

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201958 OCTOBER 1, 2019

Pharmacy update approved by Drug Utilization Review Board September 2019

The Indiana Health Coverage Programs (IHCP) announces updates to the SilentAuth automated prior authorization (PA) system and a change to the Preferred Drug List (PDL) as approved by the Drug Utilization Review (DUR) Board at its September 20, 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 PA updates will be effective for PA requests submitted on or after November 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.



Change to the PDL

A change to the PDL was made at the September 20, 2019, DUR Board meeting. See Table 1 for the PDL change. The change is effective for dates of service (DOS) on or after November 1, 2019, unless otherwise noted.

Table 1 – PDL change effective for DOS on or after November 1, 2019

Drug class	Drug	PDL status
Bronchodilator Agents – Beta Adrenergic and Anticholinergic Combinations	Spiriva Respimat 1.25 mcg/actuation	Maintain current nonpreferred status; no prior authorization will be required for the treatment of asthma

For more information

The PDL and SilentAuth criteria 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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