

Meridian Appropriate Use and Safety Edits

The health and safety of our members is a priority for Meridian. One way 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 Meridian.

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 members 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
- ADHD Medications
- Vaccines
- Acne medications

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):

- ADHD Medications
- Multivitamins

For specific quantity limits and age limits please see the Meridian 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
- Inhalers
- Long-Acting ADHD Medications (Stimulants & Non-Stimulants)
- Muscle relaxants
- Opiate Analgesics (Narcotics)
- 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):

- Angiotensin Receptor Blockers
- ADHD medications
- HMG Co-A Reductase Inhibitors
- Serotonin Norepinephrine Receptor Inhibitors
Leukotriene Modifiers
- Sodium Glucose Cotransporter-2 Inhibitors

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.

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

DUPLICATE THERAPY EDIT MEDICATIONS		
Therapy Category	Preferred Drug List (PDL) and Non-PDL Drug Listing	Limitations
Atypical Antipsychotics	PDL: Abilify Maintena, aripiprazole, clozapine, ziprasidone, risperidone, quetiapine, olanzapine, Invega Sustenna	Restricted to monotherapy (one drug regimen)
	Non-preferred or Non-PDL: Abilify Disc, Fanapt, Fazaclo, Invega, Latuda, Risperdal Consta, Saphris, Zyprexa Zydis	
Long-Acting ADHD Medications	PDL: amphetamine-dextroamphetamine ER, Concerta, Focalin XR, methylphenidate ER, Vyvanse	Restricted to monotherapy (one drug regimen)
	Non-preferred or Non-PDL: Adderall XR, Daytrana, Dexedrine SR, dextroamphetamine ER, dexamethylphenidate ER, Ritalin SR, Ritalin LA, Strattera	
Short-Acting ADHD Medications	PDL: amphetamine-dextroamphetamine, dexamethylphenidate	Restricted to polytherapy (two drug regimen)
	Non-preferred or Non-PDL: Adderall, Dexedrine, dextroamphetamine, Focalin, Methylin/Ritalin	
Alpha Agonists (for ADHD)	PDL: clonidine, guanfacine	Restricted to monotherapy (one drug regimen) Applies only to age < 18
	Non-preferred or Non-PDL: Catapres, Intuniv, Kapvay	
SSRIs & SNRIs	PDL: citalopram, duloxetine, escitalopram, venlafaxine, venlafaxine ER, fluvoxamine, paroxetine, fluoxetine, sertraline.	Restricted to monotherapy (one drug regimen)
	Non-preferred or Non-PDL: Celexa, Cymbalta, Effexor, Effexor XR, Lexapro, Luvox CR, Paxil, Paxil CR, paroxetine ER, Pexeva, Pristiq, Prozac, Viibryd, Zoloft	
Tricyclic Antidepressants	PDL: clomipramine, amitriptyline, desipramine, nortriptyline, protriptyline, doxepin, imipramine	Restricted to monotherapy (one drug regimen)
	Non-preferred or Non-PDL: Anafranil, Elavil, Norpramin, Pamelor, Sinequan, Surmontil trimipramine, Tofranil	

Antidepressants	PDL: clomipramine, citalopram, trazodone, duloxetine, escitalopram, venlafaxine, venlafaxine ER, amitriptyline, maprotiline, fluvoxamine, phenelzine, desipramine, nortriptyline, Parnate, tranylcypromine, paroxetine, fluoxetine, mirtazapine, protriptyline, doxepin, imipramine, bupropion, bupropion SR, bupropion XL, sertraline	Restricted to polytherapy (two drug regimen)
	Non-preferred or Non-PDL: Anafranil, Aplenzin, Celexa, Cymbalta, Desyrel, Effexor, Effexor ER, Elavil, Lexapro, Ludiomil, Luvox, Luvox CR, Marplan, Nardil, Norpramin, Olepto, Pamelor, Parnate, Paxil, Paxil CR, paroxetine ER, Pexeva, Pristiq, Prozac, Remeron, Serzone, nefazodone, , Sinequan, Surmontil (trimipramine), Tofranil, Viibryd, Vivactil , Wellbutrin SR, Wellbutrin XL, Zoloft	

**DUPLICATE THERAPY EDIT
MEDICATIONS**

Therapy Category	Preferred Drug List (PDL) and Non-PDL Drug Listing	Limitations
Benzodiazepines	PDL: lorazepam, estazolam, triazolam, clonazepam, chlordiazepoxide, temazepam, oxazepam, clorazepate, diazepam, alprazolam	Restricted to polytherapy (two drug regimen)
	Non-PDL: Ativan, Dalmane, flurazepam, Halcion, Klonopin, Librium, Restoril, Prosom, Serax, Tranxene, Valium, Xanax	
Sedative-Hypnotics	PDL: zolpidem, estazolam, triazolam, temazepam	Restricted to monotherapy (one drug regimen)
	Non-PDL: Ambien, Ambien CR, zolpidem ER, Chloral Hydrate, Dalman, flurazepam, Doral, Halcion, Prosom, Lunesta, Restoril, Rozerem, Seconal, Sonata, zaleplon	
Opiate Analgesics	PDL: morphine sulfate 12hr ER, Short-acting medication which contains any of the following active ingredients: oxycodone, hydrocodone, hydromorphone, codeine, morphine, butalbital.	Restricted to two claims per 30 days
	Non-PDL: Dolophine, methadone, MS Contin, Long-acting or short-acting medication which contains any of the following active ingredients: fentanyl, buprenorphine, meperidine, 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	PDL: quinapril, ramipril, captopril, losartan, valsartan, benazepril, trandolapril, moexipril, fosinopril, enalapril, lisinopril, plus any of the following drugs in combination with HCTZ	Restricted to monotherapy (one drug regimen)
	Non-PDL: Accupril, Altace, Aceo, perindopri), Atacand, Avapro, Benicar, olmesartan, Capoten, Cozaar, Diovan, Edarbi, Lotensin, Mavik, Micardis, Monopril, Teveten, Univasc, moexipril, Vasotec, Zestril, plus any of the following drugs in combination with HCTZ or other cardiovascular medications	
Diabetic Medications (sulfonylureas/meglitinides)	PDL: glimepiride, glyburide, glipizide, glipizide ER, glyburide-metformin, glyburide micronized, (glipizide-metformin, nateglinide, tolbutamide	Restricted to monotherapy (one drug regimen)
	Non-PDL: Amaryl, Avandaryl, Diabeta, Diabinese, chlorpropamide, Duetact, Dymelor, acetohexamide, Glucotrol, Glucotrol XL, Glucovance, Glynase, Metaglip, Orinase, Prandimet, Prandin, Starlix, Tolinase, tolazamide	

**DUPLICATE THERAPY EDIT
MEDICATIONS**

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

**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
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

**SAFETY EDIT PROGRAMMING
DETAIL**

Edit	Rationale
HIV Medication Edit	Certain HIV regimens deemed toxic, potentially life threatening, or ineffective are prevented from adjudicating
Low Dose Seroquel	Low dose Seroquel regimens (<150mg/day) are allowed for titration purposed 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)

**TERATOGENETIC EDIT
MEDICATIONS**

Pregnancy Category	Therapeutic Category
Pregnancy Category X	5-Alpha Reductase Inhibitors, Anabolic Steroids, Androgens, Anorexiant, 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.
<p>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.</p>	

Meridian Medicaid Plan covered products are listed in the PDL on the Pharmacy Resources web page, lmeridian.com/providers/pharmacy.html. For questions, please call 855-580-1688.