

## Magnolia Health Plan

### Appropriate Use and Safety Edits

The health and safety of our members is a priority for Magnolia Health Plan. One of the ways we address patient safety is through point-of sale (POS) edits at the time a prescription is processed at the pharmacy. These edits are based on Food and Drug Administration (FDA) recommendations and promote safe and effective medication utilization of our members.

The following outlines the type of appropriate use and safety edit and affected drug class or classes that are in place at Magnolia Health Plan.

Quantity Limits: Restrictions on claim quantity per day implemented to prevent doses above the FDA approved guidelines. Multiple medications within different drug classes have quantity limit requirements.

Lower Age Limits: Restrictions on age implemented to prevent children below the FDA approved age of receiving medications off-label. Current drug classes with lower age limits include (but are not limited to):

- Atypical Antipsychotics
- Benzodiazepines
- Long-Acting ADHD Medications (Stimulants & Non-Stimulants)
- Migraine Rescue Medications (Triptans & Non-Triptans)
- Sedative-Hypnotics
- Short-Acting ADHD Medications (Stimulants only)

Upper Age Limits: Restrictions on age implemented to prevent adults from receiving medications commonly indicated for pediatric use only (without proper documentation of diagnosis). Current drug classes with upper age limits include (but are not limited to):

- Long-Acting ADHD Medications (Stimulants & Non-Stimulants)
- Short-Acting ADHD Medications (Stimulants only)

***For specific quantity limits and age limits please see the Magnolia Health Plan Preferred Drug List.***

Duplicate Therapy Edits: Restrictions on claims implemented to prevent members from receiving excessive medication regimens within the same (or similar) drug classes. Current drug classes with duplicate therapy edits include (but are not limited to):

- ACE Inhibitor/Angiotensin Receptor Blockers
- Alpha Agonists (Pediatrics only)
- Antidepressants (All classes)
- Atypical Antipsychotics
- Benzodiazepines
- Diabetic Medications (Sulfonylurea/Meglitinides)
- Human Immunodeficiency Virus Medications
- Long-Acting ADHD Medications (Stimulants & Non-Stimulants)
- Opiate Analgesics (Narcotics)

## Appropriate Use and Safety Edits

- Sedative-Hypnotics
- Selective Serotonin Receptor Inhibitors & Serotonin Norepinephrine Receptor Inhibitors
- Short-Acting ADHD Medications (Stimulants only)
- Tricyclic Antidepressants

Dose Consolidation Edits: Restrictions on claims implemented to prevent members from receiving multiple strengths of the same medication. Current drug classes with dose consolidation edits include:

- Atypical Antipsychotics
- Long-Acting ADHD Medications (Stimulants & Non Stimulants)
- Selective Serotonin Receptor Inhibitors & Serotonin Norepinephrine Receptor Inhibitors
- Short-Acting ADHD Medications (Stimulants only)

Step Therapy Edits: Restrictions on claims implemented to steer members toward the preferred medication in the drug class. Current drug classes with step therapy restrictions include (but are not limited to):

- Acne (Oral Isotretinoin)
- Angiotensin Receptor Blockers
- Antibiotics (Cephalosporins)
- Aromatase Inhibitors
- Atypical Antipsychotics
- HMG Co-A Reductase Inhibitors
- Leukotriene Modifiers
- Nasal Steroids
- Non-Sedating Antihistamines
- Ophthalmic Antihistamines
- Sedative-Hypnotics

Teratogenic Edits: Restrictions on claims implemented to prevent female members from receiving potential harmful medications prior to confirmation of pregnancy status. (Multiple medications within different drug classes have teratogenic requirements.)

Safety Edits: Restrictions on claims implemented to prevent members from receiving combination drug regimens that are contraindicated or have been deemed toxic and potentially life threatening.

- Human Immunodeficiency Virus Medications
- Low Dose Seroquel
- Suboxone/Subutex & Narcotics

## Appropriate Use and Safety Edits

The following tables detail the specific drugs or processes that are affected by the appropriate use and safety edits in place at Magnolia Health Plan.

Duplicate Therapy Edit Medications		
Therapeutic Category	Preferred Drug List (PDL) and Non-PDL Drug Listing	Limitations
Atypical Antipsychotics	<u>PDL:</u> Abilify, Clozaril (clozapine), Geodon, Risperdal (risperidone), Seroquel, Seroquel-XR, Zyprexa	Restricted to monotherapy (one drug regimen)
	<u>Non-PDL:</u> Abilify Disc, Fanapt, Fazacllo, Invega, Invega Sustenna, Latuda, Risperdal Consta, Saphris, Zyprexa Zydis	
Long-Acting ADHD Medications	<u>PDL:</u> Adderall XR (amphetamine-dextroamphetamine ER), Concerta (methylphenidate ER), Dexedrine SR (dextroamphetamine ER), Metadate CD, Ritalin SR	Restricted to monotherapy (one drug regimen)
	<u>Non-PDL:</u> Daytrana, Focalin XR, Ritalin LA, Strattera, Vyvanse	
Short-Acting ADHD Medications	<u>PDL:</u> Adderall (amphetamine-dextroamphetamine), Dexedrine (dextroamphetamine), Methylin/Ritalin (methylphenidate)	Restricted to polytherapy (two drug regimen)
	<u>Non-PDL:</u> Focalin (dexmethylphenidate)	
Alpha Agonists (for ADHD)	<u>PDL:</u> Catapres (clonidine), Tenex (guanfacine)	Restricted to monotherapy (one drug regimen) Applies only to age < 18
	<u>Non-PDL:</u> Intuniv, Kapvay	
SSRIs & SNRIs	<u>PDL:</u> Celexa (citalopram), Effexor (venlafaxine), Effexor XR (venlafaxine ER), Luvox (fluvoxamine), Paxil (paroxetine), Paxil CR (paroxetine ER), Prozac (fluoxetine), Zoloft (sertraline).	Restricted to monotherapy (one drug regimen)
	<u>Non-PDL:</u> Cymbalta, Lexapro, Luvox CR, Pexeva, Pristiq, Viibryd	
Tricyclic Antidepressants	<u>PDL:</u> Anafranil (clomipramine), Elavil (amitriptyline), Norpramin (desipramine), Pamelor (nortriptyline), Sinequan (doxepin), Tofranil (imipramine)	Restricted to monotherapy (one drug regimen)
	<u>Non-PDL:</u> Surmontil (trimipramine), Vivactil (protriptyline)	
Antidepressants	<u>PDL:</u> Anafranil (clomipramine), Celexa (citalopram), Desyrel (trazodone), Effexor (venlafaxine), Effexor XR (venlafaxine ER), Elavil (amitriptyline), Ludiomil (maprotiline), Luvox (fluvoxamine), Nardil (phenelzine), Norpramin (desipramine), Pamelor (nortriptyline), Parnate (tranylcypromine), Paxil (paroxetine), Paxil CR (paroxetine ER), Prozac (fluoxetine), Remeron (mirtazapine), Serzone (nefazodone), Sinequan (doxepin), Tofranil (imipramine), Wellbutrin (bupropion), Wellbutrin SR (bupropion SR), Wellbutrin XL (bupropion XL), Zoloft (sertraline)	Restricted to polytherapy (two drug regimen)
	<u>Non-PDL:</u> Aplenzin, Cymbalta, Lexapro, Luvox CR, Marplan, Oleptro, Pexeva, Pristiq, Surmontil (trimipramine), Viibryd, Vivactil (protriptyline)	
Benzodiazepines	<u>PDL:</u> Ativan (lorazepam), Dalmane (flurazepam), Halcion (triazolam), Klonopin (clonazepam), Librium (chlordiazepoxide), Restoril (temazepam), Serax (oxazepam), Tranxene (clorazepate), Valium (diazepam), Xanax (alprazolam).	Restricted to polytherapy (two drug regimen)
	<u>Non-PDL:</u> Prosom (estazolam)	
Sedative-Hypnotics	<u>PDL:</u> Ambien (zolpidem), Chloral Hydrate, Dalmane (flurazepam), Halcion (triazolam), Restoril (temazepam), Sonata (zaleplon).	Restricted to monotherapy (one drug regimen)
	<u>Non-PDL:</u> Ambien CR (zolpidem ER), Doral, Prosom (estazolam), Lunesta, Rozerem, Seconal.	

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Duplicate Therapy Edit Medications		
Therapeutic Category	Preferred Drug List (PDL) and Non-PDL Drug Listing	Limitations
Opiate Analgesics	<u>PDL</u> : Dolophine (methadone), MS Contin (morphine sulfate 12hr ER), Duragesic (fentanyl), Short-acting medication which contains any of the following active ingredients: oxycodone, hydrocodone, hydromorphone, propoxyphene, codeine, morphine, meperidine, butalbital.	Restricted to two <u>claims</u> per 30 days
	<u>Non-PDL</u> : Long-acting or short-acting medication which contains any of the following active ingredients: buprenorphine, oxymorphone, pentazocine (not mentioned on the PDL list)	
HIV Medications	See safety edit below (all HIV medications are PDL)	Restricted to one medication per group (per regimen)
ACEI/ARB Medication	<u>PDL</u> : Accupril (quinapril), Altace (ramipril), Capoten (captopril), Cozaar (losartan), Diovan, Lotensin (benazepril), Mavik (trandolapril), Monopril (fosinopril), Vasotec (enalapril), Zestril (lisinopril), plus any of the following drugs in combination with HCTZ	Restricted to monotherapy (one drug regimen)
	<u>Non-PDL</u> : Aceon (perindopril), Atacand, Avapro, Benicar, Edarbi, Micardis, Teveten, Univasc (moexipril), plus any of the following drugs in combination with HCTZ or other cardiovascular medications	
Diabetic Medications (sulfonylureas/meglitinides)	<u>PDL</u> : Amaryl (glimepiride), Diabeta (glyburide), Glucotrol (glipizide), Glucotrol XL (glipizide SR), Glucovance (glyburide-metformin), Glynase (glyburide micronized), Metaglip (glipizide-metformin).	Restricted to monotherapy (one drug regimen)
	<u>Non-PDL</u> : Avandaryl, Diabinese (chlorpropamide), Duetact, Dymelor (acetohexamide), Orinase (tolbutamide), Prandimet, Prandin, Starlix (nateglinide), Tolinase (tolazamide).	

Dose Consolidation Edit Medications		
Therapeutic Category	PDL and Non-PDL Drug Listing	Limitations
Atypical Antipsychotics	<u>PDL</u> : Abilify, Zyprexa	Restricted to one strength per drug (per regimen)
	<u>Non-PDL</u> : Abilify Disc, Fanapt, Invega, Saphris, Zyprexa Zydis	
Long-Acting ADHD Medications	<u>PDL</u> : Adderall XR (amphetamine-dextroamphetamine ER), Concerta (methylphenidate ER), Dexedrine SR (dextroamphetamine ER), Metadate CD, Ritalin SR	Restricted to one strength per drug (per regimen)
	<u>Non-PDL</u> : Daytrana, Focalin XR, Ritalin LA, Strattera, Vyvanse	
Short-Acting ADHD Medications	<u>PDL</u> : Adderall (amphetamine-dextroamphetamine), Dexedrine (dextroamphetamine), Methylin/Ritalin (methylphenidate)	Restricted to one strength per drug (per regimen)
	<u>Non-PDL</u> : Focalin (dexmethylphenidate)	
SSRIs & SNRIs	<u>PDL</u> : Celexa (citalopram), Luvox (fluvoxamine), Paxil (paroxetine), Paxil CR (paroxetine ER), Prozac (fluoxetine), Zoloft (sertraline).	Restricted to one strength per drug (per regimen)
	<u>Non-PDL</u> : Lexapro, Luvox CR, Pexeva, Pristiq, Viibryd	

Step Therapy Edit Medications		
Therapeutic Category	First Line Preferred Drug	Step Therapy Drug (second line preferred)
Atypical Antipsychotics	Risperdal (risperidone)	Abilify, Clozaril (clozapine), Geodon, Seroquel, Seroquel-XR, Zyprexa

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Step Therapy Edit Medications		
Therapeutic Category	First Line Preferred Drug	Step Therapy Drug (second line preferred)
Sedative Hypnotics	Ambien (zolpidem)	Sonata
Angiotensin Receptor Blockers	Cozaar (losartan)	Diovan
	Hyzaar (losartan-hctz)	Diovan-HCT
Non-Sedating Antihistamines	Claritin (loratadine), Zyrtec (cetirizine)	Allegra (fexofenadine)
HMG CoA Reductase Inhibitors	Mevacor (lovastatin), Pravachol (pravastatin), Zocor (simvastatin)	Lipitor (atorvastatin)
Ophthalmic Antihistamines	Opticrom (Cromolyn), Zaditor (Ketotifen)	Alomide, Alocril, Optivar,
Nasal Steroids	Flonase (fluticasone)	Nasonex, Nasacort AQ
Antibiotics (Cephalosporin)	Amoxil (amoxicillin), Augmentin (amoxicillin-clavulanate), Biaxin (clarithromycin), Ceclor (cefaclor), Cefzil (cefprozil), Levaquin (levofloxacin), Zithromax (azithromycin)	Omnicef (cefdinir)
Leukotriene Modifiers (asthma)	Advair, Flovent, Proair (albuterol), Pulmicort (budesonide), QVAR	Singulair
Leukotriene Modifiers (allergy)	Claritin (loratadine), Flonase (fluticasone), Zyrtec (cetirizine)	Singulair
Aromatase Inhibitors	Arimidex (anastrozole)	Aromasin, Femara
Acne (oral)	Oral Antibiotics (minocycline, etc) AND topical tretinoin (Retin-A etc)	Accutane, Amnesteem, Claravis, Sotret

Teratogenic Edit Programming Detail		
Step	Question	Answer/Action
1.	Is member female?	Yes: Go to Step 2 No: Process claim
2.	Is member between 11 – 50 years of age?	Yes: Go to Step 3 No: Process claim
3.	Does the member have an active claim for contraception or hormone replacement therapy?	Yes: Process claim No: Go to Step 4
4.	Is the member pregnant? (Pharmacist to ask member at POS)	Yes: Go to Step 5 No: Process claim
5.	Is the drug labeled as pregnancy category X?	Yes: Deny claim No: Go to Step 6
6.	Is the drug labeled as pregnancy category D (risk outweighs benefit)?	Yes: Deny claim No: Go to Step 7
7.	Is the drug labeled as pregnancy category D (benefits may outweigh risk)?	Yes: Go to Step 8 No: Process claim
8.	Call prescriber. Does benefit outweigh risks?	Yes: Process claim No: Deny claim

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Teratogenic Edit Medications	
Pregnancy Category	Therapeutic Category
Pregnancy Category X	5-Alpha Reductase Inhibitors, Anabolic Steroids, Androgens, Anorexants, Antineoplastics, Coumadin Anticoagulants, Endothelin Receptor Antagonists, Hepatitis Agents, HMG CoA Reductase Inhibitors, Non-Barbiturate Hypnotics, Migraine Agents, Non-Steroidal Antiinflammatory, Progesterone Receptor Antagonists, Progestins, Prostaglandins, Retinoids, Stimulant Laxatives, Etc
Pregnancy Category D (risk outweighs benefit)	ACE Inhibitors, Alkylating Agents, Aminoglycosides, Antiandrogens, Antiestrogens, Antineoplastics, Beta Blockers, Gout Agents, Mitotic Inhibitors, Potassium Sparing Diuretics, Sickle Cell Anemia Agents, Selective Serotonin Reuptake Inhibitors, Smoking Deterrents, Tetracyclines, Thiazide & Thiazide Like Diuretics, Tricyclic Antidepressants, Etc
Pregnancy Category D (benefits may outweigh risk)	Anticonvulsants, Antithyroid Agents, Antiretrovirals, Antispasmodics, Barbiturate Hypnotics, Benzodiazepines, Glucocorticoids, Hydantoins, Imidazole Antifungals, Immunosuppressives, Lithiums, Non-Barbiturate Hypnotics, Etc
NOTE: These lists are not all inclusive of drugs in pregnancy category X and/or D drugs. Furthermore, not all drugs within the therapeutic categories listed above are categorized as pregnancy X and/or D.	

Safety Edit Programming Detail	
Edit	Rationale
HIV Medication Edit	Regimens deemed toxic or potentially life threatening are prevented from adjudicating concurrently (see below for restricted regimens)
Low Dose Seroquel	Low dose Seroquel regimens (<150mg/day) are allowed for titration purposes only, as per FDA approved indications (adult restrictions only)
Suboxone/Subutex & Narcotics	Suboxone/Subutex regimens are prevented from adjudicating in members with active narcotic claims (Suboxone/Subutex are only approved for opiate withdrawal indications)

HIV Safety Edit Medications	
Regimen	Medications
1.	Atripla (efavirenz, emtricitabine, tenofovir), Emtriva (emtricitabine), Truvada (emtricitabine, tenofovir)
2.	Epzicom (abacavir, lamivudine), Ziagen (abacavir), Trizivir (abacavir, lamivudine, zidovudine)
3.	Combivir (lamivudine, zidovudine), Epivir (lamivudine), Trizivir (abacavir, lamivudine, zidovudine)
4.	Truvada (emtricitabine, tenofovir), Viread (tenofovir)
5.	Complera (emtricitabine, rilpivirine, tenofovir)
6.	Reyataz (Atazanavir), Crixivan (Indinavir).
7.	Videx (didanosine), Zerit (stavudine)
8.	Emtriva (emtricitabine), Epivir (lamivudine)
9.	Zerit (stavudine), Retrovir (zidovudine)
10.	Videx (didanosine), Viread (tenofovir)
11.	Zerit (stavudine), Trizivir (abacavir, lamivudine, zidovudine)
12.	Zerit (stavudine), Combivir (lamivudine, zidovudine)
13.	Atripla (efavirenz, emtricitabine, tenofovir), Videx (didanosine)
14.	Videx (didanosine), Truvada (emtricitabine, tenofovir)
15.	Truvada (emtricitabine, tenofovir), Epivir (lamivudine)
16.	Truvada (emtricitabine, tenofovir), Epzicom (abacavir, lamivudine)
17.	Truvada (emtricitabine, tenofovir), Trizivir (abacavir, lamivudine, zidovudine)
18.	Truvada (emtricitabine, tenofovir), Combivir (lamivudine, zidovudine)
19.	Atripla (efavirenz, emtricitabine, tenofovir), Epivir (lamivudine)
20.	Atripla (efavirenz, emtricitabine, tenofovir), Epzicom (abacavir, lamivudine)

## Appropriate Use and Safety Edits

HIV Safety Edit Medications	
Regimen	Medications
21.	Atripla (efavirenz, emtricitabine, tenofovir), Trizivir (abacavir, lamivudine, zidovudine)
22.	Atripla (efavirenz, emtricitabine, tenofovir), Combivir (lamivudine, zidovudine)
23.	Epzicom (abacavir, lamivudine), Emtriva (emtricitabine)
24.	Emtriva (emtricitabine), Trizivir (abacavir, lamivudine, zidovudine)
25.	Combivir (lamivudine, zidovudine), Emtriva (emtricitabine)
26.	Rescriptor (Delavirdine), Sustiva (Efavirenz), INTELENCE (Etravirine), Viramune (Nevirapine), Atripla (Efavirenz, Emtricitabine, Tenofovir), Edurant (Rilpivirine)

Magnolia Health Plan covered products are listed in the PDL. For the most current PDL please contact Magnolia Health Plan at 1-866-912-6285 (TTY/TDD 1-877-725-7753) or visit the website at [www.magnoliahealthplan.com](http://www.magnoliahealthplan.com).