

# IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS    BT201751    AUGUST 1, 2017

## Pharmacy update approved by Drug Utilization Review Board July 2017

The Indiana Health Coverage Programs (IHCP) announces updates to prior authorization (PA) criteria and step therapy requirements as approved by the Drug Utilization Review (DUR) Board at its July 21, 2017, meeting. These changes apply to the fee-for-service (FFS) pharmacy benefit.

### PA changes

PA criteria for Exondys 51 and Spinraza were established and approved by the DUR Board. These PA changes will be effective for PA requests submitted on or after September 1, 2017. The PA criteria are posted on the *Pharmacy Prior Authorization Criteria and Forms* page of the OptumRx website accessible via the [Pharmacy Services](#) quick link at indianamedicaid.com.



### Step therapy changes

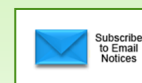
Step therapy requirements for Xatmep were established and approved by the DUR Board. Xatmep will require the member to be under 18 years of age or unable to swallow tablets. These changes will be effective for claims with dates of service (DOS) on or after September 1, 2017.

Notices of the DUR Board meetings and agendas are posted on the [FSSA website](#) at in.gov/fssa. Click “FSSA Calendar” on the left side of the page to access the events calendar.

Please direct FFS PA requests and questions about the FFS Preferred Drug List (PDL) or this bulletin to the OptumRx Clinical and Technical Help Desk by calling toll-free 1-855-577-6317. Questions regarding pharmacy benefits for members in the Healthy Indiana Plan (HIP), Hoosier Healthwise, and Hoosier Care Connect should be referred to the managed care entity (MCE) with which the member is enrolled. Links to FFS and MCE pharmacy benefit information can be accessed via the [Pharmacy Services](#) quick link at indianamedicaid.com.

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