

# IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS    BT201410    MARCH 18, 2014



## Pharmacy updates approved by Drug Utilization Review Board February 2014

The Indiana Health Coverage Programs (IHCP) announces enhancements to its SilentAuth automated pharmacy prior authorization (PA) system, updates to the mental health utilization edits, and changes to the Preferred Drug List (PDL), as approved by the Drug Utilization Review (DUR) Board at its February 21, 2014, meeting.

### SilentAuth PA enhancements

The IHCP has enhanced its automated PA system to update the criteria for the Multiple Sclerosis Agents and the Opiate Overutilization rule. The goal is to ensure appropriate utilization for IHCP members. These enhancements will be implemented in the IHCP pharmacy claims processing system for claims with dates of service (DOS) on or after May 1, 2014.

### 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, as recommended by the MHQAC and listed in Table 1. These updates are effective for DOS on or after May 1, 2014.

*Table 1 – Updates to utilization edits effective for DOS on or after May 1, 2014*

| Name and strength of medication | Utilization edit |
|---------------------------------|------------------|
| Brintellix 5 mg                 | 1/day            |
| Brintellix 10 mg                | 1/day            |

*Table 1 – Updates to utilization edits effective for DOS on or after May 1, 2014 (Continued)*

| <b>Name and strength of medication</b> | <b>Utilization edit</b> |
|--|-------------------------|
| Brintellix 20 mg                       | 1/day                   |
| Fetzima 20 mg ER                       | 1/day                   |
| Fetzima 40 mg ER                       | 1/day                   |
| Fetzima 80 mg ER                       | 1/day                   |
| Fetzima 120 mg ER                      | 1/day                   |

The complete list of *Utilization Edits for Mental Health Medications* is available under the [Pharmacy Services](#) quick link at indianamedicaid.com (Pharmacy Services > Boards and Committees > Mental Health Quality Advisory Committee (MHQAC) > Utilization Edits for Mental Health Medications).

### **Changes to the PDL**

Changes to the PDL were made at the February 21, 2014, DUR Board meeting. These decisions were based on the recommendations from the Therapeutics Committee meeting February 7, 2014. See Table 2 for a summary of these changes. The changes are effective for DOS on or after May 1, 2014, unless otherwise noted.

*Table 2 - Approved changes to the PDL effective for DOS on or after May 1, 2014*

| <b>Drug Class</b>   | <b>Drug</b>                                 | <b>PDL Status</b>             |
|---|---|-------------------------------|
| Beta Adrenergics and Corticosteroids                              | Breo Ellipta                                | Nonpreferred                  |
| Beta Agonists – Long and Short Acting                             | Proventil                                   | Remove from the PDL           |
| Oral Inhaled Glucocorticoids                                      | Aerospan                                    | Nonpreferred                  |
| Pulmonary Antihypertensives – Phosphodiesterase Type 5 Inhibitors | Adempas                                     | Nonpreferred with PA criteria |
|   | Letairis                                    | Nonpreferred with PA criteria |
|   | Tracleer                                    | Nonpreferred with PA criteria |
|   | Opsumit                                     | Nonpreferred with PA criteria |
|   | Cephalosporins – 1 <sup>st</sup> Generation |                               |

Table 2 - Approved changes to the PDL effective for DOS on or after May 1, 2014 (Continued)

| Drug Class  | Drug                       | PDL Status   |
|---|----------------------------|--|
| Hepatitis C Agents  | Sovaldi                    | Maintain as status pending; add PA criteria  |
|   | Olysio                     | Maintain as status pending; add PA criteria  |
| Ophthalmic Antibiotics                                      | Zymar                      | Remove from the PDL  |
| ACE Inhibitors  | Epaned                     | Nonpreferred with criteria of under 18 years of age or unable to swallow tablets     |
| Angiotensin Receptor Blockers                               | Telmisartan                | Nonpreferred   |
|   | Micardis                   | Maintain as Preferred<br>[until the generic formulation is financially advantageous] |
| Angiotensin Receptor Blockers with Calcium Channel Blockers | Telmisartan/<br>Amlodipine | Nonpreferred   |

The PDL, SilentAuth, and PA criteria can be accessed under the [Pharmacy Services](#) link at indianamedicaid.com. Notices of the DUR Board meetings and agendas are posted on the [Family and Social Services Administration \(FSSA\) website](#) at in.gov/fssa. Click "FSSA Calendar" on the left side of the page to access the events calendar.

Please direct PA requests and questions about the PDL, the Over the Counter (OTC) Drug Formulary, pharmacy services, or this bulletin to the Catamaran Clinical and Technical Help Desk at 1-855-577-6317 toll-free.

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