

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201512 FEBRUARY 26, 2015

Pharmacy updates approved by Drug Utilization Review Board February 2015

The Indiana Health Coverage Programs (IHCP) announces changes to prior authorization (PA) criteria, enhancements to its SilentAuth automated PA system, updates to the mental health utilization edits, and changes to the Preferred Drug List (PDL) and OTC Drug Formulary as approved by the Drug Utilization Review (DUR) Board at its February 20, 2015, meeting.

PA Changes

The DUR Board approved an exemption from the mental health medication PA criteria for psychotropic drug treatment regimens that have been reviewed by pediatric psychiatrists contracted with the Department of Child Services (DCS). The PA exemption applies to DCS wards and fosters only.



PA criteria for hepatitis C agents were established and approved by the DUR Board. The criteria will be effective for PA requests submitted on or after April 1, 2015. The PA criteria are posted on the *Pharmacy Prior Authorization Criteria and Forms* page (Preferred Products > Pharmacy Criteria and Forms) via the [Pharmacy Services](#) quick link at indianamedicaid.com.

SilentAuth PA enhancement

The IHCP has enhanced its automated PA system to update the criteria for the Multiple Sclerosis Agents. 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 April 1, 2015.

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 April 1, 2015.

Table 1 – Updates to utilization edits effective for DOS on or after April 1, 2015

| Name and strength of medication | Utilization edit |
|---------------------------------|------------------|
| Belsomra 5 mg tabs | 1/day |
| Belsomra 10 mg tabs | 1/day |
| Belsomra 15 mg tabs | 1/day |
| Belsomra 20 mg tabs | 1/day |

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

Changes to the PDL and OTC Drug Formulary

Changes to the PDL and OTC Formulary were made at the February 20, 2015, DUR Board meeting. PDL decisions are based on the recommendations from the Therapeutics Committee meeting February 6, 2015. See Table 2 for a summary of PDL changes and [Table 3](#) for a summary of OTC Drug Formulary changes. Changes are effective for DOS on or after April 1, 2015, unless otherwise noted.

Table 2 – Approved changes to the PDL effective for DOS on or after April 1, 2015

| Drug Class | Drug | PDL Status |
|--|---------------------------|--|
| Beta Agonists | Striverdi Respimat | Nonpreferred |
| Bronchodilator Agents – Beta Adrenergic and Anticholinergic Combinations | Spiriva Respimat | Nonpreferred; quantity limit of 1 inhaler/30 days |
| | Incruse Ellipta | Nonpreferred; quantity limit of 1 inhaler/30 days |
| | Anoro Ellipta | Nonpreferred; quantity limit of 1 inhaler/30 days |
| Leukotriene Receptor Antagonists | | Remove SilentAuth criteria from this drug class |
| | Montelukast granules | Nonpreferred (previously preferred); add step therapy requiring prescriber documentation indicating tablet formulations are unsuitable for use |
| Nasal Antihistamines/Nasal Anti-Inflammatory Steroids | Astepro 0.15% nasal spray | Nonpreferred (previously preferred) |
| Oral Inhaled Glucocorticoids | Asmanex HFA | Nonpreferred; quantity limit of 1 inhaler/30 days |
| | Arnuity Ellipta | Nonpreferred; quantity limit of 1 inhaler/30 days |
| Antivirals – Anti-herpetic Agents | Sitavig | Nonpreferred |
| Hepatitis C Agents | Harvoni | Preferred (previously nonpreferred); must meet updated PA criteria |
| | Viekira | Preferred; must meet updated PA criteria |
| Topical Antifungals | Kerydin topical solution | Nonpreferred |
| Calcium Channel Blockers | Cardizem LA | Nonpreferred (previously preferred) |

Table 2 – Approved changes to the PDL effective for DOS on or after April 1, 2015 (Continued)

| Drug Class | Drug | PDL Status |
|-----------------------------|------------------------|--|
| Potassium Sparing Diuretics | | Remove drug class from the PDL |
| | Eplerenone | Remove from PDL; maintain step therapy requiring trial of spironolactone within the past 30 days |
| Bile Acid Sequestrants | Welchol | Preferred (previously nonpreferred); remove SilentAuth criteria |
| | Cholestyramine packets | Nonpreferred (previously preferred) |
| Fibric Acid Derivatives | Fenoglide | Nonpreferred |
| Electrolyte Depleters | Auryxia | Nonpreferred |
| Multiple Sclerosis Agents | Lemtrada | Nonpreferred; add to SilentAuth criteria; quantity limit of 5 vials/311 days in year 1 and 3 vials/365 days in year 2 (8 vials lifetime maximum) |
| | Plegridy | Nonpreferred; add to SilentAuth criteria; quantity limit of 1 kit (2 syringes)/23 days |

Table 3 – OTC Drug Formulary changes effective for DOS on or after April 1, 2015

| Drug Class | Drug | OTC Drug Formulary Status/Criteria |
|--------------------|-------------------------------|---|
| Compounding Agents | Cocoa butter topical ointment | Remove from the OTC Drug Formulary |
| | Thik & Clear packets | Remove from the OTC Drug Formulary |
| Vitamins | Ascorbic acid powder | Remove from the OTC Drug Formulary |

The PDL, OTC Drug Formulary, SilentAuth, mental health drug utilization edits, and PA criteria can be accessed via 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 or questions about the PDL, OTC Drug Formulary, or this bulletin to the Catamaran Clinical and Technical Help Desk by calling toll-free at 1-855-577-6317.

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