

# IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS    BT201358    DECEMBER 10, 2013



## Pharmacy updates approved by Drug Utilization Review Board

The Indiana Health Coverage Programs (IHCP) announces enhancements to its SilentAuth automated pharmacy prior authorization (PA) system, updates 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 November 15, 2013, meeting.

### SilentAuth PA enhancement

The IHCP has enhanced its automated PA system to update the criteria for the Anti-Incontinence Agents (previously known as Urinary Tract Antispasmodic/Anti-Incontinence), Targeted Immunomodulators, Duplicate selective serotonin reuptake inhibitors (SSRIs) or serotonin–norepinephrine reuptake inhibitors (SNRIs), and the Duplicate Antipsychotics (previously known as Duplicate Atypical Antipsychotics and Duplicate Typical Antipsychotics). The goal is to ensure appropriate utilization for IHCP members. These enhancements will be implemented in the IHCP pharmacy claims processing system for claims with dates of service (DOS) on or after February 3, 2014.

### Mental health utilization edits

Utilization edits for mental health medications are reviewed quarterly by the Mental Health Quality Advisory Committee (MHQAC). The DUR Board approved updates to the utilization edits, as recommended by the MHQAC and listed in Table 1. These updates are effective for DOS on or after January 10, 2014.

*Table 1 – Updates to utilization edits effective for DOS on or after January 10, 2014*

Name and strength of medication	Utilization edit
Desvenlafaxine ER 100 mg	1/day
Desvenlafaxine ER 50 mg	1/day
Zenzedi 2.5 mg	1/day
Zenzedi 5 mg	1/day
Zenzedi 7.5 mg	2/day
Zenzedi 10 mg	4/day

The complete list of *Utilization Edits for Mental Health Medications* is available under the [Pharmacy Services](#) quick link at indianamedicaid.com (Pharmacy Services>Boards and Committees>Mental Health Quality Advisory Committee (MHQAC)>Utilization Edits for Mental Health Medications).

## Changes to the PDL

Changes to the PDL were made at the November 15, 2013, DUR Board meeting. These decisions are based on the recommendations from the Therapeutics Committee meeting November 1, 2013. See Table 2 for a summary of these changes. The changes are effective for DOS on or after January 10, 2014, unless otherwise noted.

*Table 2 – Approved changes to the PDL effective for DOS on or after January 10, 2014*

Drug Class	Drug	PDL Status
Antiemetic/Antivertigo Agents	Diclegis	Nonpreferred
Gastroprotective NSAIDs	Zipsor	Remove from SilentAuth criteria; add step therapy requiring a trial of at least 60 days of diclofenac
	Cambia	Remove from SilentAuth criteria; add step therapy requiring a diagnosis of migraine and a 14-day trial of generic diclofenac
Narcotics	Fentanyl patches	Update criteria to allow use in any of the following situations: <ul style="list-style-type: none"> <li>• Member has NPO diagnosis in the last six months</li> <li>• Member has diagnosis of cancer</li> <li>• Member has tried and failed one preferred agent within the last 120 days</li> </ul>
	Zubsolv	Nonpreferred; follow the buprenorphine/naloxone prior authorization criteria
	Oramorph; Empirin; Lynox; Combunox; Xolox	Remove from the PDL

Table 2 – Approved changes to the PDL effective for DOS on or after January 10, 2014 (Continued)

Drug Class	Drug	PDL Status
Narcotic Antitussive/1 <sup>st</sup> Generation Antihistamine Combinations	Vituz	Nonpreferred; Age – 18 years and older; quantity limit – 8oz/Rx
Acne Agents	Tretin-X	Nonpreferred
	Riax	Nonpreferred
	Fabior	Nonpreferred
	Retin-A Micro	Nonpreferred (previously preferred)
	Tretinoin microsphere	Preferred (previously nonpreferred)
	Brevoxyl gel; Clinac BPO gel; Nuox gel; Triaz foaming cloths; Triaz pads; Clenia CR; Clenia Wash; Plexion cleansing cloths; Plexion SCT cream; Plexion Cleanser; Rosaderm; Rosula cleanser; Rosula pads; Rosula gel; Peroderm; Zoderm cleanser; Zoderm cream; Zoderm gel; Zoderm pads; Rosac cream; Rosac wash	Remove from the PDL
	Antipsoriatic Agents	Calcipotriene cream and ointment
Vectical ointment		Preferred (previously nonpreferred) [until generic is financially advantageous]
Calcitriol ointment		Nonpreferred [until generic is financially advantageous]
Pancreatic Enzymes	Pancreaze	Nonpreferred (previously preferred)
Proton Pump Inhibitors	Lansoprazole ODT	Nonpreferred (previously preferred); add step therapy requiring a 14-day trial of Nexium granules in the past 120 days
	Prevacid ODT	Add step therapy requiring a 14-day trial of Nexium granules in the past 120 days
	Esomeprazole strontium	Nonpreferred
Ulcerative Colitis Agents	Delzicol	Preferred (previously nonpreferred)

Table 2 – Approved changes to the PDL effective for DOS on or after January 10, 2014 (Continued)

<b>Drug Class</b>	<b>Drug</b>	<b>PDL Status</b>
Urinary Tract Antispasmodic/Anti-Incontinence Agents	Flavoxate	Nonpreferred (previously preferred)
	Oxytrol	Nonpreferred (previously preferred)
	Tolterodine	Nonpreferred (previously preferred)
	Toviaz	Preferred (previously nonpreferred)
	Trospium/Trospium ER	Preferred (previously nonpreferred)
	Detrol LA	Preferred (previously nonpreferred)
	Oxybutynin ER	Preferred (previously nonpreferred)
Direct Factor XA Inhibitors	Eliquis	Preferred; quantity limit – 2 tablets/day; add step therapy requiring diagnosis of non-valvular atrial fibrillation
Direct Thrombin Inhibitors	Pradaxa	Preferred (previously nonpreferred); maintain current step therapy requiring diagnosis of nonvalvular atrial fibrillation
Heparin and Related Products	Lovenox	Nonpreferred (previously preferred)
	Enoxaparin	Preferred (previously nonpreferred)
Leukocyte Stimulants	Leukine	Nonpreferred (previously preferred)
	Neulasta	Preferred (previously nonpreferred)
	Neupogen syringes	Preferred (previously nonpreferred)
Oral Contraceptives	Quartette	Nonpreferred
	Minastrin FE 24	Nonpreferred
	Ortho-Micronor	Nonpreferred (previously preferred)
	Norethindrone; Errin	Preferred (previously nonpreferred)

Table 2 – Approved changes to the PDL effective for DOS on or after January 10, 2014 (Continued)

Drug Class	Drug	PDL Status
Prenatal Vitamins	Bal-Care DHA; Cavan-Alpha Kit; Cavan-EC DHA; Citranatal DHA; Duet DHA; Extra-Virt Plus DHA; Gesticare DHA; Natelle One; Nexa Plus; OB Complete; OB Complete One; OB Complete Petite; OB Complete Premier; PNV-Omega; PNV-Select; Prenaissance; Prenate; Prenate DHA; Prenate Elite; Prenate Essential; Prenate Mini; Prenexa; TL-Select; Virt-Select; Vitamedmd One Rx/ Quatrefolic	Nonpreferred (previously preferred)
Targeted Immunomodulators	Simponi Aria	Nonpreferred with the same criteria as Simponi
	Ilaris	Nonpreferred with SilentAuth criteria
Mitoics – intraocular Pressure Reducers	Simbrinza	Preferred
	Travoprost	Nonpreferred [until generic is financially advantageous]
	Propine	Remove from the PDL
Ophthalmic Anti-Inflammatory Agents	Prolensa	Nonpreferred
Ophthalmic Mast Cell Stabilizers	Alamast	Remove from the PDL
Topical Anti-Inflammatory Agents	Voltaren Gel	Preferred (previously nonpreferred); for members 60 years and older
Topical Antiparasitics	Ovide; malathion	Nonpreferred (previously preferred)
	Sklice	Preferred (previously nonpreferred)
Topical Post-Herpetic Neuralgia Agents	Lidocaine patches	Nonpreferred with the same prior authorization criteria as Lidoderm [until the generic formulation is financially advantageous]
	Lidoderm patches	Preferred (previously nonpreferred); maintain current criteria

The PDL and SilentAuth criteria 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.

Please direct PA requests or questions about utilization edits, the PDL, the OTC Drug Formulary, or this bulletin to the Catamaran Clinical and Technical Help Desk by calling toll-free at 1-855-577-6317.

#### TO PRINT

A [printer-friendly version](#) of this publication, in black and white and without graphics, is available for your convenience.

#### COPIES OF THIS PUBLICATION

If you need additional copies of this publication, please [download them](#) from indianamedicaid.com. To receive email notices of future IHCP publications, [subscribe](#) to IHCP Email Notifications.