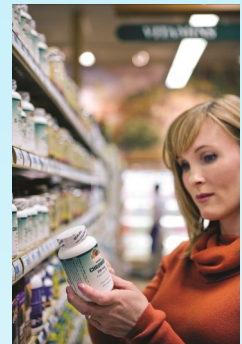


IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201825 MAY 29, 2018

Pharmacy update approved by Drug Utilization Review Board May 2018

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 May 18, 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 Opiate Overutilization PA and Duplicate Benzodiazepine Sedative Hypnotic PA. These PA changes will be effective for PA requests submitted on or after July 1, 2018. The PA criteria are posted on the *Pharmacy Prior Authorization Criteria and Forms* page under the [Pharmacy Services](#) quick link at indianamedicaid.com.

PA changes

PA criteria for Soma and Combination Agents were established and approved by the DUR Board. These PA changes will be effective for PA requests submitted on or after July 1, 2018. The PA criteria are posted on the *Pharmacy Prior Authorization Criteria and Forms* page under 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 July 1, 2018.

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

Name and strength of medication	Utilization edit
Adzenys ER 1.25 mg/mL susp	15 mL/day; age 6 years and older
Methylphenidate HCl ER 72 mg tab	1/day; age 6 years and older
Latuda tabs; All strengths	1/day; age 10 years and older
Lyrica 25 mg cap	3/day
Lyrica 50 mg cap	3/day
Lyrica 75 mg cap	3/day
Lyrica 100 mg cap	3/day
Lyrica 150 mg cap	3/day
Lyrica 200 mg cap	3/day
Lyrica 225 mg cap	2/day

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

Name and strength of medication	Utilization edit
Lyrica 300 mg cap	2/day
Lyrica 20 mg/mL oral solution	30 mL/day
Dexmedetomidine	Remove from the AAAX List*
Doxapram HCl	Remove from the AAAX List*
Gabapentin, all formulations	Remove from the AAAX List*
Levetiracetam, all formulations	Remove from the AAAX List*
Zonisamide, all formulations	Remove from the AAAX List*

*The AAAX List includes mental health medications from the therapeutic categories of antianxiety agents, antidepressants, antipsychotics, and cross-indicated drugs (AAAX).

Changes to the PDL

Changes to the PDL were made at the May 18, 2018, DUR Board meeting. See Table 2 for a summary of PDL changes. Changes are effective for DOS on or after July 1, 2018, unless otherwise noted.

Table 2 – PDL changes effective for DOS on or after July 1, 2018

Drug class	Drug	PDL status
Agents for the Treatment of Opiate Addiction	Sublocade	Nonpreferred
Antiemetic/Antivertigo Agents	Cinvanti injection	Preferred with quantity limit: <ul style="list-style-type: none"> • 2 vials/Rx
	Bonjesta	Nonpreferred with quantity limit: <ul style="list-style-type: none"> • 2 tabs/day
	Varubi injection	Nonpreferred with quantity limit: <ul style="list-style-type: none"> • 1 vial/Rx
	Palonosetron injection	Nonpreferred with quantity limit: <ul style="list-style-type: none"> • 1 vial/Rx
Narcotic Antitussive/ ^{1st} Generation Antihistamine Combinations		Update age restriction to 18 years and older for all narcotic antitussives
Antidiabetic Agents (oral)	Steglujan	Nonpreferred with step therapy: <ul style="list-style-type: none"> • Prescriber must provide documentation that separate components are unsuitable for use
	Segluromet	Nonpreferred with step therapy: <ul style="list-style-type: none"> • Prescriber must provide documentation that separate components are unsuitable for use
	Qtern	Nonpreferred with step therapy: <ul style="list-style-type: none"> • Prescriber must provide documentation that separate components are unsuitable for use
	Steglatro	Nonpreferred
	Kazano	Nonpreferred (previously preferred)
	Oseni	Nonpreferred (previously preferred)
Insulins – Rapid Acting	Admelog; Admelog Solostar	Nonpreferred
Non-Insulin Hypoglycemics	Bydureon BCise	Nonpreferred
	Ozempic	Nonpreferred

Table 2 – PDL changes effective for DOS on or after July 1, 2018 (Continued)

Drug class	Drug	PDL status
Estrogen, Progesterone, SERMs, or Combinations		Rename the Estrogen, Progesterone, SERMs, or Combinations class to Estrogen and Related Agents
Direct Factor XA Inhibitors	Xarelto 10 mg tablets	Change quantity limit to 1 tab/day
	Bevyxxa	Remove from the Preferred Drug List
	Eliquis Starter Pack	Preferred with quantity limit: <ul style="list-style-type: none"> 1 pack/90 days
Hematinics	Omontys	Remove from the Preferred Drug List
Miotics – Intraocular Pressure Reducers	Vyzulta	Nonpreferred
	Rhopressa	Nonpreferred
Ophthalmic Anti-Inflammatory Agents/Immunomodulator Type	Restasis MultiDose	Nonpreferred with the following: <ul style="list-style-type: none"> PA criteria – Diagnosis of keratoconjunctivitis sicca required; initial approval will be 3 months and subsequent approvals up to 1 year Step therapy – Trial of artificial tears within the past 90 days Quantity limit – 2 bottles/30 days
Electrolyte Depleters	Calcium acetate capsules	Preferred (previously nonpreferred)

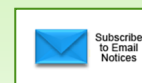
For more information

The mental health utilization edits, PDL, SilentAuth criteria, and PA criteria 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 Healthwise, and Hoosier Care Connect should be referred to the managed care entity with which the member is enrolled.

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