

# IHCP *bulletin*

## Pharmacy update approved by Drug Utilization Review Board June 2018

The Indiana Health Coverage Programs (IHCP) announces updates to the Over-The-Counter (OTC) Drug Formulary and to the Pharmacy Supplements Formulary, as approved by the Drug Utilization Review (DUR) Board at its June 15, 2018, meeting. These changes apply to the fee-for-service (FFS) pharmacy benefit.

### Changes to the OTC Drug Formulary

Changes to the OTC Drug Formulary were made at the June 15, 2018, DUR Board meeting, as shown in Table 1. Changes are effective for dates of service (DOS) on or after August 1, 2018.

*Table 1 – OTC Drug Formulary changes effective for DOS on or after August 1, 2018*

Drug class	Drug	OTC Drug Formulary status/criteria
Analgesics	Acetaminophen 325 mg and 650 mg suppository	Remove age restriction

### Changes to the Pharmacy Supplements Formulary

Changes to the Pharmacy Supplements Formulary were made at the June 15, 2018, DUR Board meeting, as shown in Table 2. Changes are effective for DOS on or after August 1, 2018.

*Table 2 – Pharmacy Supplements Formulary changes effective for DOS on or after August 1, 2018*

Product Class	Product	Pharmacy Supplements Formulary Status/Criteria
Vitamins	Cyanocobalamin 1,000 mcg caps/tabs/SL tabs	Covered
	Cyanocobalamin liquid 1,000 mcg/15 mL	Covered

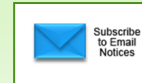
### For more information

The OTC Drug Formulary and Pharmacy Supplements Formulary 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 prior authorization (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 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.

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