

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201317 JUNE 6, 2013



Automated PA system enhancements, mental health utilization edits update, and Preferred Drug List changes

Indiana Medicaid announces enhancements to its automated pharmacy prior authorization (PA) system, an update 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 May 3, 2013, meeting.

Automated PA system enhancement

The Indiana Health Coverage Programs (IHCP) has enhanced its automated PA system. IHCP bulletin [BT200927](#) and banner page [BR200939](#) provide historical information regarding the automated PA system. The IHCP is updating the automated PA criteria for the Targeted Immunomodulators to include new Food and Drug Administration (FDA)-approved indications for Actemra, Humira, and Kineret. The goal 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 July 1, 2013.

Mental health utilization edit

Utilization edits for mental health medications, as recommended by the Mental Health Quality Advisory Committee (MHQAC), were first implemented June 19, 2007. For more information, please see provider bulletin [BT200709](#). The utilization edits are reviewed quarterly by the MHQAC. The update to the utilization edits in Table 1 is effective for DOS on or after July 1, 2013.

Table 1 – Update to utilization edits effective for DOS on or after July 1, 2013

Name and strength of medication	Utilization edit
Quillivant XR 5 mg/ml suspension	12 ml/day

The complete list of Utilization Edits for Mental Health Medications is available on the [Mental Health Quality Advisory Committee](#) page under the [Pharmacy Services](#) quick link at indianamedicaid.com.

PDL changes

Changes to the PDL are summarized in Table 2. These changes are effective for DOS on or after July 1, 2013, unless otherwise noted.

The [PDL](#) 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.

Table 2 – Approved changes to the PDL effective for DOS on or after July 1, 2013, or as otherwise noted

Drug Class	Drug	PDL Status
Anti-emetic/Antivertigo	Zuplenz Films	Remove from PDL; no longer available
Gastroprotective NSAIDs	diclofenac-misoprostol delayed-release tablets	Non-preferred with current automated PA criteria
Narcotics	buprenorphine/naloxone sublingual tablets	Non-preferred with current PA criteria
Narcotics	buprenorphine sublingual tablets	Preferred and maintain current PA criteria
Narcotics	Subutex sublingual tablets	Remove from PDL; no longer available
Narcotics	oxymorphone ER 5, 10, 20, 30, and 40mg tablets	Non-preferred with current PA criteria
Acne Agents	Absorica 10, 20, 30, and 40mg capsules	Non-preferred for all age groups
Anti-Diabetic Agents, Oral	Nesina tablets	Non-preferred with current PA criteria

Table 2 (continued) – Approved changes to the PDL effective for DOS on or after July 1, 2013, or as otherwise noted

Drug Class	Drug	PDL Status
Anti-Diabetic Agents, Oral	Kazano tablets	Non-preferred with current PA criteria
Anti-Diabetic Agents, Oral	Oseni tablets	Non-preferred with current PA criteria
SERMs/Bone Resorption Inhibitors	Miacalcin nasal spray	Non-preferred
SERMs/Bone Resorption Inhibitors	Skelid	Remove from PDL; no longer available
Non-Insulin Injectable Anti-hyperglycemics	Symlin vials	Remove from PDL; no longer available
Laxatives and Cathartics	Linzess capsules	Non-preferred with the following step edit: <ul style="list-style-type: none"> ■ Must have tried and failed lactulose, sorbitol, or polyethylene glycol within the past 90 days
Pancreatic Enzymes	Ultresa capsules	Non-preferred
Proton Pump Inhibitors	First-lansoprazole suspension	Non-preferred with following age limit, step edit, and quantity limit: <ul style="list-style-type: none"> ■ Must be 12 years of age or younger ■ Must try Nexium packets or lansoprazole ODT for a total length of 4 weeks, unless patient is intolerant ■ Quantity limit: 1 packet/day
Proton Pump Inhibitors	First-omeprazole suspensions	Non-preferred with following age limit, step edit, and quantity limit: <ul style="list-style-type: none"> ■ Must be 12 years of age or younger ■ Must try Nexium packets or lansoprazole ODT for a total length of 4 weeks, unless patient is intolerant ■ Quantity limit: 1 packet/day
Ulcerative Colitis Agents	Delzicol capsules	Non-preferred

Table 2 (continued) – Approved changes to the PDL effective for DOS on or after July 1, 2013, or as otherwise noted

Drug Class	Drug	PDL Status
Ulcerative Colitis Agents	Giazo tablets	Non-preferred
*Urinary Tract Antispasmodic/Anti-incontinence Agents	Myrbetriq tablets	Non-preferred with current automated PA criteria
*Urinary Tract Antispasmodic/Anti-incontinence Agents	tropium ER tablets	Non-preferred with current automated PA criteria
Direct Factor Inhibitors	Eliquis tablets	Maintain as PDL neutral with the following quantity limit: <ul style="list-style-type: none"> ■ 2 tablets/day
Platelet Aggregation Inhibitors	clopidogrel 300mg tablets	Preferred with the following quantity limit: <ul style="list-style-type: none"> ■ 1 tablet/prescription
Platelet Aggregation Inhibitors	Plavix 300mg tablets	Non-preferred; maintain current quantity limit of 1 tablet per prescription
Platelet Aggregation Inhibitors	Ticlid tablets	Remove from PDL; no longer available
Oral Contraceptives	Previfem tablets	Preferred
Oral Contraceptives	Ovcon-50 tablets	Remove from PDL; no longer available
Oral Contraceptives	Lybrel tablets	Remove from PDL; no longer available
Oral Contraceptives	All oral contraceptives	All generics preferred; all brands non-preferred
Targeted Immunomodulators	Xeljanz tablets	Non-preferred with automated PA criteria
Miotics-Intraocular Pressure Reducers	Rescula eye drops	Non-preferred
Ophthalmic Anti-inflammatory Agents	Ilevro 0.3% ophthalmic suspension	Non-preferred
Ophthalmic Anti-inflammatory Agents	Voltaren eye drops	Remove from PDL; no longer available

Table 2 (continued) – Approved changes to the PDL effective for DOS on or after July 1, 2013, or as otherwise noted

Drug Class	Drug	PDL Status
Ophthalmic Anti-inflammatory Agents	Xibrom eye drops	Remove from PDL; no longer available
Topical Antiparasitics	Elimite 5% cream	Remove from PDL; no longer available
Topical Antiparasitics	Acticin cream	Remove from PDL; no longer available

*Urinary Tract Antispasmodic class expanded to Urinary Tract Antispasmodics and Anti-incontinence Agents

Please direct PA requests and questions about the PDL or other information in this bulletin to the Catamaran Clinical & Technical Help Desk by calling toll-free 1-855-577-6317.

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