

# IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS    BT201574    OCTOBER 29, 2015

## Pharmacy updates approved by Drug Utilization Review Board September and October 2015

The Indiana Health Coverage Programs (IHCP) announces changes to prior authorization (PA) criteria and updates to utilization edits for vaccines as approved by the Drug Utilization Review (DUR) Board at its September 25, 2015, and October 16, 2015, meetings. These changes apply to the fee-for-service (FFS) pharmacy benefit.

### PA changes

PA criteria for PCSK-9 inhibitors were updated and approved by the DUR Board. The criteria will be effective for PA requests submitted on or after December 1, 2015. The PA criteria are posted on the *Pharmacy Prior Authorization Criteria and Forms* page accessible via the [Pharmacy Services](#) quick link at indianamedicaid.com (click “Pharmacy Criteria and Forms” under the Preferred Products tab in the top navigation panel).



### Vaccine utilization edits

Utilization edits for vaccines billed through the pharmacy point-of-sale system were approved by the DUR Board at its September 25, 2015, meeting as listed in Table 1. These updates are effective for dates of service (DOS) on or after October 1, 2015.

*Table 1 – Vaccine utilization edits effective for DOS on or after October 1, 2015*

Product Name	Age Restriction	Quantity Limit
Hepatitis A vaccine (Havrix/Vaqta)	19 years of age or older	1 dose/6 months; 2 doses/lifetime
Hepatitis B vaccine (recomb) (Recombivax/Engerix-B)	19 years of age or older	1 dose/28 days; 3 doses/lifetime
Influenza	19 years of age or older	1 dose/season
Japanese encephalitis virus (Ixiaro)	19 years of age or older	1 dose/28 days; 2 doses/year
Poliovirus vaccine, IPV (Ipol)	19 years of age or older	1 dose/28 days; 4 doses/lifetime
Human papillomavirus (HPV) quadrivalent recombinant (Gardasil)	19 through 26 years of age	1 dose/56 days; 3 doses/lifetime
Human papillomavirus (HPV) bival (type 16, 18) recomb vac (Cervarix)	19 through 26 years of age	1 dose/28 days; 3 doses/lifetime
Human papillomavirus (HPV) 9-valent recomb vac (Gardasil-9)	19 through 26 years of age	1 dose/56 days; 3 doses/lifetime

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

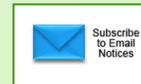
Product Name	Age Restriction	Quantity Limit
Rabies virus (Imovax)	19 years of age or older	5 doses/2 years
Varicella virus vaccine live (Varivax)	19 years of age or older	1 dose/28 days; 2 doses/lifetime
Yellow fever vaccine (YF-Vax)	19 years of age or older	1 dose/10 years
Zoster vaccine live (Zostavax)	50 years of age or older	1 dose/lifetime
Hepatitis A (inactivated)-hepatitis B (recombinant) vaccine (Twinrix)	19 years of age or older	1 dose/28 days; 4 doses/lifetime
Measles, mumps & rubella virus vaccines (M-M-R II)	19 years of age or older	1 dose/28 days; 2 doses/lifetime
Anthrax vaccine adsorbed (Biothrax)	19 through 65 years of age	N/A
BCG vaccine	19 years of age or older	N/A
Haemophilus B	19 years of age or older	1 dose/28 days; 3 doses/lifetime
Meningococcal group B vaccine (Trumenba)	19 through 25 years of age	1 dose/56 days; 3 doses/lifetime
Meningococcal vac B (recomb adsorbed) (Bexsero)	19 through 49 years of age	1 dose/56 days; 2 doses/lifetime
Meningococcal vaccine A, C, Y, and W-135 (Menomune)	19 years of age or older	2 doses/lifetime
Meningococcal (A, C, Y, and W-135) conjugate vaccine (Menactra)	19 through 55 years of age	1 dose/4 years; 2 doses/lifetime
Meningococcal (A, C, Y, and W-135) oligo conj vac (Menveo)	19 through 55 years of age	1 dose/56 days; 2 doses/lifetime
Pneumococcal 13-valent conjugate vaccine (Prevnar 13)	19 years of age or older	4 doses/lifetime
Pneumococcal vaccine polyvalent (Pneumovax 23)	19 years of age or older	2 doses/lifetime
Typhoid Vi polysaccharide vaccine (Typhim Vi)	19 years of age or older	1 dose/2 years
Typhoid vaccine cap delayed release (Vivotif)	19 years of age or older	4 capsules/5 years
Tetanus toxoid	19 years of age or older	N/A
Tetanus-diphtheria toxoids (Td)	19 years of age or older	N/A
Tetanus toxoid-diphtheria-acellular pertussis adsorb (TDAP)	19 years of age or older	N/A

The PA criteria and vaccine utilization edits 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 FFS PA requests and questions about 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.

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