# IHCP bulletin

INDIANA HEALTH COVERAGE PROGRAMS

BT201944 JULY 30, 2019

# Pharmacy update approved by drug utilization review board July 2019

The Indiana Health Coverage Programs (IHCP) announces updates to the SilentAuth automated prior authorization (PA) system and the PA criteria, as approved by the Drug Utilization Review (DUR) Board at its July 19, 2019, 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 Monoclonal Antibodies for Respiratory Conditions. These changes to PA will be effective for PA requests submitted on or after September 1, 2019. The PA criteria are posted on the *Pharmacy Prior Authorization Criteria and Forms* page on the OptumRx Indiana Medicaid website, accessible from the *Pharmacy Services* page at in.gov/medicaid/providers.

# PA changes

PA criteria for Cystic Fibrosis Agents were established and approved by the DUR Board. These changes to PA will be effective for PA requests submitted on or after September 1, 2019. The PA criteria are posted on the *Pharmacy Prior Authorization Criteria and Forms* page on the OptumRx Indiana Medicaid website, accessible from the *Pharmacy Services* page at in.gov/medicaid/providers.

#### For more information

The SilentAuth PA enhancements and PA criteria edits can be found on the OptumRx Indiana Medicaid website, accessible from 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 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 (MCE) with which the member is enrolled.

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