

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201305 FEBRUARY 28, 2013



SmartPA™ Pharmacy PA enhancement 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 February 15, 2013, meeting.

SmartPA enhancement

The Indiana Health Coverage Programs (IHCP) has enhanced its automated PA system, SmartPA. IHCP bulletin [BT200927](#) and banner page [BR200939](#) provide historical information regarding SmartPA. The IHCP is modifying an existing SmartPA rule, originally developed for montelukast, to now consider all leukotriene receptor antagonists within the pharmacy claims processing system. The goal of this modification is to ensure appropriate utilization for IHCP members. This enhancement will be implemented in the IHCP pharmacy claims processing system for claims with dates of service (DOS) on or after April 1, 2013. Pharmacy providers will receive the following text message when a claim denies based upon this rule: LEUKOTRIENE_PA_REQ_CALL_8668790106.

PDL changes

Changes to the PDL are summarized in Table 1. These changes are effective for DOS on or after April 1, 2013, unless otherwise noted.

Table 1 – Approved changes to the PDL effective for DOS on or after April 1, 2013, or as otherwise noted

Drug Class	Drug	PDL Status
Antihistamine-Decongestant Combinations, 2nd Generation Antihistamines	desloratadine tablets	Nonpreferred
Antihistamine-Decongestant Combinations, 2nd Generation Antihistamines	desloratadine ODT	Nonpreferred
Beta Agonists	albuterol HFA	Remove from PDL; product no longer available
Bronchodilator Agents, Beta Adrenergic and Anticholinergic Combinations	Combivent Respimat	Nonpreferred with the following quantity limit: ■ Two inhalers/30 days
Bronchodilator Agents, Beta Adrenergic and Anticholinergic Combinations	Tudorza Pressair	Nonpreferred with the following quantity limit: ■ One inhaler/30 days
Nasal Antihistamines, Nasal Anti-inflammatory Steroids	Dymista	Nonpreferred with the following criteria: ■ Must have tried at least two different intranasal steroids for 30 days each, within the past six months
Nasal Antihistamines, Nasal Anti-inflammatory Steroids	Zetonna	Nonpreferred
Phosphodiesterase Type 5 Inhibitors	sildenafil	Maintain as preferred and add the following to automated PA criteria: ■ Use limited to patients ≥ 18 years of age
Phosphodiesterase Type 5 Inhibitors	Revatio	Nonpreferred and add the following automated PA criteria: ■ Use limited to patients ≥ 18 years of age
Antivirals - Anti-Herpetic	Valtrex	Nonpreferred and maintain current step edit
Antivirals - Anti-Herpetic	valacyclovir	Preferred and maintain current step edit
Cephalosporins – 3 rd Generation	Suprax chewable tablets	Nonpreferred
Cephalosporins – 3 rd Generation	Suprax suspension	Nonpreferred
Hepatitis C Agents	Copegus	Nonpreferred
Otic Antibiotics	Cetraxal	Remove from PDL; no longer available in Medicaid program
Systemic Antifungals	Onmel	Nonpreferred
ARBs with Diuretics	candesartan/hctz	Nonpreferred
ARBs with Diuretics	valsartan/hctz	Nonpreferred

Table 1 (continued) – Approved changes to the PDL effective for DOS on or after April 1, 2013, or as otherwise noted

Drug Class	Drug	PDL Status
Lipotropics	fenofibrate 48mg and 145mg tablets	Nonpreferred
Antimigraine Preparations	Maxalt MLT	Preferred, but will become nonpreferred, effective July 1, 2013 . Maintain current quantity limit of 12 tabs/30 days
Antimigraine Preparations	rizatriptan ODT	Nonpreferred, but will become preferred, effective July 1, 2013
Antimigraine Preparations	rizatriptan	Preferred, but will become nonpreferred effective July 1, 2013
DPP4-HMG CoA Reductase Inhibitor Combinations	Juvisync 50/10mg, 50/20mg, and 50/40mg tablets	Nonpreferred with current step edit for DPP4-HMG CoA Reductase Inhibitor Combinations
Electrolyte Depleter Agents	calcium acetate capsules	Preferred
Electrolyte Depleter Agents	calcium acetate tablets	Preferred
Electrolyte Depleter Agents	Eliphos	Nonpreferred
MS Agents	Aubagio	Nonpreferred and include in current automated PA criteria for MS Agents

The PDL can be accessed on the [Indiana Pharmacy Benefits Manager website](http://indianapbm.com) at indianapbm.com. Notices 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 PA requests and questions about the PDL to the Indiana Health Coverage Programs Pharmacy Benefits Clinical Call Center at 1-866-879-0106. Please direct questions about this bulletin to HP Customer Assistance toll-free at 1-800-577-1278.

Changes to PA requirements for mental health medications

Changes to PA requirements for mental health medications were approved by the DUR Board at its February 15, 2013, meeting. These decisions were based upon the recommendations from the Therapeutics Committee meeting held February 1, 2013. Changes to the mental health medication PA requirements are summarized in [Table 2](#). These changes are effective April 1, 2013.

In accordance with Indiana law, all antianxiety, antidepressant, antipsychotic, and "cross-indicated" drugs are considered preferred. Drugs are also considered preferred if they meet the following two requirements:

- Are classified in a central nervous system drug category or classification (according to *Drug Facts and Comparisons*) created after March 12, 2002.
- 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 or classes are considered preferred, based upon their classification, they are not shown on the PDL document. Lack of inclusion on the PDL does not mean these drugs are noncovered by the IHCP.

Table 2 – Approved changes to mental health medication PA requirements for DOS on or after April 1, 2013

Drug Class	Drug	PDL Status
Benzodiazepine	Diastat 2.5mg Pedi System	Preferred; PA and brand medically necessary (BMN) criteria not required
Benzodiazepine	Diastat Acudial 5-7.5-10mg	Preferred; PA and BMN criteria not required
Benzodiazepine	Diastat Acudial 12.5-15-20mg	Preferred; PA and BMN criteria not required
Benzodiazepine	diazepam 2.5mg rectal gel	Preferred; PA required
Benzodiazepine	diazepam 5-7.5-10mg gel kit	Preferred; PA required
Benzodiazepine	diazepam 20mg rectal gel	Preferred; PA required

QUESTIONS?

If you have questions about this publication, 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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