

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201354 NOVEMBER 12, 2013



Pharmacy updates approved by Drug Utilization Review Board

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) and over-the-counter (OTC) drug formularies, as approved by the Drug Utilization Review (DUR) Board at its September 27, 2013, and October 18, 2013, meetings.

SilentAuth PA enhancement

The IHCP has enhanced its automated PA system to update the criteria for the duplicate stimulants and the duplicate sedative-hypnotics/benzodiazepines. 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 December 1, 2013.

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 December 1, 2013.

Table 1 – Updates to utilization edits effective for DOS on or after December 1, 2013

Name and strength of medication	Utilization edit
Clozapine ODT 25 mg	3/day
Clozapine ODT 100 mg	6/day
Zyprexa Relprevv 210 mg	2/4 weeks
Zyprexa Relprevv 300 mg	2/4 weeks
Zyprexa Relprevv 405 mg	1/4 weeks

Table 1 – Updates to utilization edits effective for DOS on or after December 1, 2013 (Continued)

Name and strength of medication	Utilization edit
Abilify Maintena 300 mg	1/28 days
Abilify Maintena 400 mg	1/28 days
Equetro 100 mg	4/day
Equetro 200 mg	8/day
Equetro 300 mg	5/day
Fluvoxamine maleate ER 100 mg	2/day
Fluvoxamine maleate ER 150 mg	2/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.

Changes to the PDL

Changes to the PDL were made at the September 27, 2013, DUR Board meeting. These decisions are based on recommendations from the Therapeutics Committee meeting August 2, 2013. See Table 2 for a summary of these changes. The changes are effective for DOS on or after December 1, 2013, unless otherwise noted.

Table 2 – Approved changes to the PDL effective for DOS on or after December 1, 2013

Drug Class	Drug	PDL Status
Beta Adrenergics and Corticosteroids	Symbicort	Change to nonpreferred NOTE – New initiations of Symbicort therapy will require PA for DOS on or after December 1, 2013. For members currently on Symbicort therapy, continued Symbicort therapy will require PA for DOS on or after March 1, 2014.
Oral Inhaled Glucocorticoids	Pulmicort Flexhaler	Preferred without restriction

Changes to the OTC Drug Formularies

Effective for DOS on or after December 1, 2013, the Adult Over-the-Counter Drug Formulary and the Pediatric Over-the-Counter Drug Formulary will be combined into a single formulary titled IHCP Over-the-Counter (OTC) Drug Formulary. As a result, the format and content of the formulary will change slightly, including the addition of information on drug-specific criteria.

Updates to the IHCP OTC Drug Formulary were made at the October 18, 2013, DUR Board meeting. See Table 3 for a summary of these changes. These updates are effective for DOS on or after December 1, 2013, unless otherwise noted.

Table 3 – IHCP OTC Drug Formulary updates effective for DOS on or after December 1, 2013

Drug Class	Drug	OTC Drug Formulary Status/Criteria
Analgesics	■ Acetaminophen 100 mg/ml solution drops	■ Covered – Age under 18 years
	■ Acetaminophen 100 mg/ml suspension drops	■ Covered – Age under 18 years
	■ Acetaminophen 120 mg suppository	■ Covered – Age under 18 years
	■ Acetaminophen 325 mg suppository	■ Covered – Age under 18 years
	■ Acetaminophen 650 mg suppository	■ Covered – Age under 18 years
	■ Acetaminophen 80 mg suppository	■ Covered – Age under 18 years
	■ Acetaminophen 80 mg chewable tablet	■ Covered – Age under 18 years
	■ Aspirin buffered 5 grains	■ Covered – Age under 18 years
	■ Ibuprofen children's suspension	■ Covered
Antacids	■ Aluminum hydroxide gel	■ Covered – Age under 18 years
	■ Aluminum hydroxide gel concentrate	■ Covered – Age under 18 years
	■ Magnesium carbonate/aluminum hydroxide/AA	■ Covered – Age under 18 years
	■ Magnesium hydroxide/aluminum hydroxide/ simethicone EX	■ Covered – Age under 18 years
	■ Magnesium hydroxide/aluminum hydroxide	■ Covered – Age under 18 years
Anti-Flatulents	■ Simethicone 40 mg/0.6 ml drops	■ Covered – Age under 18 years
Calcium Supplements	■ Calcium carbonate 1,000 mg tablet chewable/ nonchewable	■ Covered – Age under 18 years
	■ Calcium carbonate 750 mg tablet chewable/ nonchewable	■ Covered – Age under 18 years
Cough and Cold Products	■ Clemastine 1.34 mg tablets	■ Not covered
	■ Chlorpheniramine maleate 2 mg/5 ml syrup	■ Covered – Age 4 years through 17 years
	■ Chlorpheniramine maleate 4 mg tablet	■ Covered – Age 4 years and older
	■ Diphenhydramine 12.5 mg/ml syrup	■ Covered – Age 4 years and older
	■ Diphenhydramine 25 mg capsule/ caplet/tablet	■ Covered – Age 4 years and older
	■ Diphenhydramine 50 mg capsule	■ Covered – Age 4 years and older
	■ Guaifenesin 100 mg/5 ml syrup	■ Covered – Age 4 years through 17 years
	■ Guaifenesin/D-methorphan syrup	■ Covered – Age 4 years through 17 years
	■ Guaifenesin/D-methorphan tablet/capsule	■ Covered – Age 4 years through 17 years
	■ Guaifenesin/pseudoephedrine syrup	■ Covered – Age 4 years through 17 years
	■ Pseudoephedrine 120 mg tablet	■ Covered – Age 4 years through 17 years
	■ Pseudoephedrine 15 mg/5 ml liquid	■ Covered – Age 4 years through 17 years
	■ Pseudoephedrine 30 mg tablet	■ Covered – Age 4 years through 17 years
	■ Pseudoephedrine 30 mg/5 ml liquid	■ Covered – Age 4 years through 17 years
	■ Pseudoephedrine 60 mg tablet	■ Covered – Age 4 years through 17 years
■ Pseudoephedrine 15 mg/5 ml liquid	■ Covered – Age 4 years through 17 years	

Table 3 – IHCP OTC Drug Formulary updates effective for DOS on or after December 1, 2013 (Continued)

Drug Class	Drug	OTC Drug Formulary Status/ Criteria
Emetics	■ Ipecac Syrup	■ Covered – Age under 18 years
Eye Products	■ Naphazoline 0.012% eye drops	■ Covered – Age under 18 years
	■ Naphazoline/Pheniramine 0.025%/0.3% eye drops	■ Covered – Age under 18 years
	■ Genteal eye drops	■ Not covered
	■ Hydroxypropyl methylcellulose drops	■ Not covered
	■ Refresh eye drops	■ Not covered
	■ Systane eye drops	■ Not covered
Gastro-Intestinal Products	■ Bisacodyl 5 mg tablet EC	■ Covered
	■ Bisacodyl suppository	■ Covered
	■ Bismuth subsalicylate 262 mg tablet/ chew	■ Covered – Age under 18 years
	■ Bismuth subsalicylate suspension	■ Covered – Age under 18 years
	■ Docusate calcium 240 mg capsule	■ Covered – Age under 18 years
	■ Docusate sodium 50 mg capsule/ caplet/tablet	■ Covered – Age under 18 years
	■ Docusate sodium 60 mg/15 ml syrup	■ Covered – Age under 18 years
	■ Glycerin adult suppository	■ Covered – Age under 18 years
	■ Glycerin pediatric suppository	■ Covered – Age under 18 years
	■ Psyllium mucilloid powder/packets	■ Covered – Age under 18 years
	■ Senna syrup	■ Covered
	■ Senna tablet	■ Covered – Age under 18 years
	■ Sodium phosphate/Na biphos adult/pediatric enema	■ Covered – Age under 18 years
■ Sodium phosphate/Na biphos pediatric enema	■ Covered – Age under 18 years	
Glucose/Dextrose	■ Dextrose 40% gel	■ Covered
	■ Dextrose 4 gm tab chew	■ Covered
	■ Dextrose 5 gm tab chew	■ Covered
Iron Products	■ Ferrous sulfate 250 mg ER capsule	■ Not covered
	■ Ferrous sulfate 75 mg/ml drops	■ Covered – Age under 18 years
Multivitamins	■ Aquadek pediatric liquid	■ Covered – Age under 18 years
	■ Multivitamins w/o iron, with other minerals capsule/tablet/liquid	■ Covered – Age under 18 years
	■ Multivitamins with iron, with other minerals tablet/liquid	■ Covered – Age under 18 years
Nasal Products	■ Cromolyn sodium 4% spray	■ Covered – Age under 18 years

Table 3 – IHCP OTC Drug Formulary updates effective for DOS on or after December 1, 2013 (Continued)

Non-Sedating Antihistamines	■ Cetirizine 1 mg/ml syrup	■ Covered – Age under 18 years; quantity limit of 10 mls/day
	■ Cetirizine 5 mg	■ Covered – Age under 18 years
	■ Loratadine syrup	■ Covered – Age under 18 years; quantity limit of 10 mls/day
	■ Loratadine/pseudoephedrine 10/240 mg tablet	■ Covered – Age under 18 years
	■ Loratadine/pseudoephedrine 5/120 mg tablet	■ Covered – Age under 18 years
Otic Products	■ Carbamide peroxide 6.5% drops	■ Covered – Age under 18 years
Smoking Cessation Products	■ Nicoderm topical patch 7 mg/24 hr, 14 mg/24 hr, 21 mg/24 hr	■ Covered – Age 10 years and older
	■ Nicorette chewing gum 2 mg, 4 mg	■ Covered – Age 10 years and older
	■ Nicorette lozenge 2 mg, 4 mg	■ Covered – Age 10 years and older
	■ Nicotine chewing gum 2 mg, 4 mg	■ Covered – Age 10 years and older
	■ Nicotine lozenge 2 mg, 4 mg	■ Covered – Age 10 years and older
	■ Nicotine topical patch 7 mg/24 hr, 14 mg/24 hr, 21 mg/24 hr	■ Covered – Age 10 years and older
Vitamins	■ Aqua E liquid	■ Covered – Age under 18 years
	■ Ascorbic acid 1,000 mg tablet	■ Covered – Age under 18 years
	■ Ascorbic acid 1,500 mg caplet SA	■ Covered – Age under 18 years
	■ Ascorbic acid 250 mg tablet	■ Covered – Age under 18 years
	■ Ascorbic acid 500 mg tablet	■ Covered – Age under 18 years
	■ Ascorbic acid 500 mg/5 ml syrup	■ Covered – Age under 18 years
	■ Ascorbic acid powder	■ Covered – Age under 18 years
	■ Biotin 5 mg capsule	■ Covered – Age under 18 years
	■ Pyridoxine 100 mg tablet	■ Covered – Age under 18 years
	■ Pyridoxine 250 mg tablet	■ Covered – Age under 18 years
	■ Pyridoxine 25 mg tablet	■ Covered – Age under 18 years
	■ Pyridoxine 500 mg tablet	■ Covered – Age under 18 years
	■ Pyridoxine 50 mg tablet	■ Covered – Age under 18 years
	■ Riboflavin 100 mg tablet	■ Covered – Age under 18 years
	■ Riboflavin 50 mg tablet	■ Covered – Age under 18 years
	■ Thiamine 100 mg tablet	■ Covered – Age under 18 years
	■ Thiamine 250 mg tablet	■ Covered – Age under 18 years
	■ Thiamine 50 mg tablet	■ Covered – Age under 18 years
	■ Vitamin D 1,000 IU tab chewable	■ Covered – Age under 18 years
	■ Vitamin D drops (ergocalciferol) 8,000 units/ml drops	■ Covered – Age under 18 years
■ Vitamin E 100 IU capsule	■ Covered – Age under 18 years	
■ Vitamin E 200 IU capsule	■ Covered – Age under 18 years	
■ Vitamin E 400 IU liquid	■ Covered – Age under 18 years	
■ Vitamin E 400 IU capsule	■ Covered – Age under 18 years	

Table 3 – IHCP OTC Drug Formulary updates effective for DOS on or after December 1, 2013 (Continued)

Zinc	<ul style="list-style-type: none"> ■ Zinc 200 mg tablet ■ Zinc 220 mg capsule ■ Zinc lozenge 	<ul style="list-style-type: none"> ■ Covered – Age under 18 years ■ Covered – Age under 18 years ■ Covered – Age under 18 years
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The PDL, SilentAuth PA criteria, and IHCP OTC Drug Formulary 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 IHCP OTC Drug Formulary, or this bulletin to the Catamaran Clinical and Technical Help Desk by calling toll-free 1-855-577-6317.

QUESTIONS?

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