

Peach State Health Plan

Appropriate Use and Safety Edits

The health and safety of our members is a priority for Peach State 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 Peach State 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)

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): [see page 6 for programming details](#)

- > ACE Inhibitor/Angiotensin Receptor Blockers
- > Alpha Agonists (Pediatrics only)
- > Antidepressants (All classes)*
- > Atypical Antipsychotics
- > Benzodiazepines

For specific quantity limits and age limits please see the Peach State Health Plan Preferred Drug List.

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- > Diabetic Medications (Sulfonylurea/Meglitinides)
- > Long-Acting ADHD Medications (Stimulants & Non-Stimulants)
- > Muscle Relaxants
- > Sedative-Hypnotics
- > Selective Serotonin Receptor Inhibitors & Serotonin Norepinephrine Receptor Inhibitors
- > Short-Acting ADHD Medications (Stimulants only)*
- > Tricyclic Antidepressants

For duplicate therapy edits, members are restricted to one medication per drug class per month, except those classes with () where edits allow two medications per drug class per month.*

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 (but are not limited to): [See page 8 for programming details.](#)

- > 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): [See page 9 for programming details.](#)

- > Antidepressant Agents
- > Angiotensin Receptor Blockers
- > HMG Co-A Reductase Inhibitors
- > Ophthalmic Antihistamines
- > Sedative-Hypnotics

Fraud and Abuse Edits: Restrictions on narcotic claims implemented to prevent members from receiving excessive drug regimens that can be considered abusive or fraudulent in nature.

- > Narcotic Claim/Quantity Limits/Restrictions (Does not apply to Cancer, Sickle Cell, or Palliative Care)
 - Max 2 opioid medicines per 30 days
 - Max 50MME for total (SAO) dose for treatment-naïve
 - Max 90MME for total (SAO and LAO) dose for treatment-experienced
 - Max 7 days' supply for short-acting opioids for treatment-naïve
 - Requirement of short-acting/immediate release opioid use before long-acting opioid therapy
 - Regimens restricted to a total of 180 units of narcotics per month
- > Detox Agents & Narcotics (prevents members from receiving detox agents when narcotic use is ongoing)

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.) [See page 4 for programming details.](#)

For specific quantity limits and age limits please see the Peach State Health Plan Preferred Drug List.

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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. Current drug classes with safety edits include (but are not limited to):

- > Human Immunodeficiency Virus Medications [See page 5 for programming details.](#)
- > Low Dose Seroquel [See page 5 for programming details.](#)
- > Suboxone/Subutex & Narcotics [See page 5 for programming details.](#)

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

Teratogenic Edit Programming Details		
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

Teratogenic Edit Medications	
Pregnancy Category X	5-Alpha Reductase Inhibitors, Anabolic Steroids, Androgens, Anorexiants, 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

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)
0.	Videx (didanosine), Viread (tenofovir)
1.	Zerit (stavudine), Trizivir (abacavir, lamivudine, zidovudine)
2.	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)
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 (Efavi renz, Emtricitabine, Tenofovi r), Edurant (Rilpivirine)

The medication groups are based off the 2012 HIV Guidelines and drug manufacturer recommendations.

Duplicate Therapy Edit Medications		
Therapeutic Category	PDL and Non-PDL Drug Listing	Limitations
Atypical Anti psychotics	PDL: Abilify, Abilify Disc, Clozaril (clozapine), Geodon, Nuplazid (PA), Risperdal, Risperdal M-tab, Seroquel, Zyprexa	Restricted to monotherapy (one drug regimen)
	Non-PDL: Abilify Maintena, Abilify MyCite, Aristada, Caplyta, Fanapt, Fazaclo, Invega, Invega Sustenna, Invega Trinza, Latuda, Perseris, Risperdal Consta, Rexulti, Saphris, Secuado, Seroquel XR, Symbyax, Versacloz, Vraylar, Zyprexa Relprevv, Zyprexa Zydis,	
Long-Acting ADHD Medications	PDL: Adderall XR (amphetamine-dextroamphetamine), Concerta, Dexedrine Spansule, Metadate CD, Ritalin LA, Ritalin SR, Vyvanse,	Restricted to monotherapy (one drug regimen)
	Non-PDL: Adzenys ER, Adzenys XR-ODT, Adhansia XR, Aptensio XR, Cotempla XR-ODT, Daytrana, Dynavel XR, Focalin XR (dexamethylphenidate), Jornay PM, Metadate ER, Mydayis, QuilliChew ER, Quillivant XR, Relexxii,	
Short-Acting ADHD Medications	PDL: Adderall (amphetamine-dextroamphetamine), Desoxyn, Dextrostat, Focalin, Methylin Chew, Methylin Sol, Ritalin,	Restricted to polytherapy (two drug regimen)
	Non-PDL: Evekeo, Evekeo ODT, Procentra, Zenzedi, Focalin (dexamethyl phenidate), Procentra	
	(dextroamphetamine)	
Alpha Agonists (for ADHD)	PDL: Catapres (clonidine), Intuniv, Kapvay, Tenex (guanfacine)	Restricted to monotherapy
SSRIs & SNRIs	PDL: Celexa (citalopram), Cymbalta (duloxetine), Effexor, Effexor XR, Lexapro, Luvox, Paxil (PA), Paxil CR, Pristiq (ST), Prozac, Venlafaxine ER, Viibryd (PA), Zoloft	Restricted to monotherapy (one drug regimen)
	Non-PDL: Fetzima, Khedelza ER (desvenlafaxine), Luvox CR, Pexeva, Pristiq, Prozac Weekly	
Tricyclic Antidepressants	PDL: Amoxapine, Anafranil, Doxepin, Elavil, Maprotiline, Norpramin, Pamelor, Tofranil	Restricted to monotherapy (one drug regimen)
	Non-PDL: Surmontil (trimipramine), Tofranil PM, Vivactil	
	(protriptyline)	

For specific quantity limits and age limits please see the Peach State Health Plan Preferred Drug List.

Duplicate Therapy Edit Medications		
Therapeutic Category	PDL and Non-PDL Drug Listing	Limitations
Antidepressants	PDL: Anafranil (clomipramine), Brintellix, Celexa (citalopram), Cymbalta (duloxetine), Desyrel (trazodone), Effexor (venlafaxine), Effexor XR (venlafaxine ER), Elavil (amitriptyline), Lexapro (escitalopram), Ludiomil (maprotiline), Luvox (fluvoxamine), Nardil (phenelzine), Norpramin (desipramine), Pamelor (nortriptyline), Parnate (tranylcypromine), Paxil (paroxetine), Prozac (fluoxetine), Remeron (mirtazapine), Serzone (nefazodone), Sinequan (doxepin), Tofranil (imipramine), Viibryd (PA), Wellbutrin (bupropion), Wellbutrin SR (bupropion SR), Wellbutrin XL (bupropion XL), Zoloft (sertraline)	Restricted to polytherapy (two drug regimen)
	Non-PDL: Aplenzin, Fetzima, Forfivo XL, Khedelza ER (desvenlafaxine ER) Luvox CR, Marplan, Oleptro, Paxil CR (paroxetine ER), Pexeva, Pristiq, Surmontil (trimipramine), , Vivactil (protriptyline)	
Benzodiazepines	PDL: 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)
	Non-PDL: Prosom (estazolam)	
Sedative-Hypnotics	PDL: Ambien (zolpidem), Dalmane (flurazepam), Halcion (triazolam), Restoril (temazepam), Sonata (zaleplon).	Restricted to monotherapy (one drug regimen)
	Non-PDL: Ambien CR (zolpidem ER), Doral, Prosom (estazolam), Lunesta, Rozerem, Seconal.	
Opiate Analgesics	PDL: 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, tramadol	Restricted to two claims per 30 days
	Non-PDL: Long-acting or short-acting medication which contains any of the following active ingredients: buprenorphine, oxymorphone, pentazocine, tramadol (ODT, ER) (not mentioned on the PDL list)	
HIV Medications	See safety edit above (all HIV medications are PDL)	Restricted to one medication per group (per regimen)

Duplicate Therapy Edit Medications		
Therapeutic Category	PDL and Non-PDL Drug Listing	Limitations
ACEI/ARB Medication	PDL: Accupril (quinapril), Altace (ramipril), Avapro (irbesartan), 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)
	Non-PDL: Aceon (perindopril), Atacand, , Benicar, Edarbi, Micardis, Teveten, Univasc (moexipril), plus any of the following drugs in combination with HCTZ or other cardiovascular medications	
Diabetic Medications (sulfonyl ureas/ meglitinides)	PDL: Amaryl (glimepiride), Diabeta (glyburide), Glucotrol (glipizide), Glucotrol XL (glipizide SR), Glucovance (glyburide-metformin), Glynase (glyburide micronized), Metaglip (glipizide- metformin), Starlix (nateglinide).	Restricted to monotherapy (one drug regimen)
	Non-PDL: Avandaryl, Diabinese (chlorpropamide), Duetact, Dymelor (acetohexamide), Orinase (tolbutamide), Prandime, Prandin, , Tolinase (tolazamide).	
Muscle Relaxants	PDL: Flexeril (cyclobenzaprine), Lioresal (baclofen), Parafon Forte (chlorzoxazone), Robaxin (methocarbamol), Zanaflex tablets (tizanidine)	Restricted to monotherapy (one drug regimen)
	Non-PDL: Amrix (cyclobenzaprine), Dantrium (Dantrolene), Norflex (orphenadrine), Skelaxin (metaxalone), Soma (carisoprodol), Zanaflex capsule (tizanidine)	

Dose Consolidation Edit Medications		
Therapeutic Category	PDL and Non-PDL Drug Listing	Limitations
Atypical Antipsychotics	PDL: Abilify (PA) Abilify Disc (PA), Zyprexa,	Restricted to one strength per drug (per regimen)
	Non-PDL: Fanapt, Invega, Saphris, Zyprexa Zydis	

Dose Consolidation Edit Medications		
Therapeutic Category	PDL and Non-PDL Drug Listing	Limitations
Long-Acting ADHD Medications	PDL: Adderall XR (amphetamine-dextroamphetamine ER), Concerta (methylphenidate ER), Dexedrine SR (dextroamphetamine ER), Metadate CD (methylphenidate ER (CD)), Ritalin SR (methylphenidate SR)	Restricted to one strength per drug (per regimen)
	Non-PDL: Daytrana, Focalin XR (dexmethylphenidate ER), Ritalin LA (methylphenidate ER), Strattera, Vyvanse	
Short-Acting ADHD Medications	PDL: Adderall (amphetamine-dextroamphetamine), Dexedrine (dextroamphetamine), Methylin/Ritalin (methyl phenidate)	Restricted to one strength per drug (per regimen)
	Non-PDL: Focalin (dexmethyl phenidate)	
SSRIs & SNRIs	PDL: Celexa (citalopram), Lexapro (escitalopram), Luvox (fluvoxamine), Paxil (paroxetine Prozac (fluoxetine), Viibryd (PA), Zoloft (sertraline).	Restricted to one strength per drug (per regimen)
	Non-PDL: Luvox CR, Paxil CR (paroxetine ER), Pexeva, Pristiq,	

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
HMG CoA Reductase Inhibitors	Mevacor (lovastatin), Pravachol (pravastatin), Zocor (simvastatin)	Lipitor (atorvastatin)
Ophthalmic Antihistamines	Opticrom (Cromolyn), Zaditor (Ketotifen)	Alomide, Alocril, Optivar,
Antidepressant Agents	Venlafaxine SR AND PDL SSRI, mirtazapine, or bupropion XR/XL)	Brintellix

Peach State Health Plan covered products are listed in the PDL. For the most current PDL please contact Peach State Health Plan at 1-800-704-1484 (TTY/TDD 1-800-659-7487) or visit the website at www.pshp.com.

For specific quantity limits and age limits please see the Peach State Health Plan Preferred Drug List.