IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201563 SEPTEMBER 1, 2015

Pharmacy updates approved by Drug Utilization Review Board August 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) as approved by the Drug Utilization Review (DUR) Board at its August 21, 2015, meeting. These changes apply to the fee-for-service (FFS) pharmacy benefit.

PA changes

PA criteria for hepatitis C agents and the new miscellaneous cardiac agents were established and approved by the DUR Board. The criteria will be effective for PA requests submitted on or after October 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 atypical antipsychotics, duplicate sedative-hypnotic/benzodiazepines, pulmonary antihypertensives, and 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 October 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 October 1, 2015.

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

Name and strength of medication	Utilization edit
Abilify Maintena Susr 300 mg	Add AGE – 18 years of age and older
Abilify Maintena Susr 400 mg	Add AGE – 18 years of age and older
Aptensio XR 10 mg caps	1/day

Table 1 – Updates to utilization edits effective for DOS on or after October 1, 2015 (Continued)

Name and strength of medication	Utilization edit
Aptensio XR 15 mg caps	1/day
Aptensio XR 20 mg caps	1/day
Aptensio XR 30 mg caps	1/day
Aptensio XR 40 mg caps	1/day
Aptensio XR 50 mg caps	1/day
Aptensio XR 60 mg caps	1/day
Duloxetine 40 mg DR caps	2/day
Fluphenazine dec inj 25 mg/ml	Add AGE – 18 years of age and older
Haloperidol dec IM soln 50 mg/ml	Add AGE – 18 years of age and older
Haloperidol dec IM soln 100 mg/ml	Add AGE – 18 years of age and older
Irenka 40 mg DR caps	2/day
Invega Sust 39 mg/0.25 ml ER susp	Add AGE – 18 years of age and older
Invega Sust 78 mg/0.5 ml ER susp	Add AGE – 18 years of age and older
Invega Sust 117 mg/0.75 ml ER susp	Add AGE – 18 years of age and older
Invega Sust 156 mg/1 ml ER susp	Add AGE – 18 years of age and older
Invega Sust 234 mg/1.5 ml ER susp	Add AGE – 18 years of age and older
Invega Trinza 273 mg ER susp	1/84 days; Add AGE – 18 years of age and older
Invega Trinza 410 mg ER susp	1/84 days; Add AGE – 18 years of age and older
Invega Trinza 546 mg ER susp	1/84 days; Add AGE – 18 years of age and older
Invega Trinza 819 mg ER susp	1/84 days; Add AGE – 18 years of age and older
Paroxetine HCl 10 mg tabs	Add AGE – 18 years of age and older*
Paroxetine HCl 20 mg tabs	Add AGE – 18 years of age and older*
Paroxetine HCl 30 mg tabs	Add AGE – 18 years of age and older*
Paroxetine HCl 40 mg tabs	Add AGE – 18 years of age and older*
Paroxetine HCl 12.5 mg ER tabs	Add AGE – 18 years of age and older*
Paroxetine HCl 25 mg ER tabs	Add AGE – 18 years of age and older*
Paroxetine HCl 37.5 mg ER tabs	Add AGE – 18 years of age and older*
Paxil 10mg/5 ml susp	Add AGE – 18 years of age and older*

Table 1 – Updates to utilization edits effective for DOS on or after October 1, 2015 (Continued)

Name and strength of medication	Utilization edit
Risperdal Consta 12.5 mg inj	Add AGE – 18 years of age and older
Risperdal Consta 25 mg inj	Add AGE – 18 years of age and older
Risperdal Consta 37.5 mg inj	Add AGE – 18 years of age and older
Risperdal Consta 50 mg inj	Add AGE – 18 years of age and older
Ritalin LA 60 mg caps	1/day
Saphris 2.5 mg subl tabs	2/day
Zyprexa Relprevv 210 mg inj	Add AGE – 18 years of age and older
Zyprexa Relprevv 300 mg inj	Add AGE – 18 years of age and older
Zyprexa Relprevv 405 mg inj	Add AGE – 18 years of age and older

* *Members who have used paroxetine within the past 60 days will be granted a continuation of therapy prior authorization.*

Changes to the PDL

Changes to the PDL were made at the August 21, 2015, DUR Board meeting. See Table 2 for a summary of PDL changes. Changes are effective for DOS on or after October 1, 2015, unless otherwise noted.

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

Drug Class	Drug	PDL Status
Beta Agonists – Long Acting	Serevent	Preferred (previously nonpreferred)
Beta Agonists – Short Acting	Proair Respiclick	Nonpreferred
Bronchodilator Agents – Beta Adrenergic and Anticholinergic Combinations	Stiolto Respimat	Preferred
Nasal Antihistamines/ Nasal Anti-Inflammatory Steroids	Zetonna	Preferred (previously nonpreferred)
	Veramyst	Nonpreferred (previously preferred)
Oral Inhaled Glucocorticoids	Aerospan	Preferred (previously nonpreferred)
	Flovent Diskus	Nonpreferred (previously preferred)
	Pulmicort Flexhaler	Nonpreferred (previously preferred)

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

Drug Class	Drug	PDL Status
Pulmonary Antihypertensives	Revatio Suspension	Nonpreferred; must meet PA criteria
	Adcirca	Nonpreferred (previously preferred); update PA criteria to include the following: • Must have tried and failed sildenafil in the past two years or have contraindication for use
	Letairis	Preferred (previously nonpreferred); maintain PA criteria
	Orenitram	Preferred (previously nonpreferred); maintain PA criteria
	Tracleer	Preferred (previously nonpreferred); maintain PA criteria
Antivirals – Antiinfluenza Agents	Rapivab	Nonpreferred
Hepatitis C Agents	Sovaldi	Preferred (previously nonpreferred) for genotypes 2-4 with > stage 2 fibrosis; maintain as nonpreferred for genotype 1; maintain PA criteria
	Incivek	Nonpreferred (previously preferred); maintain PA criteria
	Victrelis	Nonpreferred (previously preferred); maintain PA criteria
	Olysio	Nonpreferred (previously preferred); maintain PA criteria
	Daklinza	Preferred; add PA criteria: • Must be ≥ 18 years of age • For women of childbearing age, must confirm negative pregnancy test prior to therapy • Prescription must be written by or in consultation with an infectious disease or gastroenterology specialist • Must have a diagnosis of chronic hepatitis C genotype 3 with >stage 2 fibrosis, co-infection with HIV or AIDS, or post liver transplant • Must confirm concurrent sofosbuvir therapy • May receive one 12-week approval only • Dose approved is 60 mg daily (30 mg dose and 90 mg dose [1-30 mg tablet and 1-60 mg tablet] will be considered in instance of drug-drug interaction)

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

Drug Class	Drug	PDL Status
Hepatitis C Agents (Continued)	Technivie	Preferred; add PA criteria: • Must be ≥ 18 years of age • For women of childbearing age, must confirm negative pregnancy test prior to therapy • Prescription must be written by or in consultation with an infectious disease or gastroenterology specialist • Must have a diagnosis of chronic hepatitis C genotype 4 with >stage 2 fibrosis and <stage 4 fibrosis, co-infection with HIV or AIDS, or post liver transplant • Must confirm concurrent ribavirin therapy (contraindications or intolerance to ribavirin therapy will be assessed at the call center) • May receive one 12-week approval only • Dose approved is two 12.5-75-50 mg tablets daily
Hepatitis C Agents (Continued)	All Agents	Update criteria for relapse and reinfection to the following: • Must be ≥ 18 years of age • For women of childbearing age, must confirm negative pregnancy test prior to therapy • Prescription must be written by or in consultation with an infectious disease or gastroenterology specialist • Duration of approval will be up to 24 weeks • Must confirm member was compliant with therapy − Noncompliance due to intolerance of drug therapy will be approved if new regimen does not contain therapy that produced intolerance − Noncompliance will be further reviewed through medical review ⇒ Must have a diagnosis of chronic hepatitis C with >stage 3 fibrosis (regimen approved will be dependent on genotype per initial treatment criteria) ⇒ Must be first request for retreatment ⇒ Prescriber and member must provide documentation regarding rationale and methodology to ensure compliance with therapy

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

Drug Class	Drug	PDL Status
Hepatitis C Agents (Continued)	All Agents (Continued)	• If request for retreatment is due to relapse (member was not previously cured/did not reintroduce virus): – Must confirm that therapy requested is different than initial therapy • If request for retreatment is due to reinfection (member was previously cured and virus was reintroduced): – Must have a diagnosis of chronic hepatitis C with >stage 3 fibrosis (regimen approved will be dependent on genotype per initial treatment criteria) • Reinfection due to illicit drug use will be subject to medical review – Prescriber documentation required that member has been sober for at least one year and provide continued treatment plan • Reinfection through sexual intercourse will be subject to medical review – Prescriber must provide documentation regarding the member's sexual habits and prevention mechanisms to prevent further reinfection • Reinfection through organ transplant or blood transfusion – Prescriber must provide documentation of transplant/ transfusion • Reinfection due to other circumstances will be subject to medical review – Prescriber must provide detailed documentation regarding other method of reinfection and future prevention
Macrolides	Ery-Tab	Nonpreferred (previously preferred)
	Erythromycin tabs	Nonpreferred (previously preferred)
	Erythromycin caps	Maintain as preferred
Systemic Antifungals	Cresemba	Nonpreferred
Vaginal Antimicrobials	Nuvessa	Nonpreferred
	Clindesse	Nonpreferred
ACE Inhibitors	Quinapril	Nonpreferred (previously preferred)

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

Drug Class	Drug	PDL Status
ACE Inhibitors with Calcium Channel Blockers	Prestalia	Nonpreferred (if product participates in Medicaid program); add quantity limit – 30 tablets/30 days
	Amlodipine/ benazepril	Preferred (previously nonpreferred); maintain quantity limit
Beta Adrenergic Blockers	Sotilyze Oral Solution	Nonpreferred; add step therapy requiring member be under 18 years of age or unable to swallow tablets
Direct Renin Inhibitors	Tekturna	Nonpreferred (previously preferred); maintain step therapy
Direct Renin Inhibitors with Calcium Channel Blockers	Tekamlo	Nonpreferred (previously preferred); maintain step therapy
Direct Renin Inhibitors with Calcium Channel Blockers and Diuretics	Amturnide	Nonpreferred (previously preferred); maintain step therapy
Direct Renin Inhibitors with Diuretics	Tekturna HCT	Nonpreferred (previously preferred); maintain step therapy
Miscellaneous Cardiac Agents		Addition of a new drug class titled "Miscellaneous Cardiac Agents" to be maintained in the Cardiovascular Agents therapeutic category
	Entresto	Preferred
	Corlanor	Nonpreferred; add the following PA criteria: • Diagnosis of heart failure in the past two years AND • Left ventricular ejection fraction is less than or equal to 35% AND • Resting heart rate is greater than or equal to 70 beats per minute AND • Member is currently maximized on beta-blocker dose or has contraindication to beta-blocker use
HMG CoA Reductase Inhibitors	Lescol	Nonpreferred (previously preferred)
	Lescol XL	Nonpreferred (previously preferred)

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

Drug Class	Drug	PDL Status
Lipotropics	Lovaza	Preferred (previously nonpreferred)
	Niacin ER	Nonpreferred (previously preferred)
	Praluent	Nonpreferred; add the following PA criteria: • Diagnosis of hyperlipidemia in a high-risk member with clinical arteriosclerotic cardiovascular disease (ASCVD) with a baseline LDL-C >=160 mg/dL OR • Diagnosis of heterozygous familial hypercholesterolemia (HeFH) with a baseline LDL-C >=160 mg/dL AND • Member must be 18 years of age or older • Must be prescribed by, or in consultation with, a cardiologist or endocrinologist • Previous trial of high-intensity statin therapy (atorvastatin 40 mg/80 mg or Crestor 20 mg/40 mg) in combination with ezetimibe or bile acid sequestrant OR contraindication or intolerance of at least two statins, including one high-intensity statin (maximized statin therapy to continue with PCSK9 Inhibitor unless contraindicated/intolerance for use) • Dose approved is 75 mg every 2 weeks or 150 mg every 2 weeks
Antimigraine Agents	Treximet	Preferred (previously nonpreferred); maintain quantity limit
Electrolyte Depleters	Fosrenol Powder Packet	Nonpreferred
Multiple Sclerosis Agents	Aubagio	Preferred (previously nonpreferred); add to one-step SilentAuth PA criteria
	Copaxone 40mg/ml	Nonpreferred (previously preferred); add to nonpreferred SilentAuth PA criteria; grandfather current utilizers

The PDL, Over-the-Counter (OTC) Drug Formulary, SilentAuth, mental health drug utilization edits, 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 FFS PA requests and questions about the FFS PDL, the FFS OTC Drug Formulary, or this bulletin to the OptumRx Clinical and Technical Help Desk by calling toll-free 1-855-577-6317. Questions regarding pharmacy benefits for members in the Healthy Indiana Plan (HIP) and Hoosier Care Connect should be referred to the managed care entity with which the member is enrolled.

SIGN UP FOR IHCP EMAIL NOTIFICATIONS

To receive email notices of IHCP publications, subscribe by clicking the blue subscription envelope here or on the pages of indianamedicaid.com.

COPIES OF THIS PUBLICATION

If you need additional copies of this publication, please download them from indianamedicaid.com.

TO PRINT

A printer-friendly version of this publication, in black and white and without graphics, is available for your convenience.