

# IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201810 MARCH 29, 2018

## IHCP to “carve out” certain pharmacy-dispensed drugs from managed care

The *Indiana Health Coverage Programs (IHCP) Bulletin* [BT201644](#), dated August 2, 2016, notified providers that hepatitis C drugs were carved out from the managed care pharmacy benefit. Effective May 1, 2018, additional pharmacy-dispensed drugs will be carved out from the managed care pharmacy benefit and covered as a fee-for-service (FFS) pharmacy benefit.

For all IHCP members, including those enrolled in Healthy Indiana Plan (HIP), Hoosier Care Connect, and Hoosier Healthwise managed care programs, the drugs listed in Tables 1 and 2 will be managed through the FFS pharmacy benefit manager (PBM), OptumRx. The FFS preferred drug list (PDL), prior authorization (PA) requirements, and billing guidance apply. The dates of service (DOS) for which the carve-out applies are noted for each affected drug category.



### Antihemophilic drugs

The antihemophilic drugs listed in Table 1 will be covered as an FFS pharmacy benefit for **DOS on or after May 1, 2018**. The following billing guidelines should be followed:

- Pharmacy claims for antihemophilic drugs with **DOS on or after May 1, 2018**, must be submitted to OptumRx (using BIN 001553, PCN INM). Any pharmacy claim for these antihemophilic drugs submitted to the managed care PBMs with DOS on or after May 1, 2018, will be denied and the pharmacy provider sent a text message indicating that the claim needs to be resubmitted to OptumRx.
- Pharmacy claims for antihemophilic drugs dispensed to HIP, Hoosier Care Connect, or Hoosier Healthwise members for **DOS prior to May 1, 2018**, should continue to be submitted to the PBM for the managed care entity (MCE) with which the member is enrolled.

*Table 1 – Antihemophilic drugs carved out of managed care for DOS on or after May 1, 2018*

Advate	Factor VIII SD (Human)
Adynovate	Feiba, Feiba NF, and Feiba VH Immuno
Afstyla	Fibryga
Alphanate and Alphanate/VWF Complex/ Human	Helixate and Helixate FS
AlphaNine SD	Hemlibra
Alprolix	Hemofil M
Autoplex T	Humate-P and Humate-P Human
Bebulin and Bebulin VH	Hyate:C
BeneFIX	Idelvion
Bioclata	Ixinity
Coagadex	Kcentra
Corifact	Koate, Koate-DVI, and Koate-HP
Eloctate	Kogenate, Kogenate FS, and Kogenate FS Bio-Set

*Table 1 – Antihemophilic drugs carved out of managed care for DOS on or after May 1, 2018 (Continued)*

Konyne 80	Proplex T Factor IX Complex
Kovaltry	Rebinyn
Melate	Recombinate
Monarc-M	Refacto
Monoclote-P	RiaSTAP
Mononine	Rixubis
Novoeight	Tretten
NovoSeven and NovoSeven RT	Vonvendi
Nuwiq	Wilate
Obizur	Xyntha and Xyntha Solofuse
Profilnine and Profilnine SD	

### **Cystic fibrosis and muscular dystrophy drugs**

The cystic fibrosis and the muscular dystrophy drugs listed in Table 2 will be covered as an FFS pharmacy benefit. This change applies retroactively to **DOS on or after January 1, 2018**.

Beginning May 1, 2018, all pharmacy claims for the specified cystic fibrosis and muscular dystrophy drugs dispensed to HIP, Hoosier Care Connect, or Hoosier Healthwise members with **DOS on or after January 1, 2018**, must be processed and paid as FFS claims by OptumRx:

- Pharmacy claims for these drugs with **DOS on or after May 1, 2018**, must be submitted to OptumRx (using BIN 001553, PCN INM). Any pharmacy claims for these drugs submitted to the managed care PBMs with DOS on or after May 1, 2018, will be denied and the pharmacy provider sent a text message indicating that the claim needs to be resubmitted to OptumRx.
- Pharmacy claims for these drugs with **DOS from January 1, 2018, through April 30, 2018**, that were previously processed and paid through the managed care PBMs must be reversed by the pharmacy provider and resubmitted to OptumRx (using BIN 001553, PCN INM). Beginning June 1, 2018, OptumRx will contact pharmacies with outstanding managed care pharmacy claims for these drugs to assist them through the claim reversal and resubmission process.
- Pharmacy claims for these drugs dispensed to HIP, Hoosier Care Connect, or Hoosier Healthwise members for **DOS prior to January 1, 2018**, should continue to be submitted to the PBM for the MCE with which the member is enrolled.

*Table 2 – Cystic fibrosis and muscular dystrophy drugs carved out of managed care for DOS on or after January 1, 2018*

<b>Drug Category</b>	<b>Drug</b>
Cystic Fibrosis	Kalydeco
	Orkambi
	Symdeko
Muscular Dystrophy	Spinraza
	Exondys 51

**Prior authorization and additional information**

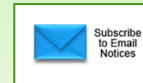
OptumRx will honor previously issued PAs from managed care PBMs for the drugs listed in Tables 1 and 2. PA requests for DOS on or after May 1, 2018, must be submitted to OptumRx for processing.

When dispensed to managed care members, drugs not listed in Tables 1 and 2, and not previously carved out of managed care per IHCP policy, remain the responsibility of the MCE with which the member is enrolled.

Please direct FFS pharmacy requests or questions about this bulletin to the OptumRx Clinical and Technical Help Desk by calling toll-free 1-855-577-6317. Questions regarding all other pharmacy benefits for members in the HIP, Hoosier Care Connect, and Hoosier Healthwise programs should be referred to the MCE with which the member is enrolled.

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