Buckeye Health Plan
Appropriate Use and Safety Edits

The health and safety of our members is a priority for Buckeye Community 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 Buckeye 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)

**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)
- Benzodiazepines
- Diabetic Medications (Sulfonylurea/Meglitinides)
- Human Immunodeficiency Virus Medications
- Long-Acting ADHD Medications (Stimulants & Non-Stimulants)
- Opiate Analgesics (Narcotics)
- Sedative-Hypnotics
- Selective Serotonin Receptor Inhibitors & Serotonin Norepinephrine Receptor Inhibitors
- Short-Acting ADHD Medications (Stimulants only)
- Tricyclic Antidepressants

For specific drug quantity limits and age limits please see the Buckeye Health Plan Preferred Drug List (PDL).
Appropriate Use and Safety Edits

**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:

- 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
- HMG Co-A Reductase Inhibitors
- Leukotriene Modifiers
- Nasal Steroids
- Non-Sedating Antihistamines
- Ophthalmic Antihistamines
- Sedative-Hypnotics

**Teratogenetic 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 teratogenetic requirements.)

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

- Human Immunodeficiency Virus Medications

All Buckeye Health Plan covered products are listed in the PDL. For the most current PDL please contact Buckeye Health Plan at **1-866-246-4358 (TTY/TTD 1-800-750-0750)** or visit the website at **BuckeyeHealthPlan.com.**
The following tables detail the specific drugs or processes that are affected by the appropriate use and safety edits.

<table>
<thead>
<tr>
<th>Therapeutic Category</th>
<th>PDL and Non-PDL Drug Listing</th>
<th>Limitations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Long-Acting ADHD Medications</td>
<td><strong>PDL:</strong> Adderall XR (amphetamine-dextroamphetamine ER), Concerta (methylphenidate ER), Dexedrine SR (dextroamphetamine ER), Metadate CD, Ritalin SR</td>
<td>Restricted to monotherapy (one drug regimen)</td>
</tr>
<tr>
<td></td>
<td><strong>Non-PDL:</strong> Daytrana, Focalin XR, Ritalin LA, Strattera, Vyvanse</td>
<td></td>
</tr>
<tr>
<td>Short-Acting ADHD Medications</td>
<td><strong>PDL:</strong> Adderall (amphetamine-dextroamphetamine), Dexedrine (dextroamphetamine), Methylrin/Ritalin (methylphenidate), Focalin (dexamethylphenidate)</td>
<td>Restricted to polytherapy (two drug regimen)</td>
</tr>
<tr>
<td>Alpha Agonists (for ADHD)</td>
<td><strong>PDL:</strong> Catapres (clonidine), Tenex (guanfacine)</td>
<td>Restricted to monotherapy (one drug regimen) Applies only to age &lt; 18</td>
</tr>
<tr>
<td></td>
<td><strong>Non-PDL:</strong> Intuniv, Kapvay</td>
<td></td>
</tr>
<tr>
<td>SSRIs &amp; SNRIs</td>
<td><strong>PDL:</strong> Celexa (citalopram), Effexor (venlafaxine), Effexor XR (venlafaxine ER), Luvox (fluvoxamine), Paxil (paroxetine), Paxil CR (paroxetine ER), Prozac (fluoxetine), Zoloft (sertraline).</td>
<td>Restricted to monotherapy (one drug regimen)</td>
</tr>
<tr>
<td></td>
<td><strong>Non-PDL:</strong> Cymbalta, Lexapro, Luvox CR, Pexeva, Pristiq, Viibryd</td>
<td></td>
</tr>
<tr>
<td>Tricyclic Antidepressants</td>
<td><strong>PDL:</strong> Anafranil (clomipramine), Elavil (amitriptyline), Norpramin (desipramine), Pamelor (nortriptyline), Sinequan (doxepin), Tofranil (imipramine), Vivactil (protriptyline)</td>
<td>Restricted to monotherapy (one drug regimen)</td>
</tr>
<tr>
<td></td>
<td><strong>Non-PDL:</strong> Surmontil (trimipramine)</td>
<td></td>
</tr>
<tr>
<td>Benzodiazepines</td>
<td><strong>PDL:</strong> Ativan (lorazepam), Dalmane (flurazepam), Halcion (triazolam), Klonopin (clonazepam), Librium (chloralazineoxide), Restoril (temazepam), Serox (oxazepam), Tranxene (clorazepate), Valium (diazepam), Xanax (alprazolam), Prosom (estazolam).</td>
<td>Restricted to polytherapy (two drug regimen)</td>
</tr>
<tr>
<td>Sedative-Hypnotics</td>
<td><strong>PDL:</strong> Ambien (zolpidem), Chloral Hydrate, Dalmane (flurazepam), Halcion (triazolam), Restoril (temazepam), Sonata (zaleplon), Prosom (estazolam).</td>
<td>Restricted to monotherapy (one drug regimen)</td>
</tr>
<tr>
<td></td>
<td><strong>Non-PDL:</strong> Ambien CR (zolpidem ER), Doral, Lunesta, Rozerem, Seconal.</td>
<td></td>
</tr>
<tr>
<td>HIV Medications</td>
<td>See safety edit below (all HIV medications are PDL)</td>
<td>Restricted to one medication per group (per regimen)</td>
</tr>
<tr>
<td>ACEI/ARB Medication</td>
<td><strong>PDL:</strong> Accupril (quinapril), Altace (ramipril), Capoten (captopril), Cozaar (losartan), Lotensin (benazepril), Mavik (trandolapril), Monopril (fosinopril), Vasotec (enalapril), Zestril (lisinopril), plus any of the following drugs in combination with HCTZ</td>
<td>Restricted to monotherapy (one drug regimen)</td>
</tr>
<tr>
<td></td>
<td><strong>Non-PDL:</strong> Aceon (perindopril), Atacand, Avapro, Benicar, Diovan, Edarbi, Micardis, Teveten, Univas (moexipril), plus any of the following drugs in combination with HCTZ or other cardiovascular medications</td>
<td></td>
</tr>
</tbody>
</table>
### Duplicate Therapy Edit Medications

<table>
<thead>
<tr>
<th>Therapeutic Category</th>
<th>PDL and Non-PDL Drug Listing</th>
<th>Limitations</th>
</tr>
</thead>
</table>
| Diabetic Medications (sulfonylureas/meglitinides) | **PDL:** Amaryl (glimepiride), Diabeta (glyburide), Diabinese (chlorpropamide), Glucotrol (glipizide), Glucotrol XL (glipizide SR), Glucovance (glyburide-metformin), Glynase (glyburide micronized), Metaglip (glipizide-metformin), Orinase (tolbutamide), Starlix (nateglinide), Tolinase (tolazamide).  
  **Non-PDL:** Avandaryl, Duetact, Dymelor (acetohexamide), Prandimet, Prandin. | Restricted to monotherapy (one drug regimen)                                                     |

### Dose Consolidation Edit Medications

<table>
<thead>
<tr>
<th>Therapeutic Category</th>
<th>PDL and Non-PDL Drug Listing</th>
<th>Limitations</th>
</tr>
</thead>
</table>
| Atypical Antipsychotics              | **PDL:** Ablify, Zyprexa  
  **Non-PDL:** Ablify Disc, Fanapt, Invega, Saphris, Zyprexa Zydis | Restricted to one strength per drug (per regimen)                                             |
| Long-Acting ADHD Medications         | **PDL:** Adderall XR (amphetamine-dextroamphetamine ER), Concerta (methylphenidate ER), Dexedrine SR (dextroamphetamine ER), Metadate CD, Ritalin SR  
  **Non-PDL:** Daytrana, Focalin XR, Ritalin LA, Strattera, Vyvanse | Restricted to one strength per drug (per regimen)                                             |
| Short-Acting ADHD Medications        | **PDL:** Adderall (amphetamine-dextroamphetamine), Dexedrine (dextroamphetamine), Methylin/Ritalin (methylphenidate), Focalin (dexamethasone).  
  **Non-PDL:** Lexapro, Luvox CR, Pexeva, Pristiq, Viibryd | Restricted to one strength per drug (per regimen)                                             |
| SSRIs & SNRIs                         | **PDL:** Celexa (citalopram), Luvox (fluvoxamine), Paxil (paroxetine), Paxil CR (paroxetine ER), Prozac (fluoxetine), Zoloft (sertraline).  
  **Non-PDL:** Opticrom (Cromolyn), Zaditor (Ketotifen)  
  Alomide, Alocril, Optivar | Restricted to one strength per drug (per regimen)                                             |

### Step Therapy Edit Medications

<table>
<thead>
<tr>
<th>Therapeutic Category</th>
<th>First Line Preferred Drug</th>
<th>Step Therapy Drug (second line preferred)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sedative Hypnotics</td>
<td>Ambien (zolpidem)</td>
<td>Sonata</td>
</tr>
<tr>
<td>Angiotensin Receptor Blockers</td>
<td>Cozaar (losartan)</td>
<td>Diován</td>
</tr>
<tr>
<td></td>
<td>Hyaar (losartan-hctz)</td>
<td>Diován-HCT</td>
</tr>
<tr>
<td>Non-Sedating Antihistamines</td>
<td>Claritin (loratadine), Zyrtec (cetirizine)</td>
<td>Allegra (fexofenadine)</td>
</tr>
<tr>
<td>HMG CoA Reductase Inhibitors</td>
<td>Mevacor (lovastatin), Pravachol (pravastatin), Zocor (simvastatin)</td>
<td>Lipitor (atorvastatin)</td>
</tr>
<tr>
<td>Ophthalmic Antihistamines</td>
<td>Opticrom (Cromolyn), Zaditor (Ketotifen)</td>
<td>Alomide, Alocril, Optivar</td>
</tr>
<tr>
<td>Nasal Steroids</td>
<td>Flonase (fluticasone)</td>
<td>Nasonex, Nasacort AQ</td>
</tr>
</tbody>
</table>
### Step Therapy Edit Medications

<table>
<thead>
<tr>
<th>Therapeutic Category</th>
<th>First Line Preferred Drug</th>
<th>Step Therapy Drug (second line preferred)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antibiotics (Cephalosporin)</td>
<td>Amoxil (amoxicillin), Augmentin (amoxicillin-clavulanate), Biaxin (clarithromycin), Cefclor (cefaclor), Cefzil (cefpodoxim), Levaquin (levofloxacin), Zithromax (azithromycin)</td>
<td>Omnicef (cefdinir)</td>
</tr>
<tr>
<td>Leukotriene Modifiers (asthma)</td>
<td>Advair, Flovent, Proair (albuterol), Pulmicort (budesonide), QVAR</td>
<td>Singulair</td>
</tr>
<tr>
<td>Leukotriene Modifiers (allergy)</td>
<td>Claritin (loratadine), Flonase (fluticasone), Zyrtec ( cetirizine)</td>
<td>Singulair</td>
</tr>
<tr>
<td>Aromatase Inhibitors</td>
<td>Arimidex (anastrozole)</td>
<td>Aromasin, Femara</td>
</tr>
<tr>
<td>Acne (oral)</td>
<td>Oral Antibiotics (minocycline, etc) AND topical tretinoin (Retin-A etc)</td>
<td>Accutane, Amnesteem, Claravis, Sotret</td>
</tr>
</tbody>
</table>

### Teratogenetic Edit Programming Details

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

### Teratogenetic Edit Medications

<table>
<thead>
<tr>
<th>Pregnancy Category</th>
<th>Therapeutic Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnancy Category X</td>
<td>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.</td>
</tr>
</tbody>
</table>
### Teratogenic Edit Medications

<table>
<thead>
<tr>
<th>Pregnancy Category</th>
<th>Therapeutic Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnancy Category D (risk outweighs benefit)</td>
<td>ACE Inhibitors, Alkylating Agents, Aminoglycosides, Antiandrogens, Antiestrogens, Antineoplas-tics, Beta Blockers, Gout Agents, Mitotic Inhibitors, Potassium Sparing Diuretics, Sickle Cell Anemia Agents, Selective Serotonin Reuptake Inhibitors, Smoking Deterrents, Tetracyclines, Thiazide &amp; Thiazide Like Diuretics, Trycyclic Antidepressants, Etc.</td>
</tr>
<tr>
<td>Pregnancy Category D (benefits may outweigh risk)</td>
<td>Anticonvulsants, Antithyroid Agents, Antiretrovirals, Antispasmodics, Barbiturate Hypnotics, Ben-zodiazepines, Glucocorticoids, Hydantoins, Imidazole Antifungals, Immunosuppressives, Lithiums, Non-Barbiturate Hypnotics, Etc.</td>
</tr>
</tbody>
</table>

**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 • HIV Medications

<table>
<thead>
<tr>
<th>Group</th>
<th>Medications</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Atripla (efavirenz, emtricitabine, tenofovir), Emtriva (emtricitabine), Truvada (emtricitabine, tenofovir)</td>
</tr>
<tr>
<td>2.</td>
<td>Epzicom (abacavir, lamivudine), Ziagen (abacavir), Trizivir (abacavir, lamivudine, zidovudine)</td>
</tr>
<tr>
<td>3.</td>
<td>Combivir (lamivudine, zidovudine), Epivir (lamivudine), Trizivir (abacavir, lamivudine, zidovudine)</td>
</tr>
<tr>
<td>4.</td>
<td>Truvada (emtricitabine, tenofovir), Viread (tenofovir)</td>
</tr>
<tr>
<td>5.</td>
<td>Complera (emtricitabine, rilpivirine, tenofovir)</td>
</tr>
<tr>
<td>6.</td>
<td>Reyataz (Atazanavir), Crixivan (Indinavir)</td>
</tr>
<tr>
<td>7.</td>
<td>Videx (didanosine), Zerit (stavudine)</td>
</tr>
<tr>
<td>8.</td>
<td>Emtriva (emtricitabine), Epivir (lamivudine)</td>
</tr>
<tr>
<td>9.</td>
<td>Zerit (stavudine), Retrovir (zidovudine)</td>
</tr>
<tr>
<td>10.</td>
<td>Videx (didanosine), Viread (tenofovir)</td>
</tr>
<tr>
<td>11.</td>
<td>Zerit (stavudine), Trizivir (abacavir, lamivudine, zidovudine)</td>
</tr>
<tr>
<td>12.</td>
<td>Zerit (stavudine), Combivir (lamivudine, zidovudine)</td>
</tr>
<tr>
<td>13.</td>
<td>Atripla (efavirenz, emtricitabine, tenofovir), Videx (didanosine)</td>
</tr>
<tr>
<td>14.</td>
<td>Videx (didanosine), Truvada (emtricitabine, tenofovir)</td>
</tr>
<tr>
<td>15.</td>
<td>Truvada (emtricitabine, tenofovir), Epivir (lamivudine)</td>
</tr>
<tr>
<td>16.</td>
<td>Truvada (emtricitabine, tenofovir), Epzicom (abacavir, lamivudine)</td>
</tr>
<tr>
<td>17.</td>
<td>Truvada (emtricitabine, tenofovir), Trizivir (abacavir, lamivudine, zidovudine)</td>
</tr>
<tr>
<td>18.</td>
<td>Truvada (emtricitabine, tenofovir), Combivir (lamivudine, zidovudine)</td>
</tr>
<tr>
<td>19.</td>
<td>Atripla (efavirenz, emtricitabine, tenofovir), Epivir (lamivudine)</td>
</tr>
<tr>
<td>20.</td>
<td>Atripla (efavirenz, emtricitabine, tenofovir), Epzicom (abacavir, lamivudine)</td>
</tr>
<tr>
<td>21.</td>
<td>Atripla (efavirenz, emtricitabine, tenofovir), Trizivir (abacavir, lamivudine, zidovudine)</td>
</tr>
<tr>
<td>22.</td>
<td>Atripla (efavirenz, emtricitabine, tenofovir), Combivir (lamivudine, zidovudine)</td>
</tr>
<tr>
<td>23.</td>
<td>Epzicom (abacavir, lamivudine), Emtriva (emtricitabine)</td>
</tr>
<tr>
<td>24.</td>
<td>Emtriva (emtricitabine), Trizivir (abacavir, lamivudine, zidovudine)</td>
</tr>
<tr>
<td>25.</td>
<td>Combivir (lamivudine, zidovudine), Emtriva (emtricitabine)</td>
</tr>
<tr>
<td>26.</td>
<td>Rescriptor (Delavirdine), Sustiva (Efavirenz), INTELENCE (Etravirine), Viramune (Nevirapine), Atripla (Efavirenz, Emtricitabine, Tenofovir), Edurant (Rilpivirine)</td>
</tr>
</tbody>
</table>

For specific drug quantity limits and age limits please see the Buckeye Health Plan Preferred Drug List (PDL).