

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201775 NOVEMBER 28, 2017

Pharmacy update approved by Drug Utilization Review Board November 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 November 17, 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 anticonvulsant agents, dronabinol, opiate overutilization, proton pump inhibitors, and targeted immunomodulators. These PA changes will be effective for PA requests submitted on or after January 1, 2018. 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, human parathyroid hormone, and buprenorphine/naloxone and buprenorphine agents were established and approved by the DUR Board. These PA changes will be effective for PA requests submitted on or after January 1, 2018. 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 January 1, 2018.

Table 1 – Updates to utilization edits, effective for DOS on or after January 1, 2018

Name and strength of medication	Utilization edit
Amphetamine IR, all formulations	Age 3 years and older
Amphetamine ER, all formulations	Age 6 years and older
Amphetamine-Dextroamphetamine IR, all formulations	Age 3 years and older
Amphetamine-Dextroamphetamine ER, all formulations	Age 6 years and older
Cotempla XR 8.6 mg ODT	1/day; age 6 years and older
Cotempla XR 17.3 mg ODT	2/day; age 6 years and older
Cotempla XR 25.9 mg ODT	2/day; age 6 years and older

Table 1 – Updates to utilization edits effective for DOS on or after January 1, 2018 (Continued)

Name and strength of medication	Utilization edit
Dexmethylphenidate HCL IR, all formulations	Age 3 years and older
Dexmethylphenidate HCL ER, all formulations	Age 6 years and older
Dextroamphetamine Sulfate IR, all formulations	Age 3 years and older
Dextroamphetamine Sulfate ER, all formulations	Age 6 years and older
Lisdexamfetamine, all formulations	Age 6 years and older
Methamphetamine, all formulations	Age 6 years and older
Methylphenidate IR, all formulations	Age 3 years and older
Methylphenidate ER, all formulations	Age 6 years and older

Changes to the PDL

Changes to the PDL were made at the November 17, 2017, DUR Board meeting. See Table 2 for a summary of PDL changes. Changes are effective for DOS on or after January 1, 2018, unless otherwise noted.

Table 2 – Approved changes to the PDL effective for DOS on or after January 1, 2018

Drug class	Drug	PDL status
Agents for the Treatment of Opiate Addiction	Buprenorphine/ naloxone sublingual tablets	Preferred (previously nonpreferred); maintain PA criteria and quantity limits
Anticonvulsant Agents	Fycompa	Preferred (previously nonpreferred)
Antiemetic/Antivertigo Agents	Syndros	Nonpreferred
Narcotics	Buprenorphine patches	Nonpreferred
Anaphylaxis Agents	Epipen	Nonpreferred (previously preferred)
Antidiabetic Agents (oral)	Nesina	Nonpreferred (previously preferred)
Bone Formation Stimulating Agents	Forteo	Preferred (previously nonpreferred); maintain PA criteria
	Tymlos	Nonpreferred
Insulins – Rapid Acting	Apidra	Preferred (previously nonpreferred)
	Apidra Solostar	Preferred (previously nonpreferred)
	Fiasp	Nonpreferred
Non-Insulin Hypoglycemics	Bydureon	Preferred (previously nonpreferred)
	Tanzeum	Nonpreferred (previously preferred)
Laxatives and Cathartics	Symproic	Nonpreferred; add the following step therapy and quantity limits: <ul style="list-style-type: none"> Requires trial of lactulose, sorbitol, or polyethylene glycol within the past 90 days and diagnosis of opioid-induced constipation QL – 1 tab (0.2 mg)/day
Proton Pump Inhibitors	Dexilant	Preferred (previously nonpreferred)
	Lansoprazole capsules	Nonpreferred (previously preferred)

Table 2 – Approved changes to the PDL effective for DOS on or after January 1, 2018 (Continued)

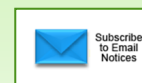
Drug class	Drug	PDL status
Urinary Tract Antispasmodic/ Anti-Incontinence Agents	Enablex	Preferred (previously nonpreferred)
	Gelnique	Preferred (previously nonpreferred)
	Oxytrol	Preferred (previously nonpreferred)
	Trospium	Nonpreferred (previously preferred)
Direct Factor XA Inhibitors	Bevyxxa	Nonpreferred; add quantity limit of 1 cap/day
Targeted Immunomodulators	Enbrel	Preferred (previously nonpreferred)
	Simponi	Preferred (previously nonpreferred)
	Kevzara	Nonpreferred
	Renflexis	Nonpreferred
	Siliq	Nonpreferred
Miotics – Intraocular Pressure Reducers	Tremfya	Nonpreferred
	Lumigan 0.01% drops	Preferred (previously nonpreferred)
Hepatitis C Agents	Vitreolis	Remove drug from the PDL
	Mavyret	Preferred
	Technivie	Nonpreferred (previously preferred)
	Viekira/Viekira XR	Nonpreferred (previously preferred)

The SilentAuth criteria, PA criteria, mental health drug utilization edits, and PDL can be found on the OptumRx website accessible via the [Pharmacy Services](#) quick 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 Care Connect, and Hoosier Healthwise should be referred to the managed care entity with which the member is enrolled.

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