

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201634 JUNE 28, 2016

Pharmacy update approved by Drug Utilization Review Board June 2016

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, changes to the Preferred Drug List (PDL) and Over-the-Counter (OTC) Drug Formulary, and the addition of a Pharmacy Supplements Formulary as approved by the Drug Utilization Review (DUR) Board at its June 17, 2016, meeting. These changes apply to the fee-for-service (FFS) pharmacy benefit.

PA changes

PA criteria for Fentanyl, Hepatitis C Agents, and Egrifta were established and approved by the DUR Board. The PA exemption policy for buprenorphine and buprenorphine/naloxone “gold card” status was updated to remove the eligibility requirement of licensure in psychiatry. The policy update requires qualified prescribers to have a license to practice medicine in the state of Indiana, be in good standing with the Indiana Professional Licensing Agency (IPLA) and Indiana Family and Social Services Administration (FSSA), and have a certification in addiction medicine or addiction psychiatry. These PA changes will be effective for PA requests submitted on or after August 1, 2016. The PA criteria are posted on the *Pharmacy Prior Authorization Criteria and Forms* page under 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 Duplicate Stimulant, Duplicate Antipsychotic, Opiate Overutilization, and Targeted Immunomodulators prior authorizations. 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 August 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 August 1, 2016.

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

Name and strength of medication	Utilization edit
Dyanavel XR 2.5 mg/ml suspension	8 ml/day
Escitalopram (Lexapro) 20 mg tabs	1.5/day

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

Name and strength of medication	Utilization edit
Molindone 5 mg tabs	4/day
Molindone 10 mg tabs	4/day
Molindone 25 mg tabs	9/day
Namenda XR 7 mg caps	1/day
Namenda XR 14 mg caps	1/day
Namenda XR 21 mg caps	1/day
Namenda XR 28 mg caps	1/day
Namenda XR Titration Pak	1 Pak/28 days
Quillichew ER 20 mg chew tabs	1/day
Quillichew ER 30 mg chew tabs	2/day
Quillichew ER 40 mg chew tabs	1/day
Vraylar Therapy Pack	1 pack/28 days

Changes to the PDL and OTC Drug Formulary

Changes to the PDL and OTC Drug Formulary were made at the June 17, 2016, DUR Board meeting. 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 August 1, 2016, unless otherwise noted.

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

Drug Class	Drug	PDL Status
Agents for the Treatment of Opiate Addiction	Evzio	Nonpreferred
	Narcan Nasal	Preferred
	Naloxone injection	Preferred
Narcotics	Belbuca	Nonpreferred; maintain PA criteria
	Lazanda	Nonpreferred; age limit – 18 years and older; add to fentanyl PA criteria
	Methadone	Nonpreferred (previously preferred); add to nonpreferred long-acting opiate SilentAuth PA criteria
	Kadian	Nonpreferred (previously preferred); add to nonpreferred long-acting opiate SilentAuth PA criteria
	Xtampza ER	Nonpreferred; quantity limit – 2 capsules/day; add to nonpreferred long-acting opiate SilentAuth PA criteria

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

Drug Class	Drug	PDL Status
Antidiabetic Agents (oral)	Nesina	Preferred (previously nonpreferred)
	Oseni	Preferred (previously nonpreferred)
	Kazano	Preferred (previously nonpreferred)
	alogliptin	Nonpreferred
	alogliptin/pioglitazone	Nonpreferred
	alogliptin/metformin	Nonpreferred
		OptumRx may exchange preferred status of Nesina, Oseni, and Kazano with preference for alogliptin, alogliptin/pioglitazone, and alogliptin/metformin on PDL if financially advantageous
Insulins – Long Acting	Tresiba Flex	Preferred; step therapy – trial of Lantus or Levemir for 90 of the past 120 days
Estrogen, Progesterone, SERMs, or Combinations	Depo-Provera contraceptive 150 mg/mL suspension for injection	Maintain as nonpreferred; add quantity limit for females – 1 mL/84 days
	medroxyprogesterone contraceptive 150 mg/mL suspension for injection	Maintain as preferred; add quantity limit for females – 1 mL/84 days
Vitamins		Remove Vitamins drug class from the PDL
Laxatives and Cathartics	Linzess	Preferred (previously nonpreferred); maintain step therapy – requires trial of lactulose, sorbitol, or polyethylene glycol within past 90 days
Proton Pump Inhibitors	Zegerid Powder	Nonpreferred; age limit – 12 years and younger; add step therapy – must try Nexium packets and Protonix packets for a total of 4 weeks, unless patient is intolerant to these agents
Direct Thrombin Inhibitors	Pradaxa	Maintain as preferred; remove step therapy
Targeted Immunomodulators	Taltz	Nonpreferred
	Xeljanz XR	Nonpreferred
	Inflectra	Nonpreferred
	Kineret	Preferred (previously nonpreferred)
Topical Immunomodulators	Enstilar	Nonpreferred
Hepatitis C Agents	Zepatier	Preferred (previously nonpreferred); maintain PA criteria

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

Drug Class	Drug	OTC Drug Formulary Status/Criteria
Analgesics	Acetaminophen 100 mg/mL solution drops	Not covered
	Acetaminophen 160/5 mL Elixir	Not covered
Antacids	Aluminum hydroxide gel concentrate	Not covered
	Magnesium hydroxide/Aluminum hydroxide	Not covered
Calcium Supplements	Calcium 500 mg tablet	Remove from OTC Drug Formulary; add to Pharmacy Supplements Formulary
	Calcium carbonate 1.25 gm tablet chew	Remove from OTC Drug Formulary; add to Pharmacy Supplements Formulary
	Calcium carbonate/Vitamin D	Remove from OTC Drug Formulary; add to Pharmacy Supplements Formulary
Compounding Agents	Aquaphor ointment	Remove from OTC Drug Formulary
	Avobenzone/Octocrylene lotion	Remove from OTC Drug Formulary
	Dakin's solutions	Remove from OTC Drug Formulary
	Eucerin cream	Remove from OTC Drug Formulary
	Glycerin liquid	Remove from OTC Drug Formulary
	Glycerin/Dimethicone/Shea tree/ Stearyl Alcohol cream	Remove from OTC Drug Formulary
	Glycerin/Dimethicone/Urea/ Petrolatum/Cetyl Al lotion	Remove from OTC Drug Formulary
	Glycerin/Lanolin/Mineral oil lotion	Remove from OTC Drug Formulary
	Lanolin/Mineral oil lotion	Remove from OTC Drug Formulary
	Lozibase	Remove from OTC Drug Formulary
	Menthol/Colloidal oatmeal lotion	Remove from OTC Drug Formulary
	Mineral oil/Hydrophilic petrolatum ointment	Remove from OTC Drug Formulary
	Starch oral thickening powder/ packets	Remove from OTC Drug Formulary
	Suspendol-S liquid	Remove from OTC Drug Formulary
Vitamin E acetate/Glycerin/ Dimethicone/Water lotion	Remove from OTC Drug Formulary	
Cough and Cold Products	Gauifenesin/D-methorphan capsule	Not covered
	Gauifenesin/Pseudoephedrine syrup	Not covered
Emetics	Ipecac syrup	Not covered
Glucose/Dextrose		Remove Glucose/Dextrose class from OTC Drug Formulary; add as Carbohydrate class to Pharmacy Supplements Formulary

Table 3 – OTC Drug Formulary changes effective for DOS on or after August 1, 2016 (Continued)

Drug Class	Drug	OTC Drug Formulary Status/Criteria
H2 Antagonists	Nizatidine 75 mg tablet	Not covered
Iron Products		Remove Iron Products class from OTC Drug Formulary; add as Iron class to Pharmacy Supplements Formulary
Magnesium		Remove Magnesium class from OTC Drug Formulary; add as Magnesium class to Pharmacy Supplements Formulary
Multivitamins		Remove Multivitamins class from OTC Drug Formulary; add as Multivitamins class to Pharmacy Supplements Formulary
Niacin		Remove Niacin class from OTC Drug Formulary; add as Niacin class to Pharmacy Supplements Formulary
Sorbitol		Remove Sorbitol class from OTC Drug Formulary; add Sorbitol 70% solution to Miscellaneous class on Pharmacy Supplements Formulary
Topical Products	Diphenhydramine HCl 2% cream	Not covered
	Pyrethrin Spray	Not covered
Urinary Analgesics	Phenazopyridine 95 mg tablet	Not covered
Vitamins	Aqueous vitamin E oral formulations	Remove from OTC Drug Formulary; add to Pharmacy Supplements Formulary
	Ascorbic acid 250 mg tablet	Remove from OTC Drug Formulary; add to Pharmacy Supplements Formulary
	Ascorbic acid 500 mg tablet	Remove from OTC Drug Formulary; add to Pharmacy Supplements Formulary
	Ascorbic acid 1,000 mg tablet	Remove from OTC Drug Formulary; add to Pharmacy Supplements Formulary
	Ascorbic acid 1,500 mg tablet	Remove from OTC Drug Formulary; add to Pharmacy Supplements Formulary
	Ascorbic acid 500 mg/5 mL syrup	Remove from OTC Drug Formulary; add to Pharmacy Supplements Formulary
	Biotin 5 mg capsule	Remove from OTC Drug Formulary; add to Pharmacy Supplements Formulary
	Pyridoxine HCl 50 mg tablet	Remove from OTC Drug Formulary; add to Pharmacy Supplements Formulary
	Pyridoxine HCl 100 mg tablet	Remove from OTC Drug Formulary; add to Pharmacy Supplements Formulary
	Pyridoxine HCl 250 mg tablet	Remove from OTC Drug Formulary; add to Pharmacy Supplements Formulary
	Pyridoxine HCl 500 mg tablet	Remove from OTC Drug Formulary; add to Pharmacy Supplements Formulary

Table 3 – OTC Drug Formulary changes effective for DOS on or after August 1, 2016 (Continued)

Drug Class	Drug	OTC Drug Formulary Status/Criteria
Vitamins (continued)	Riboflavin 50 mg tablet	Remove from OTC Drug Formulary; add to Pharmacy Supplements Formulary
	Riboflavin 100 mg tablet	Remove from OTC Drug Formulary; add to Pharmacy Supplements Formulary
	Thiamine 50 mg tablet	Remove from OTC Drug Formulary; add to Pharmacy Supplements Formulary
	Thiamine 100 mg tablet	Remove from OTC Drug Formulary; add to Pharmacy Supplements Formulary
	Thiamine 250 mg tablet	Remove from OTC Drug Formulary; add to Pharmacy Supplements Formulary
	Vitamin A 10,000 IU capsule/tablet	Remove from OTC Drug Formulary; add to Pharmacy Supplements Formulary
	Vitamin B complex with/without minerals liquid	Remove from OTC Drug Formulary; add to Pharmacy Supplements Formulary
	Vitamin D 400 IU softgel/chew/tab	Remove from OTC Drug Formulary; add to Pharmacy Supplements Formulary
	Vitamin D 1,000 IU softgel/chew/tab	Remove from OTC Drug Formulary; add to Pharmacy Supplements Formulary
	Vitamin D 400 and 8,000 units/mL drops	Remove from OTC Drug Formulary; add to Pharmacy Supplements Formulary
	Vitamin E 100 IU capsule	Remove from OTC Drug Formulary; add to Pharmacy Supplements Formulary
	Vitamin E 200 IU capsule	Remove from OTC Drug Formulary; add to Pharmacy Supplements Formulary
	Vitamin E 400 IU capsule	Remove from OTC Drug Formulary; add to Pharmacy Supplements Formulary
	Vitamin E 400 IU liquid	Remove from OTC Drug Formulary; add to Pharmacy Supplements Formulary
Zinc	Remove Zinc class from OTC Drug Formulary; add as Zinc class to Pharmacy Supplements Formulary	

Pharmacy Supplements Formulary

The Pharmacy Supplements Formulary was established at the June 17, 2016, DUR Board meeting. See [Table 4](#) for the list of products included on the formulary. The formulary is effective for DOS on or after August 1, 2016, unless otherwise noted.

Table 4 – Pharmacy Supplements Formulary effective for DOS on or after August 1, 2016

Product Class	Product	Pharmacy Supplements Formulary Status/Criteria
Amino Acids	Arginine 500 mg capsule	Covered
	Arginine 600 mg capsule	Covered
	Arginine HCl (bulk)	Covered
	Arginine HCl oral powder	Covered
	Arginine powder	Covered
	Arginine 500 mg tablet	Covered
	Arginine 1,000 mg tablet	Covered
Calcium	Calcium 500 mg tablet	Covered
	Calcium carbonate 1.25 gm tab chew	Covered
	Calcium carbonate 500 mg tablet	Covered
	Calcium carbonate 1.25 gm tablet	Covered
	Calcium carbonate liquid 1.25 gm/5 mL	Covered
	Calcium carbonate/Vitamin D	Covered
Carbohydrate	Dextrose 40% gel	Covered
	Dextrose 4 gm tab chew	Covered
	Dextrose 5 gm tab chew	Covered
Iron	Ferrous sulfate 220 mg/5 mL elixir	Covered
	Ferrous sulfate 220 mg/5 mL liquid	Covered
	Ferrous sulfate 325 mg tablet	Covered
	Ferrous sulfate 325 mg tablet EC	Covered
	Ferrous sulfate 75 mg/mL drops	Covered; age – under 18 years
	Novaferrum pediatric drops 15 mg/mL	Covered; age – under 18 years
	Polysaccharide iron 150 mg capsule/ caplet/tablet	Covered
Magnesium	Magnesium 64 mg tablet ER	Covered
	Magnesium oxide 400 mg tablet	Covered

Table 4 – Pharmacy Supplements Formulary effective for DOS on or after August 1, 2016

Product Class	Product	Pharmacy Supplements Formulary Status/Criteria
Multivitamins	Aquadek pediatric liquid	Covered; age – under 18 years
	Multivitamins w/o iron, with other minerals capsule	Covered; age – under 18 years
	Multivitamins w/o iron, with other minerals liquid	Covered; age – under 18 years
	Multivitamins w/o iron, with other minerals tablet	Covered; age – under 18 years
	Multivitamins with iron, with other minerals liquid	Covered; age – under 18 years
	Multivitamins with iron, with other minerals tablet	Covered; age – under 18 years
	Prenatal vitamins	Covered; restricted to females under 51 years of age
Niacin	Niacin 50 mg tablet	Covered
	Niacin 100 mg tablet	Covered
	Niacin 250 mg tablet	Covered
	Niacin 500 mg tablet	Covered
Vitamins	Aqueous vitamin E oral formulations	Covered – age under 18 years
	Ascorbic acid 250 mg tablet	Covered – age under 18 years
	Ascorbic acid 500 mg tablet	Covered – age under 18 years
	Ascorbic acid 1,000 mg tablet	Covered – age under 18 years
	Ascorbic acid 1,500 mg tablet	Covered – age under 18 years
	Ascorbic acid 500 mg/5 mL syrup	Covered – age under 18 years
	Biotin 5 mg capsule	Covered – age under 18 years
	Magnebind 300 mg tablet	Covered
	Pyridoxine HCl 50 mg tablet	Covered – age under 18 years
	Pyridoxine HCl 100 mg tablet	Covered – age under 18 years
	Pyridoxine HCl 250 mg tablet	Covered – age under 18 years
	Pyridoxine HCl 500 mg tablet	Covered – age under 18 years
	Riboflavin 50 mg tablet	Covered – age under 18 years
	Riboflavin 100 mg tablet	Covered – age under 18 years
	Thiamine 50 mg tablet	Covered – age under 18 years
	Thiamine 100 mg tablet	Covered – age under 18 years
Thiamine 250 mg tablet	Covered – age under 18 years	
Vitamin A 10,000 IU capsule/tablet	Covered – age under 18 years	

Table 4 – Pharmacy Supplements Formulary effective for DOS on or after August 1, 2016

Product Class	Product	Pharmacy Supplements Formulary Status/Criteria
Vitamins (continued)	Vitamin B complex with/without minerals liquid	Covered
	Vitamin D 400 IU softgel	Covered
	Vitamin D 1,000 IU softgel	Covered
	Vitamin D 400 IU tab chew	Covered
	Vitamin D 1,000 IU tab chew	Covered – age under 18 years
	Vitamin D 400 IU tablet	Covered
	Vitamin D 1,000 IU tablet	Covered
	Vitamin D 400 and 8,000 units/mL drops	Covered – age under 18 years
	Vitamin E 100 IU capsule	Covered – age under 18 years
	Vitamin E 200 IU capsule	Covered – age under 18 years
	Vitamin E 400 IU capsule	Covered – age under 18 years
	Vitamin E 400 IU liquid	Covered – age under 18 years
Zinc	Zinc 200 mg capsule	Covered – age under 18 years
	Zinc lozenge	Covered – age under 18 years
Miscellaneous	Inositol 325 mg tablets	Covered; PA required
	Inositol 500 mg tablets	Covered; PA required
	Inositol 650 mg tablets	Covered; PA required
	Saline nasal spray 0.65%	Covered
	Sodium chloride neb solution 0.9%	Covered
	Sodium chloride neb solution 3%	Covered
	Sodium chloride neb solution 7%	Covered
	Sorbitol 70% solution	Covered

The PDL, OTC Drug Formulary, Pharmacy Supplements Formulary, SilentAuth criteria, mental health drug utilization edits, and PA criteria can be accessed under the [Pharmacy Services](#) quick link at indianamedicaid.com. Notices of the DUR Board meetings and agendas are posted on the [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 (MCE) with which the member is enrolled.

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