

# IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201966 NOVEMBER 26, 2019

## Pharmacy update approved by Drug Utilization Review Board November 2019

The Indiana Health Coverage Programs (IHCP) announces updates to the SilentAuth automated prior authorization (PA) system, PA criteria, Preferred Drug List (PDL), and Over-the-Counter (OTC) Drug Formulary as approved by the Drug Utilization Review (DUR) Board at its November 15, 2019, meeting. These updates 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 COXII and Select NSAIDs, Opiate Overutilization, and Targeted Immunomodulators. These PA changes will be effective for PA requests submitted on or after January 1, 2020. 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](http://in.gov/medicaid/providers).



### PA changes

PA criteria for the Agents for the Treatment of Cystic Fibrosis, Testosterones, and Buprenorphine and Buprenorphine/Naloxone were established and approved by the DUR Board. These PA changes will be effective for PA requests submitted on or after January 1, 2020. 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](http://in.gov/medicaid/providers).

### Changes to the PDL

Changes to the PDL were made at the November 15, 2019, DUR Board meeting. See Table 1 for a summary of PDL changes. Changes are effective for dates of service (DOS) on or after January 1, 2020, unless otherwise noted.

Table 1 – PDL changes effective for DOS on or after January 1, 2020

Drug class	Drug	PDL status
Agents for the Treatment of Opiate Addiction	Zubsolv	Preferred (previously nonpreferred); maintain current quantity limit and PA criteria
	Evzio	Remove from the PDL
Antiemetic/Antivertigo Agents	Varubi injection	Remove from the PDL
Gastroprotective Agents	Vimovo	Preferred (previously nonpreferred)
Narcotic Antitussive/1 <sup>st</sup> Generation Antihistamine Combinations	Hycofenix	Remove from the PDL
	Zutripro	Remove from the PDL

Table 1 – PDL changes effective for DOS on or after January 1, 2020 (Continued)

Drug class	Drug	PDL status
Narcotics	Embeda	Nonpreferred (previously preferred)
Acne Agents	Acanya	Nonpreferred (previously preferred)
	Klaron	Nonpreferred (previously preferred)
	Sotret	Remove from the PDL
Antipsoriatics	Duobrii	Nonpreferred
	Oxsoralen - ultra	Nonpreferred (previously preferred)
Antidiabetic Agents (oral)	Rename drug class to Miscellaneous Oral Antidiabetic Agents	
	Remove DPP4 Inhibitors and Combination Agents from Antidiabetic Agents (oral); add to new drug class titled DPP4 Inhibitors and Combinations	
	Remove SGLT2 Inhibitors and Combination Agents from Antidiabetic Agents (oral); add to new drug class titled SGLT2 Inhibitors and Combinations	
	Qternmet XR	Nonpreferred within the SGLT2 Inhibitors and Combinations drug class with the following step therapy: <ul style="list-style-type: none"> <li>• Prescriber must provide documentation that separate components are unsuitable for use</li> </ul>
	Xigduo XR	Preferred (previously nonpreferred) within the SGLT2 Inhibitors and Combinations drug class with the following step therapy: <ul style="list-style-type: none"> <li>• Must have tried metformin</li> </ul>
Invokamet	Preferred (previously nonpreferred) within the SGLT2 Inhibitors and Combinations drug class with the following step therapy: <ul style="list-style-type: none"> <li>• Must have tried metformin</li> </ul>	
	Januvia; Janumet; Janumet XR; Jentadueto; Kombiglyze XR; Onglyza; Tradjenta; pioglitazone; Farxiga; Jardiance; Invokana	Update step therapy to the following: <ul style="list-style-type: none"> <li>• Must have tried metformin</li> </ul>
Bone Resorption Inhibitors	Atelvia	Maintain as nonpreferred; remove step therapy
	risedronate tablets	Preferred (previously nonpreferred); update step therapy to require trial of alendronate in the past 90 days

Table 1 – PDL changes effective for DOS on or after January 1, 2020 (Continued)

Drug class	Drug	PDL status
Non-Insulin Injectable Hypoglycemics and Combinations	Rename drug class to GLP-1 Receptor Agonists and Combinations	
	Rybelsus	Nonpreferred; add a quantity limit of 1 tablet/day
	Symlin	Remove from PDL; maintain current step therapy
	Bydureon; Byetta; Victoza	Update step therapy to the following: <ul style="list-style-type: none"> <li>• Must have tried metformin</li> </ul>
Testosterones	Jatenzo	Nonpreferred
	Androxy	Remove from PDL
Laxatives and Cathartics	Amitiza; Linzess	Update step therapy to the following: <ul style="list-style-type: none"> <li>• Requires trial of lactulose, sorbitol, or polyethylene glycol</li> </ul>
	Movantik	Update step therapy to the following: <ul style="list-style-type: none"> <li>• Requires trial of lactulose, sorbitol, or polyethylene glycol AND diagnosis of opioid-induced constipation</li> </ul>
Pancreatic Enzymes	pancrelipase	Remove from PDL
	Ultresa	Remove from PDL
Ulcerative Colitis Agents	Sulfazine EC	Remove from PDL
	Delzicol	Nonpreferred (previously preferred); members under the age of 18 years exempt from PA; grandfather current utilizers for 6 months
	Lialda	Nonpreferred (previously preferred); grandfather current utilizers for 6 months
BPH Agents	dutasteride	Preferred (previously nonpreferred)
	Rapaflo	Preferred (previously nonpreferred)
Hematinics	Retacrit	Preferred
	Procrit	Nonpreferred (previously preferred)
Platelet Aggregation Inhibitors	prasugrel	Preferred (previously nonpreferred); maintain current SilentAuth criteria
Targeted Immunomodulators	Rinvoq	Nonpreferred
	Xeljanz XR	Nonpreferred (previously preferred)
Miotics – Intraocular Pressure Reducers	Rocklatan	Preferred (previously nonpreferred)
Topical Anti-Inflammatory Agents – NSAIDs	diclofenac epolamine	Nonpreferred
	diclofenac 1% gel	Preferred (previously nonpreferred); add the following step therapy: <ul style="list-style-type: none"> <li>• Must have trialed and failed oral NSAID, OR age greater than 60 years, OR have medical justification for use</li> <li>• Grandfather current utilizers of Voltaren Gel</li> </ul>
Topical Antiparasitics	Sklice	Nonpreferred (previously preferred)
	Ulesfia	Remove from the PDL
	VanaLice	Preferred

**Changes to the OTC Drug Formulary**

Changes to the OTC Drug Formulary were made at the November 15, 2019, DUR Board meeting. See Table 2 for a summary of OTC Drug Formulary changes. Changes are effective for DOS on or after January 1, 2020, unless otherwise noted.

*Table 2 – OTC Drug Formulary changes effective for DOS on or after January 1, 2020*

<b>Drug category</b>	<b>Drug</b>	<b>OTC Drug Formulary status</b>
Cough and Cold	Guaifenesin 100mg/5mL liquid	Update age to 4 years and older
	Guaifenesin 100mg/5mL syrup	Update age to 4 years and older
	Guaifenesin/D-methorphan syrup	Update age to 4 years and older
	Guaifenesin/D-methorphan Tablet	Update age to 4 years and older
Topical Products	VanaLice	Covered

**For more information**

The PDL, OTC Drug Formulary, PA criteria, and SilentAuth criteria can be found on the OptumRx Indiana Medicaid website, accessible via the [Pharmacy Services](#) page at [in.gov/medicaid/providers](http://in.gov/medicaid/providers). Notices of the DUR Board meetings and agendas are posted on the [FSSA website](#) at [in.gov/fssa](http://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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