

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201578 DECEMBER 1, 2015

Pharmacy updates approved by Drug Utilization Review Board November 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 the Over-the-Counter (OTC) Drug Formulary as approved by the Drug Utilization Review (DUR) Board at its November 20, 2015, meeting. These changes apply to the fee-for-service (FFS) pharmacy benefit.

PA changes

PA criteria for growth hormones and Synagis, and a PA exemption policy for buprenorphine and buprenorphine/naloxone were established and approved by the DUR Board. The criteria will be effective for PA requests submitted on or after January 1, 2016. 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).



SilentAuth PA enhancement

The IHCP has enhanced its automated PA system to update the criteria for the atypical antipsychotics, opiate overutilization, anti-incontinence agents, 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 January 1, 2016.

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 January 1, 2016.

Table 1 – Updates to utilization edits effective for DOS on or after January 1, 2016

Name and strength of medication	Utilization edit
Aristada 441 mg/1.6 ml	1/28 days; Add AGE – 18 years of age and older
Aristada 662 mg/2.4 ml	1/28 days; Add AGE – 18 years of age and older
Aristada 882 mg/3.2 ml	1/28 days; Add AGE – 18 years of age and older

Table 1 – Updates to utilization edits effective for DOS on or after January 1, 2016 (Continued)

Name and strength of medication	Utilization edit
Rexulti 0.25 mg tabs	1/day
Rexulti 0.5 mg tabs	1/day
Rexulti 1 mg tabs	1/day
Rexulti 2 mg tabs	1/day
Rexulti 3 mg tabs	1/day
Rexulti 4 mg tabs	1/day
Vraylar 1.5 mg caps	2/day
Vraylar 3 mg caps	1/day
Vraylar 4.5 mg caps	1/day
Vraylar 6 mg caps	1/day
Zenzedi 15 mg tabs	1/day
Zenzedi 20 mg tabs	2/day
Zenzedi 30 mg tabs	2/day

Changes to the PDL and OTC Drug Formulary

Changes to the PDL and OTC Drug Formulary were made at the November 20, 2015, DUR Board meeting. See Table 2 for a summary of PDL changes. See Table 3 for a summary of the OTC Drug Formulary changes. Changes are effective for DOS on or after January 1, 2016, unless otherwise noted.

Table 2 – Approved changes to the PDL effective for DOS on or after January 1, 2016

Drug Class	Drug	PDL Status
Antiemetic/Antivertigo Agents	Ondansetron oral tablets and disintegrating tablets	Maintain as preferred; update quantity limit – 90 tablets/30 days
	Diclegis	Preferred (previously nonpreferred); remove step therapy; maintain quantity limit – 4 tablets/day, max 270 tablets/365 days
	Varubi	Nonpreferred (if product participates in Medicaid program); add quantity limit – 4 tablets/Rx

Table 2 – Approved changes to the PDL effective for DOS on or after January 1, 2016 (Continued)

Drug Class	Drug	PDL Status
Narcotic Antitussive/1 st Generation Antihistamine Combinations	Hycofenix	Nonpreferred; add step therapy – must have trial of a preferred agent and 1 OTC antitussive; add age limit – 18 years and older; add quantity limit – 8 ounces/Rx
	Tuzistra XR	Nonpreferred (if product participates in Medicaid program); add step therapy – must have trial of a preferred agent and 1 OTC antitussive; add age limit – 18 years and older; add quantity limit – 8 ounces/Rx
	Obredon	Nonpreferred (if product participates in Medicaid program); add step therapy – must have trial of a preferred agent and 1 OTC antitussive; add age limit – 18 years and older; add quantity limit – 8 ounces/Rx
Narcotics	Tramadol and tramadol-containing products	Maintain current PDL status; add age limit – 18 years and older
	Butrans patches	Preferred (previously nonpreferred); maintain quantity limit; remove criteria requiring diagnosis of moderate to severe pain with need for around-the-clock analgesia for an extended period; remove criteria requiring patient must be NPO or have dysphagia
	Embeda	Preferred (previously nonpreferred); add to preferred long-acting opiate SilentAuth PA criteria; add quantity limit – 2 capsules/day for all strengths
	Opana ER	Preferred (previously nonpreferred); add to preferred long-acting opiate SilentAuth PA criteria; add quantity limit – 2 tablets/day for all strengths
	Avinza	Maintain as nonpreferred; add quantity limit – 1 capsule/day for all strengths
	Kadian	Maintain as preferred; add quantity limit – 2 capsules/day for all strengths
	MS Contin	Maintain as nonpreferred; add quantity limit – 3 tablets/day
	Oxycontin	Maintain as nonpreferred; add quantity limit – 2 tablets/day
	Morphabond	Nonpreferred (if product participates in Medicaid program); add to nonpreferred long-acting opiate SilentAuth criteria
Oxaydo	Nonpreferred (if product participates in Medicaid program); add to nonpreferred short-acting opiate SilentAuth criteria	

Table 2 – Approved changes to the PDL effective for DOS on or after January 1, 2016 (Continued)

Drug Class	Drug	PDL Status
Acne Agents	Tretinoin microsphere	Nonpreferred (previously preferred)
	Atralin gel	Nonpreferred (previously preferred)
	Differin lotion	Preferred (previously nonpreferred)
	Epiduo	Preferred (previously nonpreferred)
	Ziana	Preferred (previously nonpreferred)
Antidiabetic Agents (oral)	Jardiance	Preferred (previously nonpreferred); update step therapy – must have tried and failed metformin in the past 100 days
	Synjardy	Nonpreferred; add step therapy – prescriber must provide documentation that separate components are unsuitable for use
Growth Hormones	Tev-Tropin	Maintain nonpreferred status; update name to Zomacton
	Norditropin	Nonpreferred (previously preferred)
	Saizen	Preferred (previously nonpreferred)
Laxatives and Cathartics	Amitiza	Preferred (previously nonpreferred); maintain step therapy – requires trial of lactulose, sorbitol, or polyethylene glycol within past 90 days
Proton Pump Inhibitors	First Lansoprazole suspension	Remove from PDL
	First Omeprazole suspension	Remove from PDL
	Dexilant	Nonpreferred (previously preferred)
	Lansoprazole	Preferred (previously nonpreferred)
	Protonix packets	Preferred; add quantity limit – 1 packet/day
	Lansoprazole ODT; Aciphex Sprinkle; Prilosec packets	Maintain current PDL status; maintain age limit; maintain quantity limit; update step therapy – must try Nexium packets and Protonix packets for a total length of therapy of 4 weeks unless patient is intolerant to these agents
Pancreatic Enzymes		Nonpreferred agents - systematically approve nonpreferred agents when a member has trialed a total of 30 days cumulative of all preferred agents within the past 180 days

Table 2 – Approved changes to the PDL effective for DOS on or after January 1, 2016 (Continued)

Drug Class	Drug	PDL Status
Urinary Tract Antispasmodic/ Anti-Incontinence Agents	Tolterodine SR	Nonpreferred (previously preferred)
Platelet Aggregation Inhibitors	Aspirin/dipyridamole	Nonpreferred
Targeted Immunomodulators	Cimzia	Preferred (previously nonpreferred)
	Simponi	Preferred (previously nonpreferred)
	Humira	Nonpreferred (previously preferred)
	Amevive	Remove from PDL
Ophthalmic Antihistamines	Pazeo	Preferred
	Pataday	Nonpreferred (previously preferred)

Table 3 – OTC Drug Formulary changes effective for DOS on or after January 1, 2016

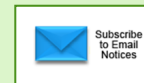
Drug Class	Drug	OTC Drug Formulary Status/Criteria
Eye Products	Zaditor	Remove from OTC Drug Formulary

The PDL, 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.