IHCP bulletin

INDIANA HEALTH COVERAGE PROGRAMS BT201927 MAY 28, 2019

Pharmacy update approved by drug utilization review board May 2019

The Indiana Health Coverage Programs (IHCP) approved updates at its May 17, 2019, Drug Utilization Board (DUR) meeting. The updates included changes to the SilentAuth automated prior authorization (PA) system, PA criteria, step therapy edits, mental health utilization edits, and changes to the Preferred Drug List (PDL) as approved by the DUR Board. 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 the Monoclonal Antibodies for Respiratory Conditions, Multiple Sclerosis Agents, COXII Inhibitors, and select nonsteroidal anti-inflammatory drugs (NSAIDs), Opioid Overutilization, and Targeted Immunomodulators. These PA changes will be effective for PA requests submitted for dates of service (DOS) on or after July 1, 2019. The PA criteria are posted on the *Pharmacy Prior Authorization Criteria and Forms* page on the OptumRx website, accessible from the *Pharmacy Services* page at in.gov/medicaid/providers.

PA changes

PA criteria for Hepatitis C Agents, Corlanor, Cystic Fibrosis Agents, PCSK9 Inhibitors, Bone Formation Stimulating Agents, and Testosterones were established and approved by the DUR Board. These PA changes will be effective for PA requests submitted for DOS on or after July 1, 2019. The PA criteria are posted on the *Pharmacy Prior Authorization Criteria and Forms* page on the OptumRx website, accessible from the *Pharmacy Services* page at in.gov/medicaid/providers.

Step therapy changes

Step therapy criteria for Tirosint solution were established and approved by the DUR Board. See Table 1 for a summary of these changes. The step therapy changes will be effective for requests submitted for DOS on or after July 1, 2019.

Table 1 – Updates to step therapy effective for DOS on or after July 1, 2019

Drug	Step therapy edit
Amphetamine IR, all formulations	Must be 18 years of age or younger

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 2. These updates are effective for DOS on or after July 1, 2019.

Table 2 – Updates to utilization edits effective for DOS on or after July 1, 2019

Name and strength of medication	Utilization edit
Adhansia XR 25 mg caps	1/day; age 6 years or older
Adhansia XR 35 mg caps	1/day; age 6 years or older
Adhansia XR 45 mg caps	1/day; age 6 years or older
Adhansia XR 55 mg caps	1/day; age 6 years or older
Adhansia XR 70 mg caps	1/day; age 6 years or older
Adhansia XR 85 mg caps	1/day; age 6 years or older
Escitalopram 10 mg tabs	1.5/day
Guanfacine all strengths and dosage forms	PA required for concurrent use with clonidine
Spravato Nasal 56 mg Dose Kit (28 mg per device)	8 kits in month 1; 4 kits/month thereafter; Age 18 years and older; Must be on concurrent oral antidepressant
Spravato Nasal 84 mg Dose Kit (28 mg per device)	7 kits in month 1; 4 kits/month thereafter; Age 18 years and older; Must be on concurrent oral antidepressant

Changes to the PDL

Changes to the PDL were made at the May 17, 2019, DUR Board meeting. See Table 3 for a summary of PDL changes. Changes are effective for DOS on or after July 1, 2019, unless otherwise noted.

Table 3 – PDL changes effective for DOS on or after July 1, 2019

Drug class	Drug	PDL status
Beta Agonists	Albuterol HFA (all authorized generics)	Nonpreferred
Bronchodilator Agents – Beta Adrenergic and Anticholinergic Combinations	Yupelri	Nonpreferred; add the following quantity limit: • 1 box (90 mL)/30 days
Monoclonal Antibodies for the Treatment of Respiratory Conditions	Dupixent	Add to Monoclonal Antibodies for the Treatment of Respiratory Conditions drug class
Nasal Antihistamines/Nasal Anti-Inflammatory Steroids	Zetonna	Nonpreferred (previously preferred)
	Rhinocort AQ	Remove from the PDL
	Triamcinolone nasal spray	Remove from the PDL
Antivirals – Antiinfluenza Agents	Xofluza	Nonpreferred
Fluoroquinolones	Avelox ABC Pack	Remove from the PDL
	Cipro XR	Remove from the PDL
Macrolides	Biaxin XL Pak	Remove from the PDL
	E.E.S. Granules	Update step therapy to the following: • Must have trialed and failed Eryped or be under 18 years of age or unable to swallow tablets/ capsules and medical justification for use over preferred agents

Table 3 – PDL changes effective for DOS on or after July 1, 2019 (Continued)

Drug class	Drug	PDL status
Ophthalmic Antibiotics	Moxeza	Update step therapy to the following: • Must have trialed and failed moxifloxacin ***or*** medical justification for use over preferred agents
Ophthalmic Antibiotics/ Corticosteroid Combinations	Prednisolone gatifloxacin suspension and solution	Nonpreferred if product participates in the Medicaid program
	Pred-gatifloxacin bromfenac suspension	Remove from PDL
	Poly-Pred	Remove from PDL
	Blephamide/Blephamide S.O.P.	Nonpreferred
	Sulfacetamide sodium/pred	Preferred
Systemic Antifungals	Tolsura	Nonpreferred
	Fluconazole 150 mg	Maintain preferred status; update quantity limit to 4 tabs/30 days
Topical Antifungals	Pediaderm AF	Remove from the PDL
Angiotensin Receptor Blocker (ARB) Combinations	Teveten HCT	Remove from the PDL
Bile Acid Sequestrants	Colestid multi-dose containers	Nonpreferred (previously preferred)
Antimigraine	Ajovy	Nonpreferred; add the following step therapy and quantity limit: • ST – Trial and failure of propranolol or topiramate or documented intolerance or contraindication for use • 225 mg/month or 675 mg/3 months
	Emgality	Nonpreferred; add the following step therapy and quantity limit: • ST – Trial and failure of propranolol or topiramate or documented intolerance or contraindication for use • 240 mg loading dose; then 120 mg/month
Electrolyte Depleters	Lokelma	Nonpreferred
Multiple Sclerosis Agents	Mavenclad	Nonpreferred
	Mayzent	Nonpreferred
	Zinbryta	Remove from the PDL
Antiseizure Agents	Potiga	Remove from the PDL
Gastroprotective NSAIDs	Yosprala	Remove from this drug class and add to the Platelet Aggregation Inhibitors drug class
Narcotics	Apadaz	Nonpreferred
	Benzhydrocodone/APAP	Nonpreferred
	Dvorah	Nonpreferred
	Rybix ODT	Remove from the PDL
Skeletal Muscle Relaxants	Orphenadrine compound and compound forte	Remove from the PDL

Table 3 – PDL changes effective for DOS on or after July 1, 2019 (Continued)

Drug class	Drug	PDL status
Acne Agents	Akne-mycin	Remove from the PDL
	Differin pledgets and solution	Remove from the PDL
Anaphylaxis Agents	Symjepi	Nonpreferred
	Auvio-Q	Remove from the PDL
Antidiabetic Agents (oral)	Prandimet	Remove from the PDL
Bone Formation Stimulating Agents	Evenity	Nonpreferred Rename Human Parathyroid Hormone PA criteria to Bone Formation Stimulating Agents PA
Insulin – Rapid Acting	Insulin lispro	Nonpreferred
Insulin – Long Acting	Tresiba vials	Preferred; add the following step therapy: • Trial of Lantus or Levemir for 90 of the past 120 days
	Levemir Flexpen	Remove from the PDL
Testosterones	Delatestryl	Remove from the PDL
Estrogen and Related Agents	Cenestin	Remove from the PDL
Antiulcer Agents	Sucralfate suspension	Remove from the PDL
H. Pylori Agents	Helidac	Remove from the PDL
Laxatives and Cathartics	Motegrity	Nonpreferred; add the following step therapy: • Requires trial of Amitiza and Linzess ***or*** trial of lactulose, sorbitol or polyethylene glycol within past 90 days and medical justification for use over preferred agents
	Trulance	Update step therapy to the following: • Requires trial of Amitiza and Linzess ***or*** trial of lactulose, sorbitol, or polyethylene glycol within past 90 days and medical justification for use over preferred agents
	Relistor tabs	Update step therapy to the following: • Requires trial of Movantik ***or*** trial of lactulose, sorbitol or polyethylene glycol within past 90 days ***and*** diagnosis of opioid-induced constipation ***and*** medical justification for use over preferred agents
	Symproic	Update step therapy to the following: • Requires trial of Movantik ***or*** trial of lactulose, sorbitol or polyethylene glycol within past 90 days ***and*** diagnosis of opioid-induced constipation ***and*** medical justification for use over preferred agents
Proton Pump Inhibitors	Pantoprazole tablets	Update quantity limit to 2/day
	Zegerid Powder	Add quantity limit of 1 packet/day
Leukocyte Stimulants	Udenyca	Nonpreferred
Platelet Aggregation Inhibitors	Yosprala	Add to nonpreferred in Platelet Aggregation Inhibitors drug class
	Ticlopidine	Remove from the PDL

Table 3 – PDL changes effective for DOS on or after July 1, 2019 (Continued)

Drug class	Drug	PDL status
Lipotropics	Ezetimibe/simvastatin	Update step therapy to the following: • Trial and failure of Vytorin ***or*** trial of an HMG CoA reductase inhibitor for 90 of the past 120 days or documented intolerance to these agents ***and*** medical justification for use over preferred agent
Targeted Immunomodulators	Skyrizi	Nonpreferred
	Dupixent	Remove from Targeted Immunomodulator drug class and add to Monoclonal Antibodies for the Treatment of Respiratory Conditions drug class
Miotics – Intraocular Pressure Reducers	Bimatoprost 0.3% ophth solution	Nonpreferred
	Rocklatan	Nonpreferred
	Dipivefrin	Remove from the PDL
	Isopto-Carbachol	Remove from the PDL
	Pilopine-HS	Remove from the PDL
	Travoprost	Remove from the PDL
Otic Preparations	Re-Pramoxine HC	Remove from the PDL
Topical Anti-Inflammatory Agents – NSAIDs	Diclofenac 1% gel Flector Patch Pennsaid topical solution	Update nonpreferred step therapy to the following: • Physician documentation required indicating oral medications are unsuitable for patient use and trial and failure of Voltaren Gel or medical justification for use

For more information

The PDL, SilentAuth criteria, PA criteria, and mental health utilization edits can be found on the OptumRx website, accessible through the OptumRx link on the *Pharmacy Services* page at in.gov/medicaid/providers. 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 with which the member is enrolled.

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