

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT202216 MARCH 1, 2022

Pharmacy updates approved by Drug Utilization Review Board February 2022

The Indiana Health Coverage Programs (IHCP) announces updates to the SilentAuth automated prior authorization (PA) system, PA criteria, mental health utilization edits, vaccines and the Preferred Drug List (PDL) as approved by the Drug Utilization Review (DUR) Board at its Feb. 18, 2022, 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 Antimigraine Agents, Antipsychotics, Monoclonal Antibodies for the Treatment of Respiratory Conditions, Multiple Sclerosis Agents, Pulmonary Antihypertensive Agents and Targeted Immunomodulators. These PA changes will be effective



for PA requests submitted on or after April 1, 2022. 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 Cushing's Syndrome Agents, Hepatitis C Agents, Miscellaneous Cardiac Agents, Non-PDL Agents PA and ST, PCSK9 Inhibitors and Select Lipotropics, and Somatostatin Analogs were established and approved by the DUR Board. These PA changes will be effective for PA requests submitted on or after April 1, 2022. The PA criteria are posted on the *Pharmacy Prior Authorization Criteria and Forms* page on the [OptumRx Indiana Medicaid website](#).

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 dates of service (DOS) on or after April 1, 2022.

Table 1 – Updates to utilization edits effective for DOS on or after April 1, 2022

| Name and strength of medication | Utilization edit |
|---------------------------------|--|
| Rexulti all strengths | Update age limit to 13 years and older |
| Sertraline 150 mg cap | 2/day |
| Sertraline 200 mg cap | 1/day |

Changes to the PDL

Changes to the PDL were made at the Feb. 18, 2022, DUR Board meeting. See Table 2 for a summary of PDL changes. Changes are effective for DOS on or after April 1, 2022, unless otherwise noted.

Table 2 – PDL changes effective for DOS on or after April 1, 2022

| Drug class | Drug | PDL status |
|--|--------------------------|--|
| Bronchodilator Agents – Beta Adrenergic and Anticholinergic Combinations | Tudorza Pressair | Nonpreferred (previously preferred); current utilizers permitted continuation of therapy |
| Monoclonal Antibodies for the Treatment of Respiratory Conditions | Tezspire | Nonpreferred |
| Pulmonary Antihypertensives | Tracleer Oral Suspension | Preferred |
| | Ambrisentan | Nonpreferred (previously preferred) |
| Hepatitis C Agents | Rebetol | Remove from the PDL |
| Vaginal Antimicrobials | Xaciatto | Nonpreferred if participating in the Medicaid Program |
| | Cleocin 2% cream | Preferred (previously nonpreferred) |
| Angiotensin Receptor Blockers (ARBs) | Eprosartan | Remove from the PDL |
| Lipotropics | Vascepa | Maintain as nonpreferred; add PA criteria for use |
| | Roszet | Remove from the PDL |
| | Icosapent Ethyl | Add the following step therapy: <ul style="list-style-type: none"> • Must have trialed and failed brand Vascepa |
| | Leqvio | Nonpreferred |
| Antimigraine Agents | Qulipta | Nonpreferred |
| Skeletal Muscle Relaxants | Ozobax | Remove from the PDL |
| Proton Pump Inhibitors | Dexlansoprazole | Nonpreferred |

Vaccine coverage and utilization edit updates

Updates to coverage and utilization edits for vaccines billed through the pharmacy point-of-sale system were approved by the DUR Board at its Feb. 18, 2022, meeting as listed in Table 3. These updates are effective for DOS on or after April 1, 2022.

Table 3 – Vaccine utilization edit changes effective for DOS on or after April 1, 2022

| Product Name | Age Restriction | Quantity Limit |
|--|--|--|
| Cholera live-attenuated oral suspension (Vaxchora) | Add age restriction of 2 through 64 years of age | Add quantity limit of 1 dose/lifetime |
| Haemophilus B (Pedvax HIB, ActHIB, HIBERIX) | Add age restriction of 19 years and older | Add quantity limit of 1 dose/lifetime |
| Hepatitis A (Havrix, Vaqta) | Update age restriction to 18 years and older | Update quantity limit to 3 doses/lifetime |
| Hepatitis B (Recombivax, Engerix-B) | N/A | Remove quantity limit for max lifetime doses |
| Hepatitis B (Hepelisav-B) | Add age restriction of 18 years and older | Add quantity limit of 1 dose/28 days |

Table 3 – Vaccine utilization edit changes effective for DOS on or after April 1, 2022 (Continued)

| Product Name | Age Restriction | Quantity Limit |
|--|---|---|
| Hepatitis B (Prehevbrio) | Add age restriction of 18 years and older | Add quantity limit of 1 dose/28 days; 3 doses/lifetime |
| Human Papillomavirus bivalent (Cervarix) | Remove from vaccine coverage | Remove from vaccine coverage |
| Japanese encephalitis (Ixiaro) | Add age restriction of 2 months and older | Maintain quantity limit of 1 dose/28 days; update to 3 doses/lifetime |
| Measles, Mumps, Rubella (M-M-R II) | N/A | Maintain quantity limit of 1 dose/28 days; update to 3 doses/lifetime |
| Meningococcal A, C, Y, and W-135 (Menomune) | Remove from vaccine coverage | Remove from vaccine coverage |
| Meningococcal vaccines (Menactra, Menveo, Trumenba, Bexsero) | N/A | Remove quantity limit for max lifetime doses |
| Meningococcal tetanus conjugate (Menquadfi) | Remove maximum age restriction | Remove quantity limit for max lifetime doses |
| Pneumococcal 15-valent (Vaxneuvance) | Add age restriction of 18 years and older | Add quantity limit of 1 dose/lifetime |
| Pneumococcal 20-valent (Pevnar 20) | Add age restriction of 18 years and older | Add quantity limit of 1 dose/lifetime |
| Pneumococcal polyvalent (Pneumovax 23) | N/A | Update quantity limit to 1 dose/5 years; 3 doses/lifetime |
| Rabies virus (Imovax) | N/A | Remove quantity limit |
| Rabies virus (Rabavert) | N/A | N/A |
| Smallpox and monkeypox (Jynneos) | Remove from vaccine coverage | Remove from vaccine coverage |
| Tick-borne encephalitis (Ticovac) | Add age restriction of 1 year and older | Add quantity limit of 1 dose/14 days; 4 doses/lifetime |
| Zaire ebolavirus (Ervebo) | Remove from vaccine coverage | Remove from vaccine coverage |
| Zoster live (Zostavax) | Remove from vaccine coverage | Remove from vaccine coverage |
| Zoster recombinant (Shingrix) | Update age restriction to 19 and older (members ages 19 through 49 years require prior authorization) | Add quantity limit of 1 dose/30 days for ages 19 through 49 years; quantity limit of 1 dose/60 days for ages 50 years and older; 2 doses/lifetime |

For more information

The PDL, mental health utilization edits, vaccine list, PA criteria, and SilentAuth criteria can be found on the [OptumRx Indiana Medicaid website](#). 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 855-577-6317. Questions regarding pharmacy benefits for members in the Healthy Indiana Plan (HIP), Hoosier Care Connect and Hoosier Healthwise should be referred to the managed care entity (MCE) with which the member is enrolled.

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