

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201762 SEPTEMBER 26, 2017

Pharmacy update approved by Drug Utilization Review Board September 2017

The Indiana Health Coverage Programs (IHCP) announces updates to the SilentAuth automated prior authorization (PA) system, PA criteria, mental health utilization edits, and changes to the Preferred Drug List (PDL) as approved by the Drug Utilization Review (DUR) Board at its September 15, 2017, meeting. These changes apply to the fee-for-service (FFS) pharmacy benefit.

SilentAuth PA enhancement

The IHCP has enhanced its automated PA system to update the criteria for the multiple sclerosis agents and duplicate stimulants. These PA changes will be effective for PA requests submitted on or after November 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.

PA changes

PA criteria for the Hepatitis C Agents, Entresto, PCSK9 Inhibitors, Buprenorphine /Naloxone and Buprenorphine, and Spinraza were established and approved by the DUR Board. These PA changes will be effective for PA requests submitted on or after November 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.

Mental health utilization edits

Utilization edits for mental health medications are reviewed quarterly by the Mental Health Quality Advisory Committee (MHQAC). The DUR Board approved updates to the utilization edits, as recommended by the MHQAC and listed in Table 1. These updates are effective for dates of service (DOS) on or after November 1, 2017.

Table 1 – Updates to utilization edits effective for DOS on or after November 1, 2017

Name and strength of medication	Utilization edit
Aristada 1064 mg ER suspension	1/56 days; Age 18 years and older
Mydayis 12.5 mg ER caps	1/day; Age 13 years and older
Mydayis 25 mg ER caps	1/day; Age 13 years and older
Mydayis 37.5 mg ER caps	1/day; Age 18 years and older
Mydayis 50 mg ER caps	1/day; Age 18 years and older

Changes to the PDL

Changes to the PDL were made at the September 15, 2017, DUR Board meeting. See [Table 2](#) for a summary of PDL changes. Changes are effective for DOS on or after November 1, 2017, unless otherwise noted.

Table 2 – Approved changes to the PDL effective for DOS on or after November 1, 2017

Drug class	Drug	PDL status
Antihistamine-Decongestant Combinations/2 nd Generation Antihistamines	levocetirizine	Preferred (previously nonpreferred)
Beta Adrenergics and Corticosteroids	Airduo Respiclick	Nonpreferred
	fluticasone propionate/salmeterol	Nonpreferred
Beta Agonists	Foradil	Remove from PDL
	levalbuterol tartrate HFA	Nonpreferred (previously preferred)
	Xopenex HFA	Preferred (previously nonpreferred); add the following step therapy: <ul style="list-style-type: none"> • Must have tried and failed Proair HFA or Proventil HFA in the past 90 days
Bronchodilator Agents – Beta Adrenergic and Anticholinergic Combinations	Bevespi Aerosphere	Preferred (previously nonpreferred); maintain current quantity limit
	Stiolto Respimat	Nonpreferred (previously preferred); maintain current quantity limit
Nasal Antihistamines/ Nasal Anti-Inflammatory Steroids	Patanase	Nonpreferred (previously preferred)
	azelastine	Preferred (previously nonpreferred)
Antivirals – Anti-herpetic Agents	valacyclovir	Update step therapy to the following: <ul style="list-style-type: none"> • Must have diagnosis of HIV or have tried and failed acyclovir or have medical justification for use
Fluoroquinolones	Baxdela	Nonpreferred
	Noroxin	Remove from PDL
	Levaquin solution	Remove from PDL
Hepatitis C Agents	Vosevi	Nonpreferred
Ophthalmic Antibiotics	Besivance	Preferred (previously nonpreferred)
Ophthalmic Antibiotics/ Corticosteroid Combinations	Tobradex solution and ointment	Preferred (previously nonpreferred)
Topical Antiviral and Anti-inflammatory Steroid Combinations	Xerese	Preferred (previously nonpreferred); remove step therapy; maintain quantity limit
Vaginal Antimicrobials	Clindesse	Preferred (previously nonpreferred)
Alpha/Beta Adrenergic Blockers		Combine drug class into Beta Adrenergic Blockers drug class
	Coreg CR	Preferred (previously nonpreferred); remove step therapy

Table 2 – Approved changes to the PDL effective for DOS on or after November 1, 2017 (Continued)

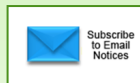
Drug class	Drug	PDL status
Angiotensin Receptor Blocker Combinations	Azor	Nonpreferred (previously preferred)
	Tribenzor	Nonpreferred (previously preferred)
Direct Renin Inhibitors		Remove drug class from the PDL; maintain step therapy
Direct Renin Inhibitors with Calcium Channel Blockers		Remove drug class from the PDL; maintain step therapy
Direct Renin Inhibitors with Calcium Channel Blockers and Diuretics		Remove drug class from the PDL; maintain step therapy
Direct Renin Inhibitors with Diuretics		Remove drug class from the PDL; maintain step therapy
Electrolyte Depleters	Veltassa	Preferred (previously nonpreferred)
Multiple Sclerosis Agents	Ocrevus	Preferred
	Plegridy	Preferred (previously nonpreferred)
	Copaxone 40 mg	Preferred (previously nonpreferred)
Topical Post-Herpetic Neuralgia Agents	Qutenza	Maintain as nonpreferred; maintain step therapy; add the following quantity limit: <ul style="list-style-type: none"> • 4 patches/3 months

The SilentAuth criteria, PA criteria, mental health drug utilization edits, and PDL, can be accessed on the OptumRx website accessible via the [Pharmacy Services](#) link at indianamedicaid.com. 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 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 with which the member is enrolled.

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