

# IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS    BT201860    NOVEMBER 27, 2018

## Pharmacy update approved by Drug Utilization Review Board November 2018

The Indiana Health Coverage Programs (IHCP) announces updates to the SilentAuth automated prior authorization (PA) system, PA criteria, vaccines, brand preferences, and changes to the Preferred Drug List (PDL) as approved by the Drug Utilization Review (DUR) Board at its November 16, 2018, 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 the Antiseizure Agents, Opiate Overutilization, and Targeted Immunomodulators prior authorizations. These PA changes will be effective for PA requests submitted on or after January 1, 2019. The PA criteria are posted on the *Pharmacy Prior Authorization Criteria and Forms* page accessible through the OptumRx link on the [Pharmacy Services](#) web page at indianamedicaid.com.

### PA changes

PA criteria for Lucemyra, Soma and Combinations, Human Parathyroid Hormone, Growth Hormone, Testosterones, Ophthalmic Anti-Inflammatory Agents/Immunomodulator Type, and Neudexta were established and approved by the DUR Board. These PA changes will be effective for PA requests submitted on or after January 1, 2019. The PA criteria are posted on the *Pharmacy Prior Authorization Criteria and Forms* page accessible through the OptumRx link on the [Pharmacy Services](#) web page at indianamedicaid.com.

### Vaccine change

An edit to limit Gardasil-9 to members 19 through 45 years of age was established and approved by the DUR Board. This change will be effective for dates of service (DOS) on or after January 1, 2019.

### Brand preference change

The IHCP announces changes to the brand preference status for Adderall XR. Adderall XR will no longer be reimbursed as brand preferred without PA for DOS on or after January 1, 2019. Continued reimbursement for brand Adderall XR will require *Brand Medically Necessary PA* submission and all additional required prescription documentation as set forth in the [Pharmacy Services](#) provider reference module.

### Changes to the PDL

Changes to the PDL are summarized in Table 1 and are effective for DOS on or after January 1, 2019, unless otherwise noted. Note that the following approach is taken with biosimilar agents with respect to the PDL:

- If an originator or biosimilar agent is preferred, all biosimilar products with comparable approved indications to the originator agent shall be added as preferred, if they present a relative financial advantage to the existing preferred PDL agents (originator and/or other biosimilar agents); accordingly, the existing preferred agents shall be moved to nonpreferred.

- If an originator and/or other biosimilar agent is nonpreferred, all biosimilar products with comparable approved indications shall be added as nonpreferred.
- If a biosimilar agent does not have all comparable approved indications to the originator, it shall remain as neutral until reviewed.

*Table 1 – PDL changes effective for DOS on or after January 1, 2019*

<b>Drug class</b>	<b>Drug</b>	<b>PDL status</b>
Agents for the Treatment of Opioid Addiction	Lucemyra	Maintain as neutral: <ul style="list-style-type: none"> <li>• Add PA criteria requiring medical necessity for use</li> <li>• Add a quantity limit of 2.88 mg/day for up to 14 days</li> </ul>
Antiseizure Agents	Epidiolex	Nonpreferred
	Diacomit	Nonpreferred if participating in the Medicaid rebate program
Antiemetic/Antivertigo Agents	Akynzeo	Nonpreferred
	Anzemet	Remove from the PDL
	Granisol	Remove from the PDL
Narcotic Antitussive/1st Generation Antihistamine Combinations	Tussionex	Nonpreferred (previously preferred)
	Vituz	Remove from the PDL
Narcotics	Carisoprodol/ASA/codeine	Move to Skeletal Muscle Relaxants drug class
	Nalocet	Nonpreferred if participating in the Medicaid rebate program
Skeletal Muscle Relaxants	Carisoprodol/ASA/codeine	Add to Skeletal Muscle Relaxants drug class
Antidiabetic Agents (oral)	Jardiance	Preferred (previously nonpreferred)
	Metformin HCl solution	Nonpreferred; add the following step therapy: <ul style="list-style-type: none"> <li>• Must have tried and failed Riomet solution in the past 90 days</li> </ul>
	Avandamet	Remove from the PDL
	Avandaryl	Remove from the PDL
Testosterones	Androderm	Preferred (previously nonpreferred)
	Axiron	Nonpreferred (previously preferred)
	Xyosted	Nonpreferred
Direct Factor XA Inhibitors	Xarelto 2.5 mg tablets	Preferred; add the following quantity limit: <ul style="list-style-type: none"> <li>• 2 tabs/day</li> </ul>
Hematinics	Retacrit	Add to either preferred or nonpreferred based upon financial advantage to the State when available
	Procrit	Move to nonpreferred if Retacrit is added to preferred
Leukocyte Stimulants	Nivestym	Nonpreferred
	Fulphila	Preferred
	Neulasta	Nonpreferred (previously preferred)
Targeted Immunomodulators	Ilumya	Nonpreferred
	Olumiant	Nonpreferred
	Orencia	Preferred (previously nonpreferred)

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

<b>Drug class</b>	<b>Drug</b>	<b>PDL status</b>
Miotics – Intraocular Pressure Reducers	Timolol gel	Nonpreferred (previously preferred)
	Rhopressa	Preferred (previously nonpreferred)
	Xelpros	Nonpreferred
Ophthalmic Anti-Inflammatory Agents/ Immunomodulator Type	Cequa	Nonpreferred; add the following quantity limit: <ul style="list-style-type: none"> <li>• 60 vials/30 days</li> </ul>
	Topical Post-Herpetic Neuralgia Agents	ZTlido

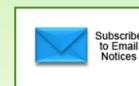
**For more information**

The SilentAuth criteria, PA criteria, vaccine utilization edits, brand preference list, and PDL can be found on the OptumRx website, accessible through the OptumRx link on the [Pharmacy Services](#) web page 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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