

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT202282 SEPTEMBER 29, 2022

Pharmacy updates approved by Drug Utilization Review Board September 2022

The Indiana Health Coverage Programs (IHCP) announces updates to the SilentAuth automated prior authorization (PA) system, PA criteria, the Preferred Drug List (PDL), and the addition of an Over-the Counter (OTC) Contraceptive Agents Formulary as approved by the Drug Utilization Review (DUR) Board at its Sept. 16, 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. These PA changes will be effective for PA requests submitted on or after Nov. 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 Cystic Fibrosis Agents were established and approved by the DUR Board. These PA changes will be effective for PA requests submitted on or after Nov. 1, 2022. The PA criteria are posted on the *Pharmacy Prior Authorization Criteria and Forms* page on the [OptumRx Indiana Medicaid website](#).

Changes to the PDL

Changes to the PDL were made at the Sept. 16, 2022, DUR Board meeting. See Table 1 for a summary of PDL changes. Changes are effective for dates of service (DOS) on or after Nov. 1, 2022, unless otherwise noted.

Table 1 – PDL changes effective for DOS on or after Nov. 1, 2022

Drug class	Drug	PDL status
Contraceptives	All contraception drug products participating in the Medicaid Drug Rebate Program	Add drug class to Estrogen and Related Agents therapeutic category Preferred
Lipotropics	Vascepa	Add quantity limit: 4 grams/day (4 capsules); add age limit: 18 years of age and older

OTC Contraceptive Agents Formulary

The OTC Contraceptive Agents Formulary was established at the Sept. 16, 2022, DUR Board meeting. See Table 2 for the list of products included on the formulary. The formulary is effective for DOS on or after Nov. 1, 2022, unless otherwise noted.

Table 2 – OTC Contraceptive Agents Formulary effective for DOS on or after Nov. 1, 2022

Drug category	Drug	Status/criteria
Emergency Contraception	Levonorgestrel 1.5 mg tablet	Covered; add quantity limit of 1 package per fill, maximum of 3 fills per month
Spermicidals	Nonoxynol-9 3% gel	Covered; add quantity limit of 1 package per 7 days, maximum of 30 days per fill
	Nonoxynol-9 4% gel	Covered; add quantity limit of 2 applicators per day, maximum of 30 days per fill
	Nonoxynol-9 12.5% foam	Covered; add quantity limit of 1 package per 3 days, maximum of 30 days per fill
	Nonoxynol-9 100 mg vaginal suppository	Covered; add quantity limit of 1 insert per day, maximum of 30 days per fill
	Nonoxynol-9 1,000 mg sponge	Covered; add quantity limit of 1 sponge per day, maximum of 30 days per fill
Condoms	Nonoxynol-9 28% VFC film	Covered; add quantity limit of 1 film per day,
	male condoms	Covered; add quantity limit of 1 condom per day, maximum of 30 days per fill
	female condoms	Covered; add quantity limit of 1 condom per day,

For more information

The PDL, PA criteria, SilentAuth criteria and OTC Contraceptive Agents Formulary 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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