

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201716 FEBRUARY 28, 2017

Pharmacy update approved by Drug Utilization Review Board February 2017

The Indiana Health Coverage Programs (IHCP) announces updates to the mental health utilization edits and changes to the Preferred Drug List (PDL) as approved by the Drug Utilization Review (DUR) Board at its February 17, 2017, meeting. These changes apply to the fee-for-service (FFS) pharmacy benefit.

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 an update to the utilization edits, as recommended by the MHQAC and listed in Table 1. This update is effective for dates of service (DOS) on or after April 1, 2017.

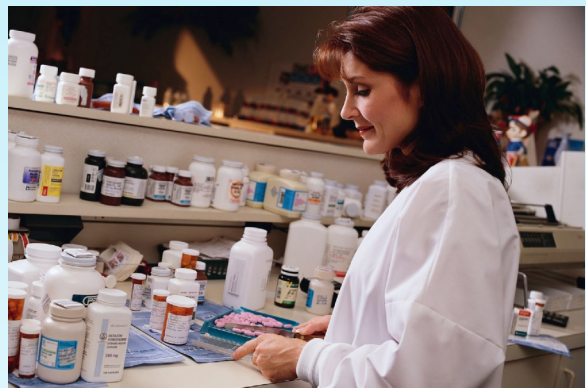


Table 1 – Update to utilization edits effective for DOS on or after April 1, 2017

Name and strength of medication	Utilization edit
Namzaric 24 HR Therapy Pack	1 pack/28 days

Changes to the PDL

Changes to the PDL were made at the February 17, 2017, DUR Board meeting. See Table 2 for a summary of PDL changes. Changes are effective for DOS on or after April 1, 2017, unless otherwise noted.

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

Drug Class	Drug	PDL Status
Bronchodilator Agents – Beta Adrenergic and Anticholinergic Combinations	Bevespi Aerosphere	Nonpreferred; the following quantity limit applies: <ul style="list-style-type: none">1 inhaler/30 days
Macrolides	Eryped	Preferred (previously nonpreferred); maintain step therapy
Otic Antibiotics	Otovel	Nonpreferred
Topical Antifungals	Xolegel	Remove from the Preferred Drug List
	Loprox kit	Nonpreferred
	Econazole	Nonpreferred (previously preferred)

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

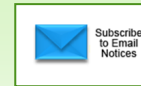
Drug Class	Drug	PDL Status
ACE Inhibitors	Enalapril	Preferred (previously nonpreferred)
	Qbrelis	Nonpreferred; the following age criteria applies: <ul style="list-style-type: none"> • Must be under 18 years of age or unable to swallow tablets
ACE Inhibitors with Calcium Channel Blockers		Combine drug class with all ACE inhibitor combination classes and title ACE Inhibitor Combinations
ACE Inhibitors with Diuretics		Combine drug class with all ACE inhibitor combination classes and title ACE Inhibitor Combinations
Angiotensin Receptor Blockers (ARBs)	Irbesartan	Preferred (previously nonpreferred)
	Benicar	Nonpreferred (previously preferred)
ARBs with Calcium Channel Blockers		Combine drug class with all ARB combination classes and title ARB Combinations
	Byvalson	Nonpreferred; the following step therapy applies: <ul style="list-style-type: none"> • Prescriber must provide documentation that separate components are unsuitable for use
	Exforge	Nonpreferred (previously preferred)
ARBs with Calcium Channel Blockers and Diuretics		Combine drug class with all ARB combination classes and title ARB Combinations
	Exforge HCT	Nonpreferred (previously preferred)
ARBs with Diuretics		Combine drug class with all ARB combination classes and title ARB Combinations
	Benicar HCT	Nonpreferred (previously preferred)
Antimigraine	Alsuma	Remove from the Preferred Drug List

The PDL, SilentAuth criteria, mental health drug utilization edits, and prior authorization (PA) criteria can be accessed under the [Pharmacy Services](#) 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 with which the member is enrolled.

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