

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201806 FEBRUARY 27, 2018

Pharmacy update approved by Drug Utilization Review Board February 2018

The Indiana Health Coverage Programs (IHCP) announces updates to the SilentAuth automated prior authorization (PA) system, PA criteria, and Preferred Drug List (PDL) as approved by the Drug Utilization Review (DUR) Board at its February 16, 2018, 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 Monoclonal Antibodies for the Treatment of Respiratory Conditions drug class. These PA changes will be effective for PA requests submitted on or after April 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 Synagis, allergy-specific immunotherapy, 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 April 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.

Changes to the PDL

Changes to the PDL were made at the February 16, 2018, DUR Board meeting. See Table 1 for a summary of PDL changes. Changes are effective for dates of service (DOS) on or after April 1, 2018, unless otherwise noted. The PDL for the FFS pharmacy benefit can be found on the OptumRx website, accessible via the [Pharmacy Services](#) quick link at indianamedicaid.com.

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

Drug class	Drug	PDL status
Beta Adrenergics and Corticosteroids	Trelegy Ellipta	Nonpreferred
Monoclonal Antibodies for the Treatment of Respiratory Conditions	Fasenra	Nonpreferred

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

Drug class	Drug	PDL status
Oral Inhaled Glucocorticoids	QVAR ReditHaler	Nonpreferred
	Flovent HFA	Maintain preferred status; remove age restriction
	Pulmicort Flexhaler	Preferred (previously nonpreferred)
	Alvesco	Preferred (previously nonpreferred)
	ArmonAir Respiclick	Nonpreferred
HMG CoA Reductase Inhibitors	Flolipid	Nonpreferred if the product is covered under the Medicaid program; apply the following step therapy: <ul style="list-style-type: none"> • Must be 18 years of age or younger or unable to swallow tablets
	Pravastatin	Preferred (previously nonpreferred); remove step therapy
Lipotropics	Triko	Nonpreferred if the product is covered under the Medicaid program
	Liptruzet	Remove from PDL
	Simcor	Remove from PDL
	Advicor	Remove from PDL
Antimigraine Agents	Zecuity	Remove from PDL

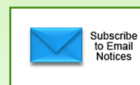
For more information

Notices of the DUR Board meetings and agendas are posted on the [FSSA website](http://in.gov/fssa) 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 (MCE) with which the member is enrolled.

SIGN UP FOR IHCP EMAIL NOTIFICATIONS

To receive email notices of IHCP publications, subscribe by clicking the blue subscription envelope here or on the pages of indianamedicaid.com.

**COPIES OF THIS PUBLICATION**

If you need additional copies of this publication, please [download them](#) from indianamedicaid.com.

TO PRINT

A [printer-friendly version](#) of this publication, in black and white and without graphics, is available for your convenience.