

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT202014 FEBRUARY 27, 2020

Pharmacy updates approved by Drug Utilization Review Board February 2020

The Indiana Health Coverage Programs (IHCP) announces updates to the SilentAuth automated prior authorization (PA) system, PA criteria, mental health utilization edits, and Preferred Drug List (PDL) as approved by the Drug Utilization Review (DUR) Board at its February 21, 2020, 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 Multiple Sclerosis Agents. These PA changes will be effective for PA requests submitted on or after April 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.



PA changes

PA criteria for the Narcolepsy Agents, Antimigraine Agents, Hepatitis C Agents, Spinraza, and Buprenorphine were established and approved by the DUR Board. These PA changes will be effective for PA requests submitted on or after April 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.

Vaccine change

An edit to limit Ervebo to members 19 years of age and older with a quantity of 1 mL per dose per lifetime was established and approved by the DUR Board. This change will be effective for dates of service (DOS) on or after April 1, 2020.

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 listed in Table 1. These updates are effective for DOS on or after April 1, 2020.

Table 1 – Updates to mental health utilization edits effective for DOS on or after April 1, 2020

Name and strength of medication	Utilization edit
Armodafinil tabs, all strengths	Add age 18 years and older
Caplyta 42 mg caps	1/day; age 18 years or older
Citalopram 10 mg tabs	1.5/day
Citalopram 20 mg tabs	1.5/day

Table 1 – Updates to mental health utilization edits effective for DOS on or after April 1, 2020 (Continued)

Name and strength of medication	Utilization edit
Dayvigo 5 mg tabs	1/day; age 18 years or older
Dayvigo 10 mg tabs	1/day; age 18 years or older
Drizalma sprinkle 20 mg cap DR	2/day
Drizalma sprinkle 30 mg cap DR	2/day
Drizalma sprinkle 40 mg cap DR	2/day
Drizalma sprinkle 60 mg cap DR	2/day
Modafinil tabs, all strengths	Add age 6 years and older
Paroxetine 10 mg tabs	1.5/day
Sunosi 75 mg tabs	1/day; age 18 years or older
Sunosi 150 mg tabs	1/day; age 18 years or older
Secuado 3.8 mg/24 hr patch	1/day; age 18 years or older
Secuado 5.7 mg/24 hr patch	1/day; age 18 years or older
Secuado 7.6 mg/24 hr patch	1/day; age 18 years or older
Wakix 4.45 mg tabs	2/day; age 18 years or older
Wakix 17.8 mg tabs	2/day; age 18 years or older
Xyrem 500 mg/mL solution	Add age 7 years and older
Zulresso inj 100 mg/20 mL	The following are required: <ul style="list-style-type: none"> • Member diagnosed with postpartum depression • Confirmation that member, pharmacy, and facility are enrolled in the Zulresso REMS program • Name and National Provider Identifier (NPI) of the qualified facility and healthcare providers providing and monitoring infusion

Changes to the PDL

Changes to the PDL were made at the February 21, 2020, DUR Board meeting. See Table 2 for a summary of PDL changes. Changes are effective for DOS on or after April 1, 2020, unless otherwise noted.

Table 2 – PDL changes effective for DOS on or after April 1, 2020

Drug class	Drug	PDL status
Antihistamine-Decongestant Combinations/2nd Generation Antihistamines	Quzyttir injection	Nonpreferred; add the following PA criteria: <ul style="list-style-type: none"> • Diagnosis of acute urticarial • Age \geq 6 months and older
Beta Adrenergics and Corticosteroids	Budesonide/formoterol	Nonpreferred

Table 2 – PDL changes effective for DOS on or after April 1, 2020 (Continued)

Drug class	Drug	PDL status
Beta Agonists	Proventil HFA	Nonpreferred (previously preferred); maintain current quantity limit
	Proair Digihaler	Nonpreferred; add the following quantity limit: <ul style="list-style-type: none"> 3 canisters per 30 days for ages 18 and younger; 2 canisters per 30 days for ages 19 and over
Bronchodilator Agents – Beta Adrenergic and Anticholinergic Combinations	Duaklir Pressair	Nonpreferred; add the following quantity limit: <ul style="list-style-type: none"> 1 inhaler/30 days
Oral Inhaled Glucocorticoids	Qvar	Remove from the PDL
Fluoroquinolones	Factive	Remove from the PDL
Hepatitis C Agents	Technivie	Remove from the PDL
	Viekira XR	Remove from the PDL
	Olysio	Remove from the PDL
	Ribapack dosepack	Remove from the PDL
Otic Antibiotics	Ciprofloxacin-fluocinolone PF otic	Nonpreferred
	Coly-mycin S	Preferred (previously nonpreferred)
Lipotropics	Ezetimibe	Maintain preferred status; remove step therapy
Antimigraine	Treximet	Nonpreferred (previously preferred)
	Reyvow	Nonpreferred; add the following quantity limit: <ul style="list-style-type: none"> 50 mg tablets – 4 tabs/30 days 100 mg tablets – 4 tabs/30 days 200 mg dose allowing 8 tabs/30 days requires previous trial of 100 mg dose and documentation of tolerability (heart rate, concomitant therapies, and so on)
	Ubrelvy	Nonpreferred
Multiple Sclerosis	Vumerity	Nonpreferred
Agents for the Treatment of Opiate Addiction	buprenorphine	Discontinue current buprenorphine and buprenorphine/naloxone PA criteria and PA exemption program criteria
	buprenorphine	PA required when days supply exceeds 68 days

For more information

The PDL, mental health utilization edits, PA criteria, and SilentAuth criteria can be found on the OptumRx Indiana Medicaid website, accessible via the [Pharmacy Services](https://www.in.gov/medicaid/providers) page at [in.gov/medicaid/providers](https://www.in.gov/medicaid/providers). Notices of the DUR Board meetings and agendas are posted on the [FSSA website](https://www.in.gov/fssa) at [in.gov/fssa](https://www.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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