

# IHCP *bulletin*

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## Pharmacy PA system and criteria changes announced

Indiana Medicaid announces enhancements to its automated pharmacy prior authorization (PA) system and changes to PA criteria as approved by the Drug Utilization Review (DUR) Board at its June 21, 2013, meeting.

### Automated PA system enhancements

The Indiana Health Coverage Programs (IHCP) has enhanced its automated PA system. General information about the automated PA system is found in [Chapter 9, Section 7, of the IHCP Provider Manual](#). The IHCP is updating the automated PA opiate overutilization criteria for Butrans and tramadol extended release (ER). Revisions will be implemented in the IHCP pharmacy claims processing system for claims with dates of service (DOS) on or after August 1, 2013.

*Table 1 – Updates to automated PA criteria effective for DOS on or after August 1, 2013*

Drug Class	Drug	Update to automated PA Opiate Overutilization Criteria
Narcotics	Butrans	Clarification: <i>“a history of 2 preferred agents is not required”</i>
Narcotics	tramadol ER	Delete: <i>“a history of at least 2 different preferred short-acting products required”</i> Add: <i>“a history of 90 days of therapy with tramadol immediate release (IR) in the past 120 days”</i>

### Changes to PA criteria

Branded multisource immunosuppressive agents with medically accepted indications for transplant anti-rejection prophylaxis, listed in Table 2, will no longer require PA effective for DOS on or after August 1, 2013. The prescriber must continue to indicate, in his or her own handwriting, “brand medically necessary” on the prescription or drug order. See [Chapter 9, Section 3, of the IHCP Provider Manual](#) for additional guidance.

*Table 2 – Brand multisource transplant anti-rejection drugs not requiring PA effective for DOS on or after August 1, 2013*

Brand Name	Generic Name
Azasan	azathioprine
Cellcept	mycophenolate mofetil
Gengraf	cyclosporine modified (for microemulsion)
Hecoria	tacrolimus
Imuran	azathioprine
Myfortic	mycophenolate sodium
Neoral	cyclosporine modified (for microemulsion)
Prograf	tacrolimus
Sandimmune	cyclosporine
Trexall	methotrexate sodium

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