

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.

1. Member's medication regimen is restricted to one (1) atypical antipsychotic medication at a time.
Preferred Drug List (PDL) Atypical Antipsychotics: Abilify, Clozaril (clozapine), Geodon, Risperdal (risperidone), Seroquel, Seroquel-XR, Zyprexa.
Non-PDL Atypical Antipsychotics: Fanapt*, Fazaclor*, Invega*, Risperdal Consta*, Saphris*, Zyprexa Zydis.
2. Member's medication regimen is restricted to one (1) long-acting ADHD medication at a time.
PDL Long-Acting ADHD Medications: Adderall-XR (amphetamine-dextroamphetamine-ER), Concerta, Metadate-CD, Ritalin-LA, Ritalin-SR.
Non-PDL Long-Acting PDL ADHD Medications: Daytrana*, Focalin-XR*, Strattera*, Vyvanse*.
3. Member's medication regimen is restricted to one (1) selective serotonin reuptake inhibitor (SSRI) or one (1) serotonin norepinephrine reuptake inhibitor (SNRI) medication at a time.
PDL SSRI: Celexa (citalopram), Luvox (fluvoxamine), Paxil (paroxetine), Prozac (fluoxetine), Zoloft (sertraline).
Non-PDL SSRI: Lexapro*, Luvox-CR*, Paxil-CR*, Pexeva*.
PDL SNRI: Effexor (venlafaxine), Effexor-XR (venlafaxine-ER).
Non-PDL SNRI: Cymbalta*, Pristiq*.
4. Member's medication regimen is restricted to one (1) tricyclic antidepressant (TCA) medication at a time.
PDL Tricyclic Antidepressants: Anafranil (clomipramine), Elavil (amitriptyline), Norpramin (desipramine), Pamelor (nortriptyline), Sinequan (doxepin), Tofranil (imipramine).
Non-PDL Tricyclic Antidepressants: Surmontil (trimipramine)*, Vivactil (protriptyline)*.
5. Member's medication regimen is restricted to one (1) sedative-hypnotic medication at a time.
PDL Sedative-Hypnotics: Ambien (zolpidem), Chloral Hydrate, Dalmane (flurazepam), Halcion (triazolam), Restoril (temazepam), Sonata (zaleplon).
Non-PDL Sedative-Hypnotics: Ambien-CR*, Doral*, Prosom (estazolam)*, Lunesta*, Rozerem*, Seconal*.
6. Member's medication regimen is restricted to one (1) alpha-agonist medication at a time.
PDL Alpha Agonists: Catapres (clonidine), Tenex (guafacine IR).
Non-PDL Alpha Agonists: Intuniv*.

** Indicates a non-PDL drug. This drug product requires prior authorization, please refer to the Prior Authorization section of the Magnolia Health Plan PDL for instructions on how providers can request non-PDL drugs for members.*

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7. Member's medication regimen is restricted to two (2) benzodiazepine medications at a time.

PDL Benzodiazepines: Ativan (lorazepam), Dalmane (flurazepam), Halcion (triazolam), Klonopin (clonazepam), Librium (chlordiazepoxide), Restoril (temazepam), Serax (oxazepam), Tranxene (clorazepate), Valium (diazepam), Xanax (alprazolam).

Non-PDL Benzodiazepines: Prosom (estazolam)*.

8. Member's medication regimen is restricted to two (2) antidepressant medications at a time.

Antidepressants (drug classes, see above): SSRIs, SNRIs, TCAs

PDL Antidepressants (miscellaneous): Nardil (phenelzine), Parnate (tranylcypromine), Remeron (mirtazapine), Serzone (nefazodone), Wellbutrin (bupropion), Wellbutrin-SR (bupropion-SR).

Non-PDL Antidepressants (miscellaneous): Emsam*, Marplan (isocarboxazid)*, Wellbutrin-XL (bupropion-XL)*.

9. Member's medication regimen is restricted to two (2) narcotic analgesic medication claims/fills per 30 days.

PDL Narcotic Analgesics: (medication which contains any of the following active ingredients) oxycodone, hydrocodone, hydromorphone, propoxyphene, codeine, morphine, methadone, meperidine, butalbital.

Non-PDL Narcotic Analgesics: (medication which contains any of the following active ingredients) Fentanyl*, buprenorphine*, oxymorphone*, pentazocine*.

10. Members age 18 through 64 will be restricted to one (1) claim of Seroquel 25mg or 50mg tablets to allow initiation of therapy and titration up to standard therapy.

11. Member's medication regimen is restricted to Atypical Antipsychotics which are FDA approved for use in the following ages.

PDL Atypical Antipsychotics - FDA Approved Ages:

Abilify	≥ 6 years of age
Geodon	≥ 18 years of age
Risperdal (Risperidone)	≥ 5 years of age
Seroquel	≥ 10 years of age
Seroquel-XR	≥ 18 years of age
Zyprexa	≥ 13 years of age

Non-PDL Atypical Antipsychotics - FDA Approved Ages:

Clozaril (Clozapine) or Fazaclo*	≥ 18 years of age
Fanapt*	≥ 18 years of age
Invega*	≥ 12 years of age
Saphris*	≥ 18 years of age

12. Member's medication regimen is restricted to Rescue Medications for Migraine Therapy which are FDA approved for use in the following ages.

PDL Rescue Migraine Medication - FDA Approved Ages:

Axert	≥ 12 years of age
Butalbital-APAP	≥ 12 years of age
Butalbital-APAP-Caffeine	≥ 12 years of age
Butalbital-APAP-Caffeine-Codeine	≥ 18 years of age

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Butalbital-ASA Combinations	≥ 18 years of age
Dihydroergotamine (DHE)	≥ 18 years of age
Ergotamine Combinations	≥ 18 years of age
Isometheptene/Dichloralphenazole/APAP	≥ 18 years of age
Relpax	≥ 18 years of age
Sumatriptan	≥ 12 years of age
Zomig	≥ 18 years of age

Non-PDL Rescue Migraine Medication - FDA Approved Ages:

Amerge*	≥ 18 years of age
Butorphanol*	≥ 18 years of age
Cafgesic/Durabac*	≥ 12 years of age
Frova*	≥ 18 years of age
Maxalt*	≥ 18 years of age
Treximet*	≥ 18 years of age

13. Member's medication regimen is restricted to one (1) inhaled corticosteroid medication at a time.

PDL Inhaled Corticosteroids: Advair, Flovent (fluticasone), Pulmicort (budesonide), QVAR.

Non-PDL Inhaled Corticosteroids: Aerobid*, Alvesco*, Asmanex*, Azmacort*, Symbicort*.

14. Human Immunodeficiency Virus (HIV) edits:

A. **HIV Contraindicated or Duplicative Medications edit:**

Claims for these medications will be rejected due to inappropriate concurrent therapy (either due to duplicate therapy or regimen toxicities). Only one claim of the following medications (per group) will be allowed to adjudicate within a 30 day period.

Duplicate/contraindicated medication by category:

Group 1 = Atripla or Emtriva or Truvada

Group 2 = Epzicom or Ziagen or Trizivir

Group 3 = Combivir or Epivir or Trizivir

Group 4 = Truvada or Viread

Group 5 = Reyataz or Crixivan

Group 6 = Videx or Zerit

Group 7 = Emtrivia or Epivir

Group 8 = Zerit or Retrovir

B. **HIV NNRTI Duplicative Medications edit:**

Only one claim of a Non-Nucleoside Reverse Transcriptase Inhibitor (NNRTI) will be allowed to adjudicate within a 30 day period. Members should be receiving only 1 NNRTI as mono-therapy.

Non-Nucleoside Reverse Transcriptase Inhibitor:

Delavirdine (Rescriptor)

Efavirenz (Sustiva)

Etravirine (INTELENCE)

Nevirapine (Viramune)

Atripla (Efavirenz, Emtricitabine, Tenofovir)

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15. **Teratogenic Edit:** To prevent a female member from receiving a potentially harmful (in terms of teratogenicity) medication.

Definition: Teratogenicity is defined as the capability of producing fetal malformations. The most common teratogenic effects attributed to drugs are spontaneous abortion, congenital malformations, intrauterine growth retardation, mental retardation, carcinogenesis and mutagenesis. The Food and Drug Administration (FDA) instituted a rating system for drugs marketed after 1980 based upon their safety for use in pregnancy. The table below defines the FDA rating system.

FDA Classification of Teratogenic Drug Risk	
Category	Description of Risk
A	No fetal risk shown in controlled human studies.
B	No human data available and animal studies show no fetal risk or Animal studies show a risk but human studies do not show fetal risk.
C	No controlled studies on fetal risk available for humans or animals or Fetal risk shown in controlled animal studies but no human data available (Benefit of drug use must clearly justify potential fetal risk in this category).
D	Studies show fetal risk in humans (Use of drug may be acceptable even with risks, such as in life-threatening illness or where safer drugs are ineffective).
X	Risk to fetus clearly outweighs any benefits from these drugs.

Flag the Following with POS Messaging:

- All FEMALE members ages 11 to 50
- Claim rejects for medication in teratogenic category D or X (see list attached)
- Exclude members on contraception and/or hormone replacement therapy (see list attached)
 - Claim for these medications must be within the last 30 days (90 days)
- Provide an override code for pharmacists to use – following verification that the women is not in fact pregnant

Teratogenic Drug List (Category D & X): Abortifacients, ACE Inhibitors, ARBs, Aminoglycosides[¥], Androgens[¥], Antiandrogens (BPH)[¥], Antiarrhythmics[¥], Anticonvulsants[¥], Antidepressants (TCA, SSRI)[¥], Antifungals[¥], Antigout Agents[¥], Antiinfectives[¥], Antineoplastics, Antithyroid Agents, Antivirals (HIV)[¥], Aspirin, Benzodiazepines[¥], Castor Oil, Corticosteroids[¥], Diuretics[¥], DMARDs[¥], Ergot Alkaloids[¥], Immunosuppressants[¥], Nicotine Replacements, Nutraceuticals[¥], Progestins, Prostaglandins, Retinoids[¥], SERMS[¥], Statins, Sympathomimetics[¥], Tetracyclines, Vasodilators[¥], Vinca Alkaloids, Warfarin.

NOTE: Drugs classes listed above with [¥] indicates only certain drugs from this class will be included in the edit.

Contraception Drug List: Oral Contraception, Ortho-Evra, Implanon, IUD, Nuvaring, etc.

Hormone Replacement Drug List: Premarin, Estrace, Prempro, Ogen, Femring, etc.

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16. **Psych Medication Dose Consolidation Edits:** In order to ensure appropriate prescribing and promote unnecessary cost avoidance (prescribers circumventing FDA approved dosing guidelines by prescribing multiple strengths of the same medication), **only one (1) claim per 30 days** for the following medications will be allowed:

PDL Atypical Antipsychotics: Abilify, Zyprexa

PDL SSRI: Celexa (citalopram), Luvox (fluvoxamine), Paxil (paroxetine), Prozac (fluoxetine), Zoloft (sertraline).

Non-PDL SSRI: Lexapro*

Non-PDL SNRI: Pristiq*.

17. **Duplicate Therapy Edit – ACEI and ARB:** Member's medication regimen is restricted to one (1) ACEI or ARB medication at a time.

PDL ACEI: Accupril (quinapril), Altace (ramipril), Capoten (captopril), Lotensin (benazepril), Mavik (trandolapril), Prinivil (lisinopril), Vasotec (enalapril), Zestril (lisinopril)

Non PDL ACEI: Aceon* (perindopril), Univasc* (moexipril)

PDL ACEI Combos: Capozide (captopril/HCTZ) Lotrel (amlodipine/benazepril), Lotensin HCT(benazepril/HCTZ), Monopril HCT (fosinopril/HCTZ), Prinzide (lisinopril/HCTZ), Vaseretic (enalapril/HCTZ), Zestoretic (lisinopril/HCTZ)

Non PDL ACEI Combos: Accuretic* (quinapril/HCTZ), Tarka* (trandolapril/verapamil), Uniretic* (moexipril/HCTZ)

PDL ARBs: Cozaar (losartan), Diovan

Non-PDL ARBs: Atacand*, Avapro*, Benicar*, Miacardis*, Teveten*

PDL ARB combos: Hyzaar (losartan/HCTZ), Diovan HCT

Non-PDL ARB combos: Atacand HCT*, Avalide*, Azor*, Benicar HCT*, Exforge*, Exforge HCT*, Micardia HCT*, Teveten HCT*, Twynsta*, Valtorna*

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