IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201432 JULY 15, 2014

Pharmacy updates approved by Drug Utilization Review Board June 2014

The Indiana Health Coverage Programs (IHCP) announces enhancements to its SilentAuth automated pharmacy prior authorization (PA) system, updates to the mental health utilization edits, changes in step edit requirements, and changes to the Preferred Drug List (PDL), as approved by the Drug Utilization Review (DUR) Board at its June 20, 2014, meeting.

SilentAuth PA enhancement

The IHCP has enhanced its automated PA system to update the criteria for the Anti-Incontinence Agents, Opiate Overutilization, Duplicate Sedative-Hypnotic/Benzodiazepines, and Targeted Immunomodulators. 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 September 1, 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 August 15, 2014.

Table 1 – Updates to utilization edits effective for DOS on or after August 15, 2014

Name and strength of medication	Utilization edit
Aptiom 200 mg Tabs	2/day
Aptiom 400 mg Tabs	3/day
Aptiom 600 mg Tabs	2/day
Aptiom 800 mg Tabs	1/day
Effexor XR 75 mg Caps	3/day
Effexor XR 150 mg Caps	2/day
Hetlioz 20 mg Caps	1/day
Nuvigil 200 mg Tabs	1/day
Venlafaxine ER 75 mg Caps	3/day
Venlafaxine ER 150 mg Caps	2/day
Versacloz 50 mg/mL Susp	12 mL/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 in Step Edits

Changes in the step edit requirements for certain agents were approved by the DUR Board. See Table 2 for a summary of these changes.

Table 2 – Agents with step edit changes effective for DOS on or after August 15, 2014

Drug Class	Drug	Step Edit Change
Gastroprotective NSAIDs	Sprix nasal	Remove from SilentAuth criteria; add step therapy requiring physician to provide rationale that oral ketorolac is not suitable for use; max day supply is 5 days; quantity limit of 1 box every 28 days
	Zorvolex	Add step therapy to require a trial of at least 60 days of diclofenac

Changes to the PDL

Changes to the PDL were made at the June 20, 2014, DUR Board meeting. These decisions were based on the recommendations from the Therapeutics Committee meeting May 2, 2014. See Table 3 for a summary of these changes. All preferred brand products on the PDL with a new available generic will list the generic agent added as nonpreferred until it is financially advantageous to move to preferred. Once the generic agent is financially advantageous, it will replace the brand product as preferred. The branded agent will no longer be listed and will require a Brand Medically Necessary prior authorization. The changes are effective for DOS on or after August 15, 2014, unless otherwise noted.

Table 3 – Approved changes to the PDL effective for DOS on or after August 15, 2014

Drug Class	Drug	PDL Status
Antiemetic/ Antivertigo Agents	Anzemet solution for injection	Maintain as nonpreferred; add step therapy – must have tried ondansetron solution for injection, granisetron solution for injection or Kytril solution for injection, or provide documentation that these agents are unsuitable for use
Narcotics	Kadian	Maintain as preferred; remove requirement for trial of 1 preferred long-acting agent
	Zohydro ER	Nonpreferred; add to SilentAuth criteria; quantity limit of 2 capsules/day
	Xartemis XR	Nonpreferred; add to SilentAuth criteria; quantity limit of 4 tablets/day
	Buprenorphine/Naloxone products; buprenorphine	Maintain as preferred; place in new drug class titled “Agents for the Treatment of Opiate Addiction”; update PA criteria with a quantity limit of 16 mg/day
	Hydromorphone ER	Nonpreferred; add to SilentAuth criteria; quantity limit of 1 tablet/day for 8 and 16 mg, 2 tablets/day for 12 and 32 mg
Narcotic Antitussive/1st-Generation Antihistamine Combinations	Zutripro	Nonpreferred; age 18 years and older; quantity limit of 8 oz/ Rx; add step therapy requiring a trial of preferred agent and 1 OTC antitussive
	Hydrocodone/ chlorpheniramine/PSE	Nonpreferred; age 18 years and older; quantity limit of 8 oz/ Rx; add step therapy requiring a trial of preferred agent and 1 OTC antitussive
	Vituz	Maintain as nonpreferred; add step therapy requiring a trial of preferred agent and 1 OTC antitussive
Acne Agents		All acne agents have an age restriction of 25 years and under
		All legend generic products are preferred unless otherwise specified
		All legend brand products are nonpreferred unless otherwise specified
Antipsoriatic Agents	Calcipotriene/betamethasone ointment	Nonpreferred
	Acitretin	Nonpreferred

Table 3 – Approved changes to the PDL effective for DOS on or after August 15, 2014 (Continued)

Drug Class	Drug	PDL Status
Antidiabetic Agents (oral)	Farxiga	Nonpreferred; add step therapy requiring a history of preferred agent for 60 of the past 100 days
	Repaglinide	Nonpreferred
	Pioglitazone/glimepiride	Nonpreferred
SERMs/Bone Resorption Inhibitors		Update drug class name to "Bone Resorption Inhibitors;" maintain Evista (raloxifene) in this drug class
	Raloxifene	Nonpreferred
Antiulcer Agents	Carafate Suspension	Maintain as preferred; add to Carafate PA for quantity greater than 20 mL (2 gm) per day
Proton Pump Inhibitors	Rabeprazole	Nonpreferred
	Dexilant	Preferred (previously nonpreferred)
	Aciphex Sprinkle	Nonpreferred; age 12 years of age or younger; quantity limit of 1 capsule/day; add step therapy requiring a trial of Nexium packets for a total length of therapy of 4 weeks, unless patient is intolerant to this agent
Urinary Tract Antispasmodic/Anti-Incontinence Agents	Tolterodine SR	Nonpreferred
	Trospium/Trospium ER	Nonpreferred (previously preferred)
Direct Factor XA Inhibitors	Eliquis	Maintain as preferred; update step therapy to include diagnosis of DVT prophylaxis for knee and hip replacement surgeries
Oral Contraceptives		Update therapeutic category to "Estrogen and Related Agents; include "Oral Contraceptives" as a drug class in this therapeutic category
		Add drug class "Estrogen, Progesterone, SERMs, or Combinations" to "Estrogen and Related Agents" therapeutic category; include Vaginal Estrogens in this drug class
	Loestrin 24 Fe	Nonpreferred (previously preferred)
	Lomedia 24 Fe	Nonpreferred
	Minastrin 24 Fe	Preferred (previously nonpreferred)
	Pimtrea	Nonpreferred
	Next Choice One Dose (Rx)	Preferred
	Ortho-novum 7/7/7	Nonpreferred
	Tri-Lo Sprintec	Nonpreferred
	Vestura	Nonpreferred

Table 3 – Approved changes to *the PDL effective for DOS on or after August 15, 2014 (Continued)*

Drug Class	Drug	PDL Status
Estrogen, Progesterone, SERMs, or Combinations		All legend generic products are preferred unless otherwise specified
		All legend brand products are nonpreferred unless otherwise specified
	Premarin	Preferred
	Provera	Preferred
	Menest	Preferred
	Cenestin	Preferred
	Activella	Preferred
	Prometrium	Preferred
	Climara and Climara Pro	Preferred
	Depo-estradiol	Preferred
	Vivelle Dot	Preferred
	Evamist mist	Preferred
	Prempro	Preferred
	Estradiol patch	Nonpreferred
	Mimvey	Nonpreferred
	Progesterone caps	Nonpreferred
	Ethinyl estradiol and norethindrone tabs	Nonpreferred
Vaginal Estrogen Preparations		Move agents in this drug class to "Estrogen, Progesterone, SERMs, or Combinations" drug class under the "Estrogen and Related Agents" therapeutic category

The PDL, SilentAuth, and PA 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 pharmacy PA requests, questions about the PDL and OTC Drug Formulary, or this bulletin to the Catamaran Clinical and Technical Help Desk by calling toll-free 1-855-577-6317.

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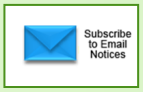

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