

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201659 SEPTEMBER 29, 2016

IHCP to apply utilization edits and PA criteria to pharmacy claims for members with other insurance

Effective November 1, 2016, the Indiana Health Coverage Programs (IHCP) will begin applying drug utilization edits and prior authorization (PA) criteria to all fee-for-service (FFS) pharmacy benefit claims, regardless of whether the member has other pharmacy benefit insurance. The practice of waiving these edits for claims that include an Other Coverage Code (OCC) 2 – *Other coverage exists payment collected* will be discontinued for dates of service (DOS) on or after November 1, 2016.

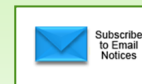
Prescribers should refer to the Preferred Drug List (PDL), mental health utilization edits, and PA criteria posted under the [Pharmacy Services](#) quick link at indianamedicaid.com for the most up-to-date FFS pharmacy benefit information.

Please direct questions about this bulletin, the PDL, mental health utilization edits, PA criteria, or SilentAuth criteria 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 directed to the managed care entity with which the member is enrolled.



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