

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201735 JUNE 1, 2017

Pharmacy update approved by Drug Utilization Review Board May 2017

The Indiana Health Coverage Programs (IHCP) announces updates to the SilentAuth automated prior authorization (PA) system, mental health utilization edits, and changes to the Preferred Drug List (PDL) as approved by the Drug Utilization Review (DUR) Board at its May 19, 2017, meeting. These changes apply to the fee-for-service (FFS) pharmacy benefit.

SilentAuth PA enhancement

The IHCP has enhanced its automated PA system to update the criteria for opiate overutilization, targeted immunomodulator, and antiseizure agent PA, and a PA exemption for antiseizure agents. The goal is to ensure appropriate utilization for IHCP members. These changes to PA criteria will be implemented in the IHCP pharmacy claims processing system and will be effective for PA requests for dates of service (DOS) on or after July 1, 2017. The PA criteria are posted on the *Pharmacy Prior Authorization Criteria and Forms* page under the [Pharmacy Services](#) quick link at indianamedicaid.com.



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 July 1, 2017.

Table 1 – Update to utilization edits effective for DOS on or after July 1, 2017

Name and strength of medication	Utilization edit
Latuda Tabs, all strengths	Age 13 years and older; maintain current quantity limits
Vyvanse 10 mg chew tabs	1/day
Vyvanse 20 mg chew tabs	1/day
Vyvanse 30 mg chew tabs	1/day
Vyvanse 40 mg chew tabs	1/day
Vyvanse 50 mg chew tabs	1/day
Vyvanse 60 mg chew tabs	1/day

Changes to the PDL

Changes to the PDL were made at the May 19, 2017, DUR Board meeting. See Table 2 for a summary of PDL changes. Changes are effective for DOS on or after July 1, 2017, unless otherwise noted.

Table 2 – Approved changes to the PDL effective for DOS on or after July 1, 2017

Drug class	Drug	PDL status
Antiseizure Agents	Add new drug class to the PDL	All generic agents are preferred unless otherwise specified All brand agents are nonpreferred unless otherwise specified
	Vimpat	Preferred
	Celontin	Preferred
	Tiagabine	Nonpreferred
	Felbamate	Nonpreferred
	Onfi	Preferred
	Spritam	Preferred
	Lyrica	Preferred
	Trokendi XR	Preferred
Narcotics	Oxtellar XR	Preferred
	Arymo ER	Nonpreferred; add quantity limit of 3 tablets/day
	Onsolis buccal film	Remove from the PDL
Antidiabetic Agents (oral)	Opana ER	Nonpreferred (previously preferred)
	Synjardy XR	Nonpreferred; add the following step therapy: <ul style="list-style-type: none"> • Prescriber must provide documentation that separate components are unsuitable for use
Non-Insulin Injectable Hypoglycemics	Rename drug class to Non-Insulin Injectable Hypoglycemics and Combinations	
	Adlyxin	Nonpreferred
	Soliqua	Nonpreferred; add the following step therapy: <ul style="list-style-type: none"> • Must have tried a preferred non-insulin injectable hypoglycemic or long-acting insulin for at least 90 days in the past 120 days
	Xultophy	Nonpreferred; add the following step therapy: <ul style="list-style-type: none"> • Must have tried a preferred non-insulin injectable hypoglycemic or long-acting insulin for at least 90 days in the past 120 days

Table 2 – Approved changes to the PDL effective for DOS on or after July 1, 2017 (Continued)

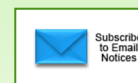
Drug class	Drug	PDL status
Laxatives and Cathartics	Amitiza	Preferred (previously nonpreferred); maintain step therapy
	Trulance	Nonpreferred; add the following step therapy: <ul style="list-style-type: none"> Requires trial use of lactulose, sorbitol, or polyethylene glycol within past 90 days
Platelet Aggregation Inhibitors	Durlaza	Nonpreferred
Targeted Immunomodulators	Dupixent	Nonpreferred
Ophthalmic Anti-Inflammatory Agents	Bromsite	Nonpreferred
Topical Immunomodulators	Eucrisa	Nonpreferred
	Protopic	Preferred (previously nonpreferred)
Topical Post-Herpetic Neuralgia Agents	Qutenza	Nonpreferred; add the following step therapy: <ul style="list-style-type: none"> Must have tried lidocaine patches and over-the-counter capsaicin cream

The PA criteria, SilentAuth criteria, mental health drug utilization edits, and the PDL 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 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), Hoosier Healthwise, and Hoosier Care Connect should be referred to the managed care entity (MCE) with which the member is enrolled.

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