IHCP *bulletin*

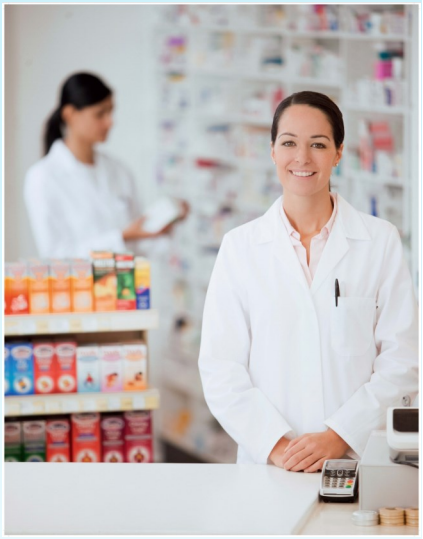
INDIANA HEALTH COVERAGE PROGRAMS BT201534 MAY 26, 2015

Pharmacy updates approved by Drug Utilization Review Board May 2015

The Indiana Health Coverage Programs (IHCP) announces changes to prior authorization (PA) criteria, enhancements to SilentAuth automated PA system, updates to the mental health utilization edits, and changes to the Preferred Drug List (PDL) approved by the Drug Utilization Review (DUR) Board at its May 15, 2015, meeting.

PA changes

PA criteria for brand medically necessary agents and testosterones were established and approved by the DUR Board. The criteria will be effective for PA requests submitted on or after July 1, 2015. The PA criteria are posted on the *Pharmacy Prior Authorization Criteria and Forms* page (Preferred Products > Pharmacy Criteria and Forms) using 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 COX-II inhibitors, select nonsteroidal anti-inflammatory drugs (NSAIDs), and targeted immunomodulators. 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 July 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 July 1, 2015.

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

Name and strength of medication	Utilization edit
Vyvanse 10 mg caps	1/day
Pristiq 25 mg tabs	1/day
Namzaric ER 14 mg/10 mg caps	1/day
Namzaric ER 28 mg/10 mg caps	1/day

Changes to the PDL

Changes to the PDL were made at the May 15, 2015, DUR Board meeting. See Table 2 for a summary of PDL changes. Changes are effective for DOS on or after July 1, 2015, unless otherwise noted.

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

Drug Class	Drug	PDL Status
Antiemetic/Antivertigo Agents	Akynzeo	Nonpreferred
	Diclegis	Maintain as nonpreferred; add step therapy requiring member use for the treatment of pregnancy-associated nausea and vomiting; add quantity limit of 4 tabs/day and max 270 days/365 days
Antipsoriatics	Dovonex scalp solution	Remove from the PDL
	Taclonex suspension	Preferred (previously nonpreferred)
Antidiabetic Agents (oral)	Xigduo XR	Nonpreferred; add step therapy requiring prescriber to provide documentation that separate components are unsuitable for use
	Glyxambi	Nonpreferred; add step therapy requiring prescriber to provide documentation that separate components are unsuitable for use
	Actoplus Met XR; Avandamet; Avandaryl; pioglitazone/ glimepiride; pioglitazone/ metformin	Maintain as nonpreferred; update step therapy requiring prescriber to provide documentation that separate components are unsuitable for use
	Invokamet	Maintain as nonpreferred; update step therapy requiring prescriber to provide documentation that separate components are unsuitable for use
DPP4-HMG CoA Reductase Inhibitor Combinations	Juvisync	Remove drug and drug class from the PDL
Insulins – Short-Acting	Afrezza	Nonpreferred
Insulins – Long-Acting	Levemir Flextouch	Preferred
	Toujeo Solostar	Nonpreferred
Testosterones	Natesto	Nonpreferred; must meet PA criteria if exceeding quantity limit of 3 boxes (3 dispensers)/30 days
	Topical agents	Maintain preferred or nonpreferred status for all topical agents; add age restriction of 18 years of age or older for all topical agents

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

Drug Class	Drug	PDL Status
Laxatives and Cathartics	Movantik	Nonpreferred; add step therapy requiring trial of lactulose, sorbitol, or polyethylene glycol within past 90 days AND diagnosis of opioid-induced constipation; add quantity limit of 1 tab/day
Ulcerative Colitis Agents	Uceris rectal foam	Nonpreferred
	Apriso	Nonpreferred (previously preferred)
Benign Prostatic Hypertrophy (BPH) Agents	Cialis 2.5 mg and 5 mg	Nonpreferred; add step therapy requiring prescriber to provide documentation of trial and failure of nonselective alpha-blocker, a selective alpha-blocker, a 5-alpha reductase inhibitor, and a combination product for the treatment of BPH or medically justifiable reason that the agents are not suitable for use
Urinary Tract Antispasmodic/ Anti-Incontinence Agents	Sanctura XR	Remove from the PDL
Direct Factor XA Inhibitors	Savaysa	Nonpreferred; add quantity limit of 1 tab/day
Hematinics	Mircera	Nonpreferred
Leukocyte Stimulants	Zarxio	This product will be placed on the PDL when cost information is released. At that time, if Zarxio is added as preferred, Neupogen will be moved to nonpreferred; if Zarxio is added as nonpreferred, Neupogen will be maintained as preferred.
	Granix	Nonpreferred
Targeted Immunomodulators	Cosentyx	Nonpreferred

The PDL, Over-the-Counter (OTC) Drug Formulary, SilentAuth, mental health drug utilization edits, and PA criteria can be accessed using 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 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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