MCO PA Listing of Single Source Drugs CY 2003

MCO: **Managed Health Services of Indiana** **DATE:** **September 17, 2004**

Clinical Edits:

PA-Prior Authorization

QLL-Quantity Level Limits

ST-Step Therapy

AGE-Age Limit

A. Single Source Drugs Requiring Prior Authorization

Drug	**Rationale for PA Requirement**
Aciphex	Adequate trial of H-2s required first
Adderall XL	Generic methylphenidate or Adderall required first
Arava	Ensure LFTs are being performed and use limited to RA
Aricept	Ensure use for proper diagnosis
Avonex	Ensure use for proper diagnosis
Betaseron	Ensure use for proper diagnosis
Celebrex	Ensure use for proper diagnosis
Cognex	Ensure use for proper diagnosis
DDAVP	Ensure use for proper diagnosis
Depakote ER	Ensure use for proper diagnosis
Desoxyn	Ensure use for proper diagnosis
Dexedrine CR	Ensure use for proper diagnosis and use of generic Amphetamine first
Diflucan (except 150mg tablet)	Ensure use for proper diagnosis
Effexor XR	Adequate trial of PDL approved antidepressants
Enbrel	Ensure use for proper diagnosis
Famvir	Ensure use for proper diagnosis
Felbatol	Ensure use for proper diagnosis
Fosamax	Ensure use for proper diagnosis
Gabitril	Ensure use for proper diagnosis
Geodon (non-psychiatrist)	Ensure use for proper diagnosis, psychiatrist may prescribe w/o PA
Glucovance	Adequate trial w/individual medications
Humatin	Ensure use for proper diagnosis
Imitrex Injection	Adequate trial w/oral medications
Kineret	Ensure use for proper diagnosis
Lamictal	Ensure use for proper diagnosis
Lovenox	Ensure use for proper diagnosis
Neupogen	Ensure use for proper diagnosis

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PEG Intron						Ensure use for proper diagnosis								
Plavix						Ensure use for proper diagnosis								
Prevacid						Adequate trial of H-2s required first								
Procrit, Epogen						Ensure use for proper diagnosis								
Protonix						Adequate trial of H-2s required first								
Pulmicort Inhaler						Adequate trial of PDL approved inhaled steroid								
Rebetron						Ensure use for proper diagnosis								
Remicaid						Ensure use for proper diagnosis								
Risperdal (non-psychiatrist)						Ensure use for proper diagnosis, psychiatrist may prescribe w/o PA								
Sandostatin						Ensure use for proper diagnosis								
Seroquel (non-psychiatrist)						Ensure use for proper diagnosis, psychiatrist may prescribe w/o PA								
Synagis						Ensure use for proper diagnosis								
Topamax						Ensure use for proper diagnosis								
Vioxx						Ensure use for proper diagnosis								
Zomig						Adequate trial of Imitrex first								
Zyprexa (non-psychiatrist)						Ensure use for proper diagnosis, psychiatrist may prescribe w/o PA								
B. Single Source Drugs Subject to Any Restriction														
(Total and Broken Down by Restriction Type: e.g., PA, quantity limits, step, etc.):														
Single source medications requiring prior authorization:						43								
Single source medications having QLLs:						8								
Single source medications requiring ST:						4								
Single source medications having AGE edits:						1								
Note:	Zyprexa, Seroquel, Risperdal, and Geodon are listed as requiring PA, psychiatrists may prescribe these four medications													
	without a PA, the PA is required from non-psychiatrists.													
C: Rationale for Drug Restrictions (From PDL Comparison) **Note: PDL comparision document is to date 2004 vs 2003 PA Comp document**														
Drug				**Restriction**			**Rationale**							

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Accolate				ST			Following NIH guidelines, steroid or beta-agonist required first							
Aciphex				PA			Adequate trial of H-2s required first							
Adderall XR				PA			Generic methylphenidate or Adderall required first							
Ambien				QLL			Limit of 30 tablets/30 days							
Arava				PA			Ensure LFTs are being performed and use limited to RA							
Avandia				QLL			Ensure recommended dose of once per day followed							
Biaxin tablets				QLL			Prevent repeated dispensings without proper MD follow-up							
Biaxin XL Pak				QLL			Prevent repeated dispensings without proper MD follow-up							
Brompheniramine-Pseudoephedrine				AGE			Ensure proper utilization for the age group							
Celebrex				PA			Ensure use for proper diagnosis							
Chlorpheniramine-Phenylephrine				AGE			Ensure proper utilization for the age group							
Cipro Oral Medications				PA			Prevent repeated dispensings without proper MD follow-up							
Clomipramine				PA			Ensure use for proper diagnosis							
Concerta CR				ST			Adequate trial of Methylphenidate first							
Depakote ER				PA			Ensure use for proper diagnosis							
Desoxyn				PA			Ensure use for proper diagnosis							
Dexedrine CR				PA			Ensure use for proper diagnosis and use of generic Amphetamine first							
Diflucan (except 150mg tablet)				PA			Ensure use for proper diagnosis							
Diflucan 150mg tablet				QLL			FDA approved dose for vaginal candidiasis							
Effexor, Effexor XR				PA			Adequate trial of PDL approved antidepressants							
Enbrel				PA			Ensure use for proper diagnosis							
Famvir				PA			Ensure use for proper diagnosis							
Felbatol				PA			Ensure use for proper diagnosis							
Fosamax				PA			Ensure use for proper diagnosis							
Gabitril				PA			Ensure use for proper diagnosis							
Geodon (non-psychiatrist)				PA			Ensure use for proper diagnosis, psychiatrist may prescribe w/o PA							

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Glucovance				PA			Adequate trial w/individual medications							
Hydrocodone/APAP (except 5/500)				PA			Ensure proper utilization and diagnosis							
Imitrex Injection				PA			Adequate trial w/oral medications							
Kemadrin				PA			Adequate trial of PDL approved antidepressants							
Kineret				PA			Ensure use for proper diagnosis							
Lamictal				PA			Ensure use for proper diagnosis							
Lithium Citrate				PA			Adequate trial of Lithium Carbonate unless unable to tolerate							
Lovenox				PA			Ensure use for proper diagnosis							
Metadate CD				QLL			Adequate trial of Methylphenidate first							
Neupogen				PA			Ensure use for proper diagnosis							
Nizoral tablets				PA			Ensure use for proper diagnosis (not for cosmetic use)							
Omeprazole				PA			Adequate trial of H-2s required first							
PEG Intron				PA			Ensure use for proper diagnosis							
Prevacid				PA			Adequate trial of H-2s required first							
Procrit, Epogen				PA			Ensure use for proper diagnosis							
Protonix				PA			Adequate trial of H-2s required first							
Pseudoephedrine-Carbinoxamine-DM				AGE			Ensure proper utilization for the age group							
Pulmicort Respules				AGE			Adequate trial of PDL approved inhaled steroid, once age > 10							
Pulmicort Turbuhaler				PA			Adequate trial of PDL approved inhaled steroid							
Rebetron				PA			Ensure use for proper diagnosis							
Remeron				PA			Adequate trial of PDL approved antidepressants							
Remicaid				PA			Ensure use for proper diagnosis							
Risperdal (non-psychiatrist)				PA			Ensure use for proper diagnosis, psychiatrist may prescribe w/o PA							
Seroquel (non-psychiatrist)				PA			Ensure use for proper diagnosis, psychiatrist may prescribe w/o PA							
Serzone				PA			Adequate trial of PDL approved antidepressants							
Singulair				ST			Following NIH guidelines, steroid or beta-agonist required first							

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Sporanox				PA			Ensure use for proper diagnosis (not for cosmetic use)							
Surmontil				PA			Adequate trial of PDL approved antidepressants							
Synagis				PA			Ensure use for proper diagnosis							
Topamax				PA			Ensure use for proper diagnosis							
Triflupromazine				PA			Adequate trial of PDL approved antipsychotic							
Vioxx				PA			Ensure use for proper diagnosis							
Xopenex				ST			Adequate trial of inhaled steroid or Albuterol							
Zithromax tablets				QLL			Prevent repeated dispensings without proper MD follow-up							
Zomig				PA			Adequate trial of Imitrex first							
Z-Pak, Tri-Pak				QLL			Prevent repeated dispensings without proper MD follow-up							
Zyprexa (non-psychiatrist)				PA			Ensure use for proper diagnosis, psychiatrist may prescribe w/o PA							
D: Number of Prior Authorizations by Drug														
The medications listed are those that had 4 or more requests														
Drug			**Number of Requests**				**Number Approved**			**Number Denied**				
ADDERALL XR				911				731			180			
CONCERTA				727				552			175			
SINGULAIR				637				570			67			
EFFEXOR XR				535				441			94			
PROTONIX				343				161			182			
PREVACID				333				198			135			
TOPAMAX				325				239			86			
DDAVP				319				254			65			
REMERON				275				215			60			
DEPAKOTE ER				249				159			90			
RISPERDAL				248				232			16			
PRILOSEC				241				136			105			
XOPENEX				237				222			15			
DIFLUCAN				225				207			18			

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ZYRTEC				224				152			72			
ZITHROMAX				218				207			11			
ADVAIR DISKUS				202				161			41			
ALLEGRA				193				129			64			
CIPRO				179				162			17			
ADDERALL				159				143			16			
LAMICTAL				140				122			18			
BUSPAR				136				101			35			
NIZORAL				133				89			44			
CELEBREX				131				58			73			
GEODON				126				110			16			
CELEXA				115				81			34			
REMERON SOLTAB				110				87			23			
AMBIEN				102				62			40			
NEXIUM				102				46			56			
VIOXX				99				34			65			
SEROQUEL				82				75			7			
OMNICEF				79				76			3			
ZOVIRAX				78				45			33			
FLOVENT				71				65			6			
EFFEXOR				70				54			16			
PLAVIX				66				61			5			
LEVAQUIN				61				54			7			
NEURONTIN				58				37			21			
BIAXIN				56				50			6			
ZYPREXA				54				47			7			
LAMISIL				51				37			14			
DEXEDRINE				44				39			5			
CEFTIN				42				36			6			
GABITRIL				39				25			14			
METHADONE HCL				39				14			25			

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ZOMIG				38				22			16			
ACIPHEX				37				18			19			
WELLBUTRIN SR				37				36			1			
CLARITIN				36				16			20			
IMITREX				36				26			10			
ZOLOFT				35				34			1			
SERZONE				33				29			4			
NASONEX				31				15			16			
VALTREX				31				11			20			
RITALIN				28				24			4			
TRILEPTAL				27				21			6			
HUMALOG				24				24			0			
PULMICORT				24				20			4			
METADATE CD				23				20			3			
PREMARIN				22				22			0			
SPORANOX				22				18			4			
GLUCOVANCE				21				14			7			
DALLERGY				19				9			10			
FOSAMAX				19				15			4			
LINDANE				19				16			3			
LORTAB 7.5				19				5			14			
LOTRISONE				18				4			14			
LORTAB				17				11			6			
METADATE ER				17				13			4			
OMEPRAZOLE				17				9			8			
SUPRAX				17				16			1			
SYNAGIS				17				14			3			
LAC-HYDRIN				16				9			7			
OXYCODONE HCL				16				11			5			
YASMIN 28				16				4			12			
VISTARIL				15				6			9			

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CIPRO HC				14				14			0			
NUVARING				14				6			8			
MIRALAX				13				5			8			
PAXIL				13				11			2			
FLONASE				12				6			6			
PRAVACHOL				12				10			2			
ALBUTEROL				11				10			1			
BENZAMYCIN				11				1			10			
DETROL				11				7			4			
GLUCOPHAGE XR				11				8			3			
AVANDIA				10				7			3			
LODINE				10				4			6			
LORTAB 10				10				6			4			
MAXALT-MLT				10				5			5			
ORAP				9				9			0			
ACCOLATE				8				8			0			
AUGMENTIN				8				5			3			
DEXEDRINE SPANSULE				8				7			1			
HALCION				8				3			5			
SEREVENT DISKUS				8				8			0			
WELLBUTRIN				8				8			0			
BIAXIN XL				7				5			2			
CATAPRES-TTS-2				7				6			1			
CLEOCIN				7				4			3			
CLEOCIN T				7				3			4			
ENBREL				7				7			0			
PANCREASE				7				6			1			
PROZAC				7				6			1			
RESTORIL				7				5			2			
SOMA				7				6			1			

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ACTOS				6				5			1			
B-D ULTRAFINE III SHORT P				6				6			0			
DEPO-PROVERA				6				6			0			
ENTEX LA				6				1			5			
KEPPRA				6				6			0			
LOVENOX				6				6			0			
NEUPOGEN				6				3			3			
NOVOFINE 30				6				5			1			
PERCOCET				6				3			3			
ROBINUL				6				6			0			
TIGAN				6				2			4			
ACCUPRIL				5				3			2			
AMARYL				5				3			2			
AMOXICILLIN				5				4			1			
ARAVA				5				4			1			
CATAPRES-TTS-1				5				5			0			
CERUMENEX				5				4			1			
COPAXONE				5				3			2			
DIPROLENE				5				2			3			
ERYTHROMYCIN				5				3			2			
GLUCOPHAGE				5				3			2			
KETOCONAZOLE				5				3			2			
LORCET 10/650				5				-			5			
OXYIR				5				5			0			
PROZAC WEEKLY				5				3			2			
PULMICORT TURBUHALER				5				4			1			
RITALIN SR				5				5			0			
RYNATAN				5				3			2			
SODIUM CHLORIDE				5				5			0			
XANAX				5				4			1			
ZARONTIN				5				5			0			

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ACYCLOVIR				4				3			1			
AVONEX				4				3			1			
BRETHINE				4				4			0			
BUSPIRONE HCL				4				2			2			
DEPAKOTE				4				4			0			
DESMOPRESSIN ACETATE				4				1			3			
DONATUSSIN				4				3			1			
ELIMITE				4				3			1			
EPOGEN				4				3			1			
FAMVIR				4				2			2			
KWELL				4				1			3			
KWELL SHA 1%				4				4			0			
MAXAIR AUTOHALER				4				4			0			
METHYLIN ER				4				4			0			
MIRTAZAPINE				4				3			1			
NIFEDIPINE				4				4			0			
NIFEREX				4				3			1			
NIFEREX-150 FORTE				4				3			1			
NIX				4				1			3			
NUTROPIN AQ				4				4			0			
ORTHO-NOVUM				4				4			0			
OVCON-50				4				3			1			
PHENERGAN				4				3			1			
POLYTRIM				4				4			0			
RHINOCORT				4				3			1			
RIMANTADINE HCL				4				1			3			
TERAZOL 3				4				2			2			
TRIPHASIL				4				3			1			
VASOTEC				4				4			0			
VICODIN				4				1			3			

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E. Total Number of PA Requests														
1. Total Received:				Year 2003		12,395								
2. Total Approved:				Year 2003		8,378								
3. Total Disapproved:				Year 2003		4,017								
F. Review Summary of:														
Pharmacy-Related Grievance Data for 2003														
Total for 2003:				20										
Related to PA process:				17										
Related to pharmacy staff:				3										
Member and Provider Satisfaction Survey: See separate sheets with CAHPS Member Satisfaction Survey and Hoosier Healthwise Provider Satisfaction Survey prepared by: Market Measurement Inc.														