

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201948 AUGUST 27, 2019

Pharmacy update approved by Drug Utilization Review Board August 2019

The Indiana Health Coverage Programs (IHCP) announces updates to the SilentAuth automated prior authorization (PA) system, PA criteria, step therapy edits, mental health utilization edits, and changes to the Preferred Drug List (PDL) as approved by the Drug Utilization Review (DUR) Board at its August 16, 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, Multiple Sclerosis Agents, Stimulants, and Targeted Immunomodulators. These PA changes will be effective for PA requests submitted on or after October 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 PCSK9 Inhibitors and Pulmonary Antihypertensives were established and approved by the DUR Board. These PA changes will be effective for PA requests submitted on or after October 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.

Step therapy changes

Step therapy criteria for minocycline and Nuzyra were established and approved by the DUR Board. See Table 1 for a summary of these changes. The step therapy changes will be effective for claims submitted with dates of service (DOS) on or after October 1, 2019.

Table 1 – Updates to step therapy effective for DOS on or after October 1, 2019

Name and strength of medication	Step therapy edit
Minocycline tabs, extended release tabs/caps	Must have tried and failed minocycline capsules in the past 30 days
Nuzyra	Must have tried and failed other tetracycline product (minocycline, doxycycline, etc.) or medical justification for use

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 2](#). These updates are effective for DOS on or after October 1, 2019.

Table 2 – Updates to utilization edits effective for DOS on or after October 1, 2019

Name and strength of medication	Utilization edit
Evekeo ODT 5 mg tabs	2/day; age 6 years or older
Evekeo ODT 10 mg tabs	2/day; age 6 years or older
Evekeo ODT 15 mg tabs	2/day; age 6 years or older
Evekeo ODT 20 mg tabs	2/day; age 6 years or older
Jornay PM 20 mg caps	1/day; age 6 years or older
Jornay PM 40 mg caps	1/day; age 6 years or older
Jornay PM 60 mg caps	1/day; age 6 years or older
Jornay PM 80 mg caps	1/day; age 6 years or older
Jornay PM 100 mg caps	1/day; age 6 years or older
Ziprasidone caps oral all strengths	Update age to 10 years and older

Changes to the PDL

Changes to the PDL were made at the August 16, 2019, DUR Board meeting. See Table 3 for a summary of PDL changes. Changes are effective for DOS on or after October 1, 2019, unless otherwise noted.

Table 3 – PDL changes effective for DOS on or after October 1, 2019

Drug class	Drug	PDL status
Beta Adrenergics and Corticosteroids	Advair Diskus	Nonpreferred (previously preferred)
Bronchodilator Agents – Beta Adrenergic and Anticholinergic Combinations	Stiolto Respimat	Preferred (previously nonpreferred); maintain quantity limit
Monoclonal Antibodies for the Treatment of Respiratory Conditions	Xolair	Preferred (previously nonpreferred)
Oral Inhaled Glucocorticoids	Alvesco	Nonpreferred (previously preferred)
	Arnuity Ellipta	Preferred (previously nonpreferred)
	Aerospan	Remove from the PDL
	Pulmicort inhalation suspension	Nonpreferred (previously preferred); maintain age and quantity limits
	Budesonide inhalation suspension	Preferred (previously nonpreferred); maintain age and quantity limits
Pulmonary Antihypertensives	Ambrisentan	Preferred (previously nonpreferred)
	Opsumit	Nonpreferred (previously preferred); grandfather current utilizers through the end of current prior authorization
Cephalosporins 3 rd Generation	Cedax	Remove from the PDL
	Suprax capsules	Nonpreferred (previously preferred)
Hepatitis C Agents	Copegus	Remove from the PDL
Vaginal Antimicrobials	Solosec	Nonpreferred

Table 3 – PDL changes effective for DOS on or after October 1, 2019 (Continued)

Drug class	Drug	PDL status
Calcium Channel Blockers	Katerzia	Nonpreferred; add the following step therapy: <ul style="list-style-type: none"> • Must be 18 years of age or younger or unable to swallow tablets
Bile Acid Sequestrants	Welchol chewable	Nonpreferred
HMG CoA Reductase Inhibitors	Ezallor	Nonpreferred
Lipotropics	Repatha	Preferred (previously nonpreferred)
	Lovaza	Nonpreferred (previously preferred)
	Omega-3-acid ethyl esters	Preferred (previously nonpreferred); remove step therapy
Antimigraine	Emgality	Preferred (previously nonpreferred); maintain step therapy and quantity limit (no step therapy required for cluster headache diagnosis)
	Aimovig	Preferred (previously nonpreferred); maintain step therapy and quantity limit
	Relpax	Nonpreferred (previously preferred)
	Sumavel DosePro	Remove from the PDL
	Tosymra	Nonpreferred if less financially advantageous when compared to sumatriptan nasal spray. Add to preferred if more financially advantageous.
	Sumatriptan nasal spray	Nonpreferred if less financially advantageous when compared to Tosymra
Electrolyte Depleters	Fosrenol	Nonpreferred (previously preferred)
Multiple Sclerosis Agents	Mayzent	Add the following quantity limit: <ul style="list-style-type: none"> • Maximum dose 2mg/day • Starter Pack – 1 pack/90 days
	Mavenclad	Add the following quantity limit: <ul style="list-style-type: none"> • Maximum dose 20 mg/day for 10 days in years 1 and 2 • Subsequent treatments must start 2 years after previous treatment
	Lemtrada	Update quantity limit to permit up to 12 mg/day for 3 days every year after previous treatment

For more information

The PDL, SilentAuth criteria, PA criteria, step therapy, and mental health utilization edits can be found on the OptumRx Indiana Medicaid website, accessible via the [Pharmacy Services](#) 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 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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