IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201464 DECEMBER 30, 2014

Pharmacy updates approved by Drug Utilization Review Board November 2014

The Indiana Health Coverage Programs (IHCP) announces changes to prior authorization (PA) criteria, enhancements to its SilentAuth automated PA system, updates to the mental health utilization edits, and changes to the Preferred Drug List (PDL) and the Over-the-Counter (OTC) Drug Formulary as approved by the Drug Utilization Review (DUR) Board at its November 21, 2014, meeting.

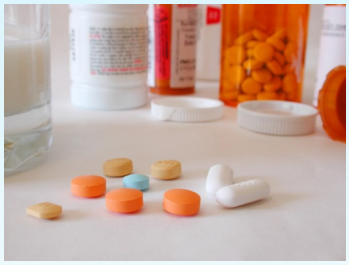
PA changes

PA criteria for hepatitis C and testosterone agents were established and approved by the DUR Board. The criteria will be effective for PA requests submitted on or after February 1, 2015. The PA criteria are posted on the *Pharmacy Prior Authorization Criteria and Forms* page under the Pharmacy Services quick link at indianamedicaid.com.

SilentAuth PA enhancement

The IHCP has enhanced its automated PA system to update the criteria for the following:

- COX II Inhibitors and Brand Nonsteroidal Anti-inflammatory Drugs (NSAIDs)
- Duplicate Antipsychotics
- Atypical Antipsychotics Low Dose PA
- Duplicate Stimulant Agents
- 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 February 1, 2015.

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 dates of service (DOS) on or after February 1, 2015.

Table 1 – Updates to utilization edits effective for DOS on or after February 1, 2015

Drug class	PDL status
Venlafaxine HCl ER 75 mg tabs	3/day
Venlafaxine HCl ER 150 mg tabs	2/day
Xyrem 500 mg/mL solution	18 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 to the PDL and OTC Drug Formulary

Changes to the PDL and OTC Drug Formulary were made at the November 21, 2014, DUR Board meeting. PDL decisions were based on the recommendations from the Therapeutics Committee meeting November 7, 2014. See Table 2 for a summary of PDL changes and Table 3 for a summary of OTC Drug Formulary changes. Changes on both tables are effective for DOS on or after February 1, 2015, unless otherwise noted.

Table 2 – Approved changes to the PDL effective for DOS on or after February 1, 2015

Drug class	Drug	PDL status
Agents for the Treatment of Opiate Addiction	Bunavail	Nonpreferred; add to buprenorphine/naloxone prior authorization criteria; quantity limit of 24 mg/day
	Zubsolv	Maintain as nonpreferred; update quantity limit to 17.1 mg/day
Acne Agents	Benzepro; Benzepro Short Contact	Nonpreferred (previously preferred)
	Erygel	Nonpreferred (previously preferred)
	PR Benzoyl Peroxide Wash	Nonpreferred (previously preferred)
	Acanya	Preferred (previously nonpreferred)
	Akne-mycin	Preferred (previously nonpreferred)
	Atralin	Preferred (previously nonpreferred)
Antidiabetic Agents (oral)	Farxiga	Preferred (previously nonpreferred); add step therapy requiring a history of metformin in the past 100 days
	Invokana	Preferred (previously nonpreferred); add step therapy requiring a history of metformin in the past 100 days
	Invokamet	Nonpreferred; step therapy requires a history of Invokana and metformin for 60 of the past 100 days
	Jardiance	Nonpreferred; step therapy requires history of Invokana or Farxiga for 60 of the past 100 days
	Tradjenta	Preferred (previously nonpreferred)
	Jentadueto	Preferred (previously nonpreferred)

Table 2 – Approved changes to the PDL effective for DOS on or after February 1, 2015 (Continued)

Drug class	Drug	PDL status
Non-Insulin Injectable Hypoglycemics	Tanzeum	Preferred
	Trulicity	Nonpreferred
	Symlin pens	Nonpreferred (previously preferred)
Bone Resorption Inhibitors	Alendronate oral solution 70 mg/75 mL	Nonpreferred; step therapy requires trial of alendronate tablets or inability to swallow or tolerate tablet formulation
Anaphylaxis Agents		Add drug class “Anaphylaxis Agents” to the “Endocrine Agents" therapeutic category
	Epipen	Preferred
	Auvi-Q	Nonpreferred
	Epinephrine auto-injector	Nonpreferred
	Adrenaclick	Nonpreferred
Testosterones		Add drug class “Testosterones” to the “Endocrine Agents” therapeutic category
	Depo-Testosterone	Preferred; must meet PA criteria
	Testosterone cypionate	Preferred; must meet PA criteria
	Aveed	Nonpreferred; must meet PA criteria
	Delatestryl	Nonpreferred; must meet PA criteria
	Testopel pellet	Nonpreferred; must meet PA criteria
	Testosterone enanthate	Nonpreferred; must meet PA criteria
	Anadrol-50	Nonpreferred; must meet PA criteria
	Android	Nonpreferred; must meet PA criteria
	Androxy	Nonpreferred; must meet PA criteria
	Danazol	Nonpreferred; must meet PA criteria
	Methitest	Nonpreferred; must meet PA criteria
	Oxandrolone	Nonpreferred; must meet PA criteria
	Testred	Nonpreferred; must meet PA criteria

Table 2 – Approved changes to the PDL effective for DOS on or after February 1, 2015 (Continued)

Drug class	Drug	PDL status
Testosterones (Continued)	Androgel 1%/5 gm gel packets	Preferred; must meet PA criteria if exceeding quantity limit of 60 packets/30 days
	Androgel 1%/2.5 gm gel packets	Preferred; must meet PA criteria if exceeding quantity limit of 30 packets/30 days
	Androgel 1% metered pump	Preferred; must meet PA criteria if exceeding quantity limit of 300 gm/30 days
	Androgel 1.62%/1.25 gm packets	Preferred; must meet PA criteria if exceeding quantity limit of 30 packets/30 days
	Androgel 1.62%/2.5 gm packets	Preferred; must meet PA criteria if exceeding quantity limit of 60 packets/30 days
	Androgel 1.62% metered pump	Preferred; must meet PA criteria if exceeding quantity limit of 150 gm/30 days
	Axiron	Preferred; must meet PA criteria if exceeding quantity limit of 180 mL/30 days
	Testim	Nonpreferred; must meet PA criteria if exceeding quantity limit of 300 mg/30 days
	Androderm	Nonpreferred; must meet PA criteria if exceeding quantity limit of 1 box/30 days
	Vogelxo	Nonpreferred; must meet PA criteria if exceeding quantity limit of 300 gm/30 days
	Striant buccal tablet	Nonpreferred; must meet PA criteria if exceeding quantity limit of 2 tabs/day
	Fortesta	Nonpreferred; must meet PA criteria if exceeding quantity limit of 120 gm/30 days
	Testosterone 50 mg/5 gm; 10 mg/actuation gel	Nonpreferred; must meet PA criteria if exceeding quantity limit of 120 gm/30 days
	Testosterone 50 mg/5 gm; 12.5 mg/actuation metered pump gel	Nonpreferred; must meet PA criteria if exceeding quantity limit of 300 gm/30 days
	Testosterone 1% gel	Nonpreferred; must meet PA criteria if exceeding quantity limit of 300 gm/30days

Table 2 – Approved changes to the PDL effective for DOS on or after February 1, 2015 (Continued)

Drug class	Drug	PDL status
Proton Pump Inhibitors	Nexium capsules	Preferred (previously nonpreferred); add quantity limit of 1 cap/day
	Nexium packets	Maintain as preferred; remove age restriction
	Lansoprazole capsules	Maintain as nonpreferred; add quantity limit of 1 cap/day
	Rabeprazole tablets	Maintain as nonpreferred; add quantity limit of 1 tab/day
	Omeprazole 10 mg capsules	Maintain as preferred; add quantity limit of 2 caps/day
	Omeprazole 20 mg capsules	Maintain as preferred; add quantity limit of 4 caps/day
	Omeprazole magnesium/ sodium bicarbonate capsules	Maintain as nonpreferred; add quantity limit of 1 cap/day
	Prevacid suspension	Remove from the PDL
	Protonix suspension	Remove from the PDL
Direct Factor XA Inhibitors	Eliquis	Maintain as preferred; remove step therapy requirements
	Xarelto starter kit	Preferred; quantity limit of 1 starter kit/90 days
	Xarelto 15 mg tablets	Maintain as preferred; add quantity limit of 2 tabs/day for a maximum of 21 consecutive days every 90 days; no duration restriction for once-daily dosing
Direct Thrombin Inhibitors	Pradaxa	Maintain as preferred; update step therapy to include diagnosis of deep vein thromboembolism (DVT) and pulmonary embolism (PE) after parenteral anticoagulation

Table 2 – Approved changes to the PDL effective for DOS on or after February 1, 2015 (Continued)

Drug class	Drug	PDL status
Platelet Aggregation Inhibitors	Zontivity	Nonpreferred; SilentAuth PA criteria: ■ PA is not required if there is a history of Zontivity and aspirin or clopidogrel in the past 100 days ■ PA is not required if prescription is written by a cardiologist, critical care specialist, or hospitalist ■ PA requires the following: − History of myocardial infarction (MI) or peripheral artery disease (PAD) in the past two years; and − History of at least 30 days of therapy with aspirin or clopidogrel in the past 100 days (contraindication to daily aspirin or clopidogrel will be assessed at the call center); and − Absence of denial criteria including history of stroke, transient ischemic attack, or intracranial hemorrhage
Oral Contraceptives		Remove drug class "Oral Contraceptives" from the PDL; provide the Therapeutics Committee with an impact analysis one year after implementation
Prenatal Vitamins		Remove drug class "Prenatal Vitamins" from the PDL; add PA for products greater than $25/30 days; prescriber must provide clinical rationale as to why the prenatal vitamin agents at or under the $25/day threshold are not appropriate for use; maintain restriction to females under 51 years of age
Miotics – Intraocular Pressure Reducers	Lumigan 0.03% drops	Remove from the PDL
Ophthalmic Antihistamines	Bepreve	Preferred (previously nonpreferred)
Topical Anti-Inflammatory Agents-NSAIDs	Voltaren gel	Maintain as preferred; remove age requirements
Topical Post-Herpetic Neuralgia Agent	Lidoderm	Maintain as preferred; remove SilentAuth criteria; maintain quantity limit of 3 boxes/30 days
	Synera	Nonpreferred

Table 2 – Approved changes to the PDL effective for DOS on or after February 1, 2015 (Continued)

Drug class	Drug	PDL status
Hepatitis C		The Indiana Family and Social Services Administration (FSSA) may create and implement appropriate PA criteria for new Hepatitis C agents coming onto the market before the DUR Board's next meeting. The FSSA is to inform the Board of the criteria at its next meeting.
	Harvoni	Nonpreferred; PA criteria includes: ■ Must be ≥ 18 years of age. ■ Must have a diagnosis of chronic hepatitis C genotype 1 with compensated liver disease (cirrhosis) with > stage 3 fibrosis. ■ For women of childbearing age, must confirm negative pregnancy test prior to therapy. ■ Prescription must be written by an infectious disease or gastrointestinal (GI) specialist. ■ May receive one approval for up to 12 weeks of treatment if member has never received drug therapy for Hepatitis C; one approval for up to 24 weeks of treatment if member has received drug therapy for Hepatitis C. ■ Reapprovals must confirm compliance on Harvoni therapy. ■ Dosage approved will be from 90-400 mg daily.

Table 3 – OTC Drug Formulary changes effective for DOS on or after February 1, 2015

Drug class	Drug	OTC Drug Formulary status/criteria
Calcium Supplements	Calcium citrate 950 mg tablet	Remove from the OTC Drug Formulary
Cough and Cold Products	Delsym 30 mg/5 mL liquid	Covered
Gastro-Intestinal Products	Polyethylene glycol 3350 powder	Covered
	Magnesium citrate solution	Covered
Magnesium	Magonate 1 gm/5 mL syrup	Remove from the OTC Drug Formulary
Multivitamins	Prenatal vitamins	Covered; restricted to females under 51 years of age
Topical Products	Hydrocortisone 0.5% cream/ ointment	Covered
Vitamins	Pyridoxine 25 mg tablets	Remove from the OTC Drug Formulary
Zinc	Zinc 200 mg tablet	Remove from the OTC Drug Formulary

Table 3 – OTC Drug Formulary changes effective for DOS on or after February 1, 2015 (Continued)

Drug class	Drug	OTC Drug Formulary status/criteria
Compounding Agents	A & D Preventative Ointment	Covered; for compounding use only
	Ora-Sweet syrup	Covered; for compounding use only
	Ora-Plus liquid	Covered; for compounding use only
	Suspendol-S liquid	Covered; for compounding use only
	Vitamin A & D cream/ ointment	Covered; for compounding use only
	Glycerin liquid	Covered; for compounding use only
	Mineral oil/hydrophilic petrolatum ointment	Covered; for compounding use only
	Eucerin cream	Covered; for compounding use only
	Thik & Clear packets	Covered; for compounding use only
	Cocoa butter topical ointment	Covered; for compounding use only
	Dakin's solutions	Covered; for compounding use only
	Dimethicone cream/ lotion	Covered; for compounding use only
	Lozibase	Covered; for compounding use only
	Povidone-iodine 10% solution	Covered; for compounding use only
	Starch oral thickening powder/packets	Covered; for compounding use only
	Corn starch powder	Covered; for compounding use only

The PDL, OTC Drug Formulary, SilentAuth criteria, mental health drug utilization edits, and PA criteria can be accessed under the Pharmacy Services 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, 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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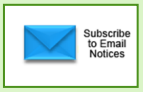

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