

# IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS    BT2021105    DECEMBER 2, 2021

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## **Pharmacy updates approved by Drug Utilization Review Board November 2021**

The Indiana Health Coverage Programs (IHCP) announces updates to the SilentAuth automated prior authorization (PA) system, PA criteria, mental health utilization edits, Preferred Drug List (PDL), Over-the-Counter (OTC) Drug Formulary and Pharmacy Supplements Formulary as approved by the Drug Utilization Review (DUR) Board at its Nov. 19, 2021, meeting. These updates apply to the fee-for-service (FFS) pharmacy benefit.

### **SilentAuth PA enhancement**

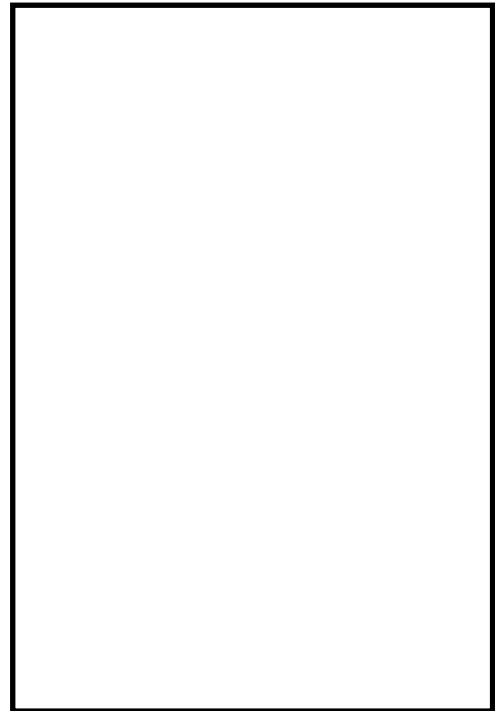
The IHCP has enhanced its automated PA system to update the criteria for Antipsychotics, Antiseizure Agents, COX II Inhibitors and Select NSAIDs, Sedative-Hypnotics/Benzodiazepine, SGLT2 Inhibitors and Combinations, Targeted Immunomodulators, Topical Immunomodulators, and Treatments for Xerophthalmia. These PA changes will be effective for PA requests submitted on or after Jan. 1, 2022. The PA criteria are posted on the *Pharmacy Prior Authorization Criteria and Forms* page on the OptumRx Indiana Medicaid website, accessible from the *Pharmacy Services* page at [in.gov/medicaid/providers](http://in.gov/medicaid/providers).

### **PA changes**

PA criteria for Bone Resorption Inhibitors, Cardiac Agents, Sickle Cell Agents and Uterine Disorder Agents were established and approved by the DUR Board. These PA changes will be effective for PA requests submitted on or after Jan. 1, 2022. The PA criteria are posted on the *Pharmacy Prior Authorization Criteria and Forms* page on the [OptumRx Indiana Medicaid website](http://OptumRx Indiana Medicaid website).

### **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 listed in Table 1. These updates are effective for dates of service DOS on or after Jan. 1, 2022.



*Table 1 – Updates to utilization edits, effective for DOS on or after Jan. 1, 2022*

<b>Name and strength of medication</b>	<b>Utilization edit</b>
Amitriptyline 10mg tabs	Update quantity to 4/day
Invega Hafyera 1,092MG/3.5ml	1/168 days; age 18 years and older
Invega Hafyera 1,560MG/5ml	1/168 days; age 18 years and older
Loreev XR 1mg caps	1/day; age 18 years and older
Loreev XR 2mg caps	2/day; Age 18 years and older
Loreev XR 3mg caps	3/day; Age 18 years and older

**Changes to the PDL**

Changes to the PDL were made at the Nov. 19, 2021, DUR Board meeting. See Table 2 for a summary of PDL changes. Changes are effective for DOS on or after January 1, 2022.

*Table 2 – PDL changes, effective for DOS on or after Jan. 1, 2022*

<b>Drug class</b>	<b>Drug</b>	<b>PDL status</b>
Agents for the Treatment of Opiate Addiction	Kloxxado nasal	Preferred
	Zimhi injection	Preferred
Antiseizure Agents	Lamictal tabs	Preferred (previously nonpreferred)
	Lamictal XR tabs	Preferred (previously nonpreferred)
	Topamax	Nonpreferred (previously preferred)
	Trokendi XR	Nonpreferred (previously preferred)
	Vimpat tabs/solution	Nonpreferred (previously preferred)
	Nayzilam	Preferred (previously nonpreferred)
	Carbatrol caps	Preferred (previously nonpreferred)
Antiemetic/Antivertigo Agents	Emend IV solution	Nonpreferred
Gastroprotective NSAIDs	Celebrex	Preferred (previously nonpreferred)
	COX II inhibitors and Select NSAIDs Agents	Remove SilentAuth PA
Movement Disorder Agents	Add new drug class titled "Movement Disorder Agents"	
	Austedo	Preferred; maintain PA criteria
	Ingrezza	Preferred; maintain PA criteria
	Tetrabenazine	Preferred; maintain PA criteria

Table 2 – PDL changes, effective for DOS on or after Jan. 1, 2022 (continued)

<b>Drug class</b>	<b>Drug</b>	<b>PDL status</b>
Acne Agents	Myorisan	Preferred (previously nonpreferred)
	Zenatane	Preferred (previously nonpreferred)
Antipsoriatics	Calcipotriene 0.005% foam	Nonpreferred
	Sorilux foam	Preferred (previously nonpreferred); remove step therapy requirement
	Enstilar foam	Preferred (previously nonpreferred)
	Calcipotriene solution	Preferred (previously nonpreferred)
Bone Resorption Inhibitors	Xgeva	Nonpreferred
GLP-1 Receptor Agonists and Combinations	Ozempic	Preferred (previously nonpreferred); maintain quantity limit
Glucagon Agents	Add new drug class titled "Glucagon Agents"	
	Zegalogue	Preferred
	Gvoke	Preferred
	Baqsimi	Preferred
	Glucagen Hypokit	Preferred
	Glucagon Kit	Nonpreferred
Insulins – Intermediate Acting	Novolog Relion 70/30	Preferred
	Insulin Aspart 70/30	Preferred (previously nonpreferred)
Insulins – Rapid Acting	Novolog Relion	Nonpreferred
	Insulin Lispro	Preferred (previously nonpreferred)
SGLT2 Inhibitors and Combinations	Synjardy XR	Preferred (previously nonpreferred)
Estrogen and Related Agents	Depo-Provera SubQ	Preferred
	Orilissa	Preferred; maintain PA criteria
	Oriahnn	Preferred; maintain PA criteria
	Minivelle	Preferred (previously nonpreferred)
	Myfembree	Nonpreferred
Pancreatic Enzymes	Pancreaze	Preferred (previously nonpreferred)

Table 2 – PDL changes, effective for DOS on or after Jan. 1, 2022 (continued)

<b>Drug class</b>	<b>Drug</b>	<b>PDL status</b>
Ulcerative Colitis Agents	sfRowasa	Preferred
	Lialda	Preferred (previously nonpreferred)
	Delzicol	Preferred (previously nonpreferred)
	Mesalamine DR	Remove age requirement
BPH Agents	Rapaflo	Nonpreferred (previously preferred); grandfather current utilizers
Urinary Tract Antispasmodic/ Anti-Incontinence Agents	Myrbetriq granules	Nonpreferred; add the following step therapy: Member must be under 18 years of age or unable to swallow tablets OR prescriber must provide medical justification for use
	Myrbetriq	Preferred (previously nonpreferred)
	Enablex	Remove from PDL
Targeted Immunomodulators	Kevzara	Preferred (previously nonpreferred)
	Cimzia	Nonpreferred (previously preferred)
	Xeljanz oral solution	Preferred
Miotics – Intraocular Pressure Reducers	Simbrinza	Nonpreferred; add the following step therapy: Must provide documentation that separate components are not suitable for use
	Betaxolol	Nonpreferred (previously preferred)
	Betoptic-S suspension	Preferred (previously nonpreferred)
Ophthalmic Antihistamines	Pazeo	Nonpreferred (previously preferred)
	Olopatadine	Preferred (previously nonpreferred)
	Azelastine	Preferred (previously nonpreferred)
Ophthalmic Anti-Inflammatory Agents	Lotemax SM gel	Nonpreferred (previously preferred)
	Alrex	Preferred (previously nonpreferred)
Ophthalmic Anti-Inflammatory Agents/Immunomodulator Type	Rename drug class to “Treatments for Xerophthalmia (dry eye)”	
	Xiidra	Preferred (previously nonpreferred)
Otic Preparations	Dermotic Oil	Preferred
	Fluocinolone acetonide oil	Nonpreferred
Topical Anti-Inflammatory Agents – NSAIDs	Flector patch	Nonpreferred (previously preferred)
	Diclofenac epolamine	Update step therapy to remove trial of Flector patch requirement
Topical Immunomodulators	Opzelura	Nonpreferred
Topical Post-Herpetic Neuralgia Agents	Lidoderm patch	Preferred (previously nonpreferred); maintain quantity limit

**Changes to the OTC Drug Formulary**

Changes to the OTC Drug Formulary were made at the Nov. 19, 2021, DUR Board meeting. See Table 3 for a summary of formulary changes. Changes are effective for DOS on or after Jan. 1, 2022.

*Table 3 – OTC Drug Formulary changes, effective for DOS on or after Jan. 1, 2022*

<b>Drug category</b>	<b>Drug</b>	<b>Status/Criteria</b>
Topical Products	Differin 0.1% gel	Covered; add age limit of 25 years and younger; add the following step therapy: Must have tried a preferred tretinoin product

**Changes to the Pharmacy Supplements Formulary**

Changes to the Pharmacy Supplements Formulary were made at the Nov. 19, 2021, DUR Board meeting. See Table 4 for a summary of formulary changes. Changes are effective for DOS on or after Jan. 1, 2022.

*Table 4 – Pharmacy Supplements Formulary changes, effective for DOS on or after Jan. 1, 2022*

<b>Drug category</b>	<b>Drug</b>	<b>Status/Criteria</b>
Vitamins	Vitamin D3 1.25mg (50,000 units) caps	Covered; add quantity limit of 12/28 days

**For more information**

The PDL, mental health utilization edits, PA criteria, SilentAuth criteria, OTC Drug Formulary and Pharmacy Supplements Formulary can be found on the [OptumRx Indiana Medicaid website](#). 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 855-577-6317. Questions regarding pharmacy benefits for members in the Healthy Indiana Plan (HIP), Hoosier Care Connect and Hoosier Healthwise should be referred to the managed care entity (MCE) with which the member is enrolled.

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