must have tried a preferred agent for 60 of the past 100 days
Antidiabetic Agents, Oral	metformin 500mg and 1gm ER (generic of Fortamet)	Add to nonpreferred
Antidiabetic Agents, Oral	pioglitazone	Maintain as preferred with the following quantity limit and step edit: <ul style="list-style-type: none"> • Quantity limit: 34 tabs/month • Must have tried metformin within the past 100 days
Antidiabetic Agents, Oral	pioglitazone/metformin	Add to nonpreferred with the following step edit: <ul style="list-style-type: none"> • Must have tried a preferred agent for 60 of the past 100 days
Antidiabetic Agents, Oral	Januvia, Janumet, Janumet XR	Add to preferred with the following step edit: <ul style="list-style-type: none"> • Must have tried metformin within the past 100 days
SERMs/Bone Resorption Inhibitors	Binosto tablet	Add to nonpreferred with the following criteria: <ul style="list-style-type: none"> • Documentation required establishing a need for product in solution
SERMs/Bone Resorption In-	ibandronate 150mg tablets	Add to nonpreferred

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Table 1 – Approved changes to the PDL effective for claims with dates of service on or after January 1, 2013

Drug class	Drug	PDL status
H. Pylori Agents	Omeclamox Pak	Add to nonpreferred
H. Pylori Agents	Pylera	Add to preferred
Pancreatic Enzymes	Pancrease MT	Remove from PDL; no longer available
Pancreatic Enzymes	Pertzye capsules	Add to nonpreferred
Pancreatic Enzymes	Viokase tablets	Add to nonpreferred
Ulcerative Colitis Agents	Asacol HD	Add to nonpreferred
Ulcerative Colitis Agents	Lialda	Add to preferred
Ulcerative Colitis Agents	Sulfazine EC delayed release	Add to preferred
Urinary Tract Antispasmodic/Anti-incontinence Agents	Vesicare	Add to preferred with current SmartPA criteria
Direct Factor Inhibitors	Xarelto 15mg (only)	Maintain as preferred with the following quantity limit: <ul style="list-style-type: none"> • 2 tablets/day
Hematinics	Omontys	Add to nonpreferred with the following criteria: <ul style="list-style-type: none"> • Must have tried a preferred agent, have ESRD, and be on dialysis
Heparin and Related Products	Innohep	Remove from PDL; no longer available
Oral Contraceptives	Alyacen 1/35	Add to preferred
Oral Contraceptives	Alyacen 7/7/7	Add to nonpreferred
Oral Contraceptives	Dasetta 1/35	Add to nonpreferred
Oral Contraceptives	Dasetta 7/7/7	Add to nonpreferred
Oral Contraceptives	Amethyst	Add to preferred
Oral Contraceptives	Camrese Lo	Add to nonpreferred
Oral Contraceptives	Falmina	Add to preferred
Oral Contraceptives	Jolessa	Add to preferred
Oral Contraceptives	Marlissa	Add to preferred
Oral Contraceptives	Myzilra	Add to preferred

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Table 1 – Approved changes to the PDL effective for claims with dates of service on or after January 1, 2013

Drug class	Drug	PDL status
Oral Contraceptives	norgestimate 0.18-0.215-0.25/ethinyl estradiol 0.025-0.025-0.025mg	Add to nonpreferred
Oral Contraceptives	Levonest	Add to preferred
Oral Contraceptives	levonorgestrel 0.75mg	Add to nonpreferred
Oral Contraceptives	Philith	Add to preferred
Oral Contraceptives	Quasense	Add to preferred
Oral Contraceptives	Viorele	Add to nonpreferred
Ophthalmic Anti-inflammatory Immunomodulator-Type Agent	Restasis	Maintain as nonpreferred with current quantity limit and step edit, and with the following added PA criteria: <ul style="list-style-type: none"> • Diagnosis of keratoconjunctivitis sicca required
Topical Antiparasitics	Sklice 0.5% lotion	Add to nonpreferred
Topical Antiparasitics	spinosad 0.9% suspension	Add to nonpreferred
Topical Antiparasitics	malathion	Add to preferred
Topical Antiparasitics	Ovide	Maintain as preferred with PA for Brand Medically Necessary
Wound Care Products	Santyl	Maintain as preferred with the following quantity limit: <ul style="list-style-type: none"> • 60 grams per month
DPP4-HMG CoA Reductase Inhibitor Combination Agent	Juvisync	Maintain as nonpreferred with the following step edit: <ul style="list-style-type: none"> • Must have tried both a statin and preferred DPP4 agent for 60 of the past 100 days

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Changes to mental health medications

Changes to mental health medications were approved by the DUR Board at its November 16, 2012, meeting. These decisions are based on the recommendations from the Therapeutics Committee meeting November 2, 2012. In accordance with Indiana law, all antianxiety, antidepressant, antipsychotic, and “cross-indicated” drugs are considered preferred. Drugs are also considered preferred if they:

- (1) Are classified in a central nervous system drug category or classification (according to *Drug Facts and Comparisons*) created after March 12, 2002, and
- (2) Are prescribed for the treatment of a mental illness (as defined by the most recent publication of the *American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders*). Please note that because these drugs and classes are preferred, they are not shown on the PDL document. Not being included on the PDL does not mean these drugs are noncovered by the Indiana Health Coverage Programs (IHCP). Please refer to Table 2 for a summary of the changes made to mental health medications. The changes are effective January 1, 2013, for claims with dates of service on or after January 1, 2013.

Table 2 – Approved changes to mental health medications effective for claims with dates of service on or after January 1, 2013

Drug class	Drug	PDL status
ADHD/Narcolepsy Agents	Adderall XR	Maintain as preferred without PA for Brand Medically Necessary
ADHD/Narcolepsy Agents	Mixed Amphetamine Salts XR	Maintain as preferred with PA

QUESTIONS?

Please direct prior authorization (PA) requests and questions about the PDL to the Xerox 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.

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