

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201911 FEBRUARY 26, 2019

Pharmacy update approved by Drug Utilization Review Board February 2019

The Indiana Health Coverage Programs (IHCP) announces updates to the prior authorization (PA) criteria and mental health utilization edits as approved by the Drug Utilization Review (DUR) Board at its February 15, 2019, meeting. These changes apply to the fee-for-service (FFS) pharmacy benefit.

PA changes

PA criteria for Topical Doxepin, Allergy-Specific Immunotherapy, and Topical Steroids were established and approved by the DUR Board. These PA changes will be effective for PA requests submitted on or after April 1, 2019. The PA criteria are posted on the *Pharmacy Prior Authorization Criteria and Forms* page on the OptumRx website, accessible through the OptumRx link on the [Pharmacy Services](#) web page at in.gov/medicaid/providers.



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 DOS on or after April 1, 2019.

Table 1 – Updates to utilization edits effective for DOS on or after April 1, 2019

Name and strength of medication	Utilization edit
ABILIFY MYCITE 2 mg tablets	1/day; age 18 years and older
ABILIFY MYCITE 5 mg tablets	1/day; age 18 years and older
ABILIFY MYCITE 10 mg tablets	1/day; age 18 years and older
ABILIFY MYCITE 15 mg tablets	1/day; age 18 years and older
ABILIFY MYCITE 20 mg tablets	1/day; age 18 years and older
ABILIFY MYCITE 30 mg tablets	1/day; age 18 years and older
Bupropion ER 450 mg	1/day
Clonidine oral dosage forms	18 years and older, 2.4 mg/day; Under 18 years, 0.4 mg/day, unless diagnosis of hypertension present, then limit to 2.4 mg/day; PA required for concurrent therapy with guanfacine
Clonidine TTS-1	1 patch/week; PA required for concurrent therapy with guanfacine
Clonidine TTS-2	1 patch/week; PA required for concurrent therapy with guanfacine
Clonidine TTS-3	2 patches/week; PA required for concurrent therapy with guanfacine

Table 1 – Updates to utilization edits effective for DOS on or after April 1, 2019 (Continued)

Name and strength of medication	Utilization edit
Evekeo 5 mg tablets	2/day; Age 3 years and older
Nuplazid 10 mg tablets	1/day
Nuplazid 34 mg caplets	1/day
Perseris 90 mg ER injection	1/28 days; age 18 years and older
Perseris 120 mg ER injection	1/28 days; age 18 years and older
Perphenazine tablets (all strengths)	Age 12 years and older
Sympazan 5 mg oral film	8/day
Sympazan 10 mg oral film	8/day
Sympazan 20 mg oral film	4/day

For more information

The PA criteria and mental health utilization edits can be found on the OptumRx website, accessible through the OptumRx link on the [Pharmacy Services](#) web page at in.gov/medicaid/providers. 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 Preferred Drug List (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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