

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201446 SEPTEMBER 30, 2014

Pharmacy updates approved by Drug Utilization Review Board August 2014

The Indiana Health Coverage Programs (IHCP) announces changes to prior authorization (PA) and the Preferred Drug List (PDL) approved by the Drug Utilization Review (DUR) Board at its August 15, 2014, meeting. Additional changes from this DUR Board meeting were previously announced in [IHCP Bulletin BT201440](#).

PA changes

PA criteria for oral allergen-specific immunotherapy were established and approved by the DUR Board. The criteria will be effective for PA requests submitted on or after November 1, 2014. The PA criteria are posted on the *Pharmacy Prior Authorization Criteria and Forms* page under the [Pharmacy Services](#) quick link at indianamedicaid.com.

Changes to the PDL

Changes to the PDL were approved by the DUR Board, based upon recommendations from the August 1, 2014, Therapeutics Committee meeting. See Table 1 for a summary of drug-specific changes to the PDL. These changes are effective for claims with dates of service (DOS) on or after November 1, 2014.

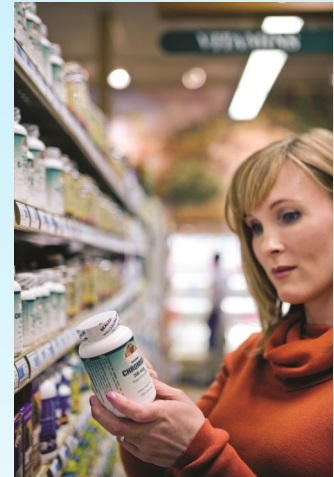


Table 1 – Approved changes to the PDL effective for DOS on or after November 1, 2014

Drug Class	Drug	PDL Status
Oral Inhaled Glucocorticoids	Asmanex	Maintain as preferred; add quantity limit of 1 inhaler/30 days
Targeted Immunomodulators	Cimzia Starter Kit	Maintain as preferred; add quantity limit of 3/28 days

The PDL and PA criteria can be accessed under the [Pharmacy Services](#) quick 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, or this bulletin to the Catamaran Clinical and Technical Help Desk by calling toll-free 1-855-577-6317.

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