

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201647 AUGUST 30, 2016

Pharmacy update approved by Drug Utilization Review Board August 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, and changes to the Preferred Drug List (PDL) and Over-the-Counter (OTC) Drug Formulary as approved by the Drug Utilization Review (DUR) Board at its August 19, 2016, meeting. These changes apply to the fee-for-service (FFS) pharmacy benefit.

PA changes

PA criteria for Buprenorphine/Naloxone and Buprenorphine, Entresto, Hepatitis C Agents, and Pulmonary Antihypertensives were established and approved by the DUR Board. These PA changes will be effective for PA requests submitted on or after October 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 Chantix, Nuplazid, Duplicate Stimulants, Monoclonal Antibodies for the Treatment of Respiratory Conditions, Multiple Sclerosis Agents, and Opiate Overutilization 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 October 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 October 1, 2016.

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

Name and strength of medication	Utilization edit
Adzenys XR-ODT 3.1 mg tabs	1/day
Adzenys XR-ODT 6.3 mg tabs	1/day
Adzenys XR-ODT 9.4 mg tabs	1/day
Adzenys XR-ODT 12.5 mg tabs	1/day

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

Name and strength of medication	Utilization edit
Adzenys XR-ODT 15.7 mg tabs	1/day
Adzenys XR-ODT 18.8 mg tabs	1/day
Onfi 10 mg tabs	8/day
Onfi 20 mg tabs	4/day
Onfi suspension 2.5 mg/mL	32 mL/day
Nuplazid 17 mg tabs	2/day

Changes to the PDL and OTC Drug Formulary

Changes to the PDL and OTC Drug Formulary were made at the August 19, 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 October 1, 2016, unless otherwise noted.

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

Drug Class	Drug	PDL Status
Beta Agonists – Long-Acting	Striverdi Respimat	Preferred (previously nonpreferred)
Beta Agonists – Short-Acting	Proair HFA	Preferred (previously nonpreferred)
	Maxair Autohaler	Remove from the PDL
Monoclonal Antibodies for the Treatment of Respiratory Conditions	Cinqair	Nonpreferred
Nasal Antihistamines/ Nasal Anti-Inflammatory Steroids	Azelastine	Nonpreferred (previously preferred)
	Nasonex	Nonpreferred (previously preferred)
Oral Inhaled Glucocorticoids	Aerospan	Nonpreferred (previously preferred)
Pulmonary Antihypertensives	Opsumit	Preferred (previously nonpreferred); maintain PA criteria
	Letairis	Nonpreferred (previously preferred); maintain PA criteria with the addition of the following: <ul style="list-style-type: none"> • Previous trial and failure of Opsumit or contraindication or intolerance for use
Cephalosporins 3 rd Generation	Cefpodoxime	Preferred (previously nonpreferred)
Hepatitis C	Daklinza	Nonpreferred (previously preferred)
	Harvoni	Nonpreferred (previously preferred)
	Sovaldi	Nonpreferred (previously preferred)
	Epclusa	Nonpreferred
	Viekira XR	Preferred
	Incivek	Remove from the PDL

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

Drug Class	Drug	PDL Status
Ketolides		Remove drug class from the PDL
Macrolides	E.E.S. tablets	Nonpreferred
	Erythrocin Stearate	Nonpreferred
	Erythromycin ethylsuccinate	Nonpreferred
	E.E.S. granules	Nonpreferred; add step therapy - member must be under 18 years of age or unable to swallow tablets/capsules
	Eryped	Nonpreferred; add step therapy - member must be under 18 years of age or unable to swallow tablets/capsules
Topical Antivirals	Zovirax cream	Preferred (previously nonpreferred)
	Abreva cream	Nonpreferred (previously preferred)
Topical Antivirals and Anti-inflammatory Steroid Combinations	Xerese cream	Maintain nonpreferred status; update step therapy – requires trial of Zovirax cream
ACE Inhibitors	Enalapril	Nonpreferred (previously preferred)
	Quinapril	Preferred (previously nonpreferred)
Alpha Adrenergic Blockers	Doxazosin	Nonpreferred (previously preferred)
Miscellaneous Cardiac Agents	Entresto	Nonpreferred (previously preferred); current users are grandfathered; add the following PA criteria: <ul style="list-style-type: none"> • Diagnosis of symptomatic, chronic heart failure (NYHA Class II or III) that is not decompensated • Documented reduced ejection fraction of <40% • Member is utilizing optimal therapy (beta blockers and ACE-I/ARB, with/without aldosterone antagonists)
HMG CoA Reductase Inhibitors	Pravastatin	Nonpreferred (previously preferred); current users are grandfathered; add an automated step therapy requirement of trial for a cumulative total of 90 days of therapy with two preferred agents
	Livalo	Maintain as nonpreferred; remove step therapy requirement
Antimigraine Agents	Onzetra Xsail	Nonpreferred; add quantity limit of 1 box – 8 pouches/30days
	Zembrace SymTouch	Nonpreferred; add quantity limit of 1 box – 4 injections/30 days
Electrolyte Depleters	Phoslyra	Preferred (previously nonpreferred); maintain quantity limit

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

Drug Class	Drug	PDL Status
Multiple Sclerosis Agents	Zinbryta	Nonpreferred; add quantity limit of 1 syringe (150mg)/28 days
Smoking Deterrent Agents	Bupropion (smoking deterrent)	Add a quantity limit of 180 days per 365 days; therapy greater than 180 days requires PA
	Chantix	Add a quantity limit of 180 days per 365 days; therapy greater than 180 days requires PA
	Nicotine replacement agents	Add a cumulative quantity limit of 180 days per 365 days; therapy greater than 180 days requires PA

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

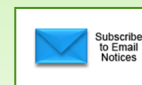
Drug Class	Drug	OTC Drug Formulary Status/Criteria
Gastro-Intestinal Products	Loperamide 2 mg caps/ tabs	Maintain covered status; add quantity limit of 12 caps/tabs per 14 days
	Loperamide 1 mg/5 mL liquid	Maintain covered status; add quantity limit of 120 mL/14 days

The PDL, OTC Drug Formulary, SilentAuth criteria, 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 [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 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.

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