# IHCP bulletin

INDIANA HEALTH COVERAGE PROGRAMS

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# Pharmacy update approved by Drug Utilization Review Board June 2019

The Indiana Health Coverage Programs (IHCP) announces updates to the prior authorization (PA) criteria and changes to the Preferred Drug List (PDL) as approved by the Drug Utilization Review (DUR) Board at its June 21, 2019, meeting. These changes apply to the fee-for-service (FFS) pharmacy benefit.

# PA changes

PA criteria for Vyndaqel and Vyndamax and Muscular Dystrophy agents were established and approved by the DUR Board. These PA changes will be effective for PA requests submitted on or after August 1, 2019. The PA criteria are posted on the *Pharmacy Prior Authorization Criteria and Forms* page on the OptumRx website, accessible from the *Pharmacy Services* page at in.gov/medicaid/providers.

# Changes to the PDL

Changes to the PDL were made at the June 21, 2019, DUR Board meeting. See Table 1 for a summary of PDL changes. Changes are effective for dates of service (DOS) on or after August 1, 2019, unless otherwise noted.

Table 1 – PDL changes effective for DOS on or after August 1, 2019

Drug class	Drug	PDL status
Antimigraine Agents	Emgality	Maintain nonpreferred status; add additional quantity limit for the treatment of episodic cluster headache of 300 mg at onset and once monthly thereafter until end of cluster headache period

#### For more information

The PDL and PA criteria edits can be found on the OptumRx website, accessible via the <u>Pharmacy Services</u> page at in.gov/medicaid/providers. Notices of the DUR Board meetings and agendas are posted on the <u>FSSA website</u> 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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