

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201823 MAY 29, 2018

IHCP updates policy for vaccines administered by pharmacy providers

Effective July 1, 2018, the Indiana Health Coverage Programs (IHCP) will comply with changes made to *Indiana Code IC 25-26-13-31.2* regarding pharmacist-administered vaccines. *Senate Enrolled Act (SEA) 51 (2017)* expanded permission for the administration of the vaccines via protocol to the following vaccines:

- Influenza
- Shingles (herpes zoster)
- Pneumonia
- Tetanus, diphtheria, and acellular pertussis (whooping cough)
- Human papillomavirus (HPV) infection
- Meningitis
- Measles, mumps, and rubella
- Varicella
- Hepatitis A
- Hepatitis B
- Haemophilus influenza type B (Hib)



For reimbursement consideration, the IHCP requires that prescriptions, drug orders, or protocols for vaccines administered by a pharmacist must be written by an IHCP-enrolled provider. For additional information regarding the reimbursement of pharmacist-administered vaccines, see *IHCP Bulletin* [BT201564](#).

Vaccine utilization edit updates

Updates to utilization edits for vaccines billed through the fee-for-service (FFS) pharmacy point-of-sale system were approved by the Drug Utilization Review (DUR) Board at its May 18, 2018, meeting as listed in Table 1. These updates are effective for dates of service (DOS) on or after July 1, 2018.

Table 1 – Vaccine utilization edit changes effective for DOS on or after July 1, 2018

| Product name | Age restriction | Quantity limit |
|------------------------------------------------------------|--------------------------------------------------------|------------------------------------------------------------|
| Anthrax vaccine adsorbed (Biothrax) | Update age restriction to 18 through 65 years of age | N/A |
| BCG vaccine | Remove age restriction | N/A |
| Japanese encephalitis virus (Ixiaro) | Remove age restriction | Maintain quantity limits of 1 dose/28 days; 2 doses/year |
| Meningococcal (A, C, Y, and W-135) oligo conj vac (Menveo) | Maintain age restriction of 19 through 55 years of age | Update quantity limit to 1 dose/lifetime |
| Meningococcal group B vaccine (Trumemba) | Maintain age restriction of 19 through 25 years of age | Update quantity limits to 1 dose/28 days; 3 doses/lifetime |
| Meningococcal vac B (recomb adsorbed) (Bexsero) | Update age restriction to 19 through 25 years of age | Update quantity limit to 1 dose/28 days; 2 doses/lifetime |

Table 1 – Vaccine utilization edit changes effective for DOS on or after July 1, 2018 (Continued)

| Product name | Age restriction | Quantity limit |
|-------------------------------------------------------|------------------------------------------------------|-----------------------------------------------|
| Pneumococcal 13-valent conjugate vaccine (Prevnar 13) | Maintain age restriction of 19 years of age or older | Update quantity limit to 1 dose/lifetime |
| Rabies virus (Imovax) | Remove age restriction | Maintain quantity limit of 5 doses/2 years |
| Typhoid Vi polysaccharide vaccine (Typhim Vi) | Update age restriction to 2 years of age or older | Maintain quantity limit of 1 dose/2 years |
| Typhoid vaccine cap delayed release | Update age restriction to 6 years of age or older | Maintain quantity limit of 4 capsules/5 years |
| Yellow fever vaccine (YF-Vax) | Update age restriction to 9 months of age or older | Maintain quantity limit of 1 dose/10 years |
| Zoster vaccine recomb adjuvanted (Shingrix) | Add age restriction of 50 years of age or older | Add quantity limit of 2 doses/lifetime |

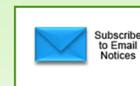
For more information

The prior authorization (PA) criteria and vaccine utilization edits 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 Preferred Drug List (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 with which the member is enrolled.

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