

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT202098 SEPTEMBER 1, 2020

Pharmacy updates approved by Drug Utilization Review Board August 2020

The Indiana Health Coverage Programs (IHCP) announces updates to the SilentAuth automated prior authorization (PA) system, PA criteria, mental health utilization edits, and Preferred Drug List (PDL) as approved by the Drug Utilization Review (DUR) Board at its August 21, 2020, 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 the Antiseizure Agents, SGLT2 Inhibitors and Combinations, Targeted Immunomodulators, Monoclonal Antibodies for the Treatment of Respiratory Conditions, and Multiple Sclerosis Agents. These PA changes will be effective for PA requests submitted on or after October 1, 2020. 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.

PA changes

PA criteria for the Bone Formation Stimulating Agents, Reblozyl, Hepatitis C Agents, PCSK9 Inhibitors, Juxtapid, Antimigraine Agents, and Difcid were established and approved by the DUR Board. These PA changes will be effective for PA requests submitted on or after October 1, 2020. 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.

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 services (DOS) on or after October 1, 2020.

Table 1 – Updates to utilization edits effective for DOS on or after October 1, 2020

Name and strength of medication	Utilization edit
Symbyax caps, all strengths	Update age to 10 years and older

Changes to the PDL

Changes to the PDL were made at the August 21, 2020, DUR Board meeting. See [Table 2](#) for a summary of PDL changes. Changes are effective for DOS on or after October 1, 2020, unless otherwise noted.

Table 2 – PDL changes effective for DOS on or after October 1, 2020

Drug class	Drug	PDL status
Antiseizure Agents	Nayzilam	Preferred (previously nonpreferred)
	Fintepla	Nonpreferred
Gastroprotective Agents	Consensi	Nonpreferred; add the following step therapy: <ul style="list-style-type: none"> • Prescriber must provide documentation that separate components are unsuitable for use (must meet celecoxib criteria for use)
Narcotics	Roxybond	Remove from the PDL
	Zamicet	Remove from the PDL
	Xartemis XR	Remove from the PDL
Skeletal Muscle Relaxants	Ozobax	Nonpreferred; add the following age restriction: <ul style="list-style-type: none"> • Must be 18 years of age or younger or unable to swallow tablets
	Lorzone	Nonpreferred
Antipsoriatics	Enstilar	Move to Antipsoriatic drug class; maintain nonpreferred status
Bone Formation Stimulating Agents	Bonsity	Nonpreferred
Bone Formation Inhibitors	calcitonin-salmon nasal	Preferred (previously nonpreferred)
	Miacalcin	Nonpreferred; add the following step therapy: <ul style="list-style-type: none"> • Must trial and fail calcitonin-salmon nasal or provide medical justification for use
Insulins – Intermediate Acting	insulin aspart (70/30)	Nonpreferred
	insulin lispro protamine/ insulin lispro Kwikpen	Nonpreferred
Insulins Rapid Acting	insulin aspart (all formulations)	Nonpreferred
	Lyumjev	Nonpreferred
SGLT2 Inhibitors and Combinations	Trijardy XR	Nonpreferred; add the following step therapy: <ul style="list-style-type: none"> • Prescriber must provide documentation that separate components are unsuitable for use
	Synjardy	Preferred (previously nonpreferred)
<i>H. Pylori</i> Agents	Talicia	Nonpreferred
Laxatives and Cathartics	Isbrela	Nonpreferred; add the following step therapy: <ul style="list-style-type: none"> • ST – Requires trial of Amitiza and Linzess OR lactulose, sorbitol or polyethylene glycol within past 90 days and medical justification for use over preferred agents
	Zelnorm	Nonpreferred; add the following step therapy: <ul style="list-style-type: none"> • ST – Requires trial of Amitiza and Linzess OR lactulose, sorbitol or polyethylene glycol within past 90 days and medical justification for use over preferred agents
Ulcerative Colitis Agents	Ortikos ER capsules	Nonpreferred
	budesonide DR capsules	Preferred
	budesonide ER tablets	Nonpreferred; grandfather current utilizers

Table 2 – PDL changes effective for DOS on or after October 1, 2020 (Continued)

Drug class	Drug	PDL status
Hematinics	Reblozyl	Preferred; add PA criteria
Platelet Aggregation Inhibitors	prasugrel	Maintain preferred status; remove SilentAuth criteria
	Brilinta	Maintain preferred status; remove SilentAuth criteria
	Zontivity	Maintain nonpreferred status; remove SilentAuth criteria
Targeted Immunomodulators	Avsola	Nonpreferred
Ophthalmic Antihistamines	Zerviate	Nonpreferred
Otic Preparations	acetic acid/aluminum drops	Remove from the PDL
Topical Anti-Inflammatory Agents-NSAIDs	Licart ER patch	Nonpreferred
	Flector patch	Preferred (previously nonpreferred); remove step therapy
	Pennsaid topical solution	Preferred (previously nonpreferred); remove step therapy
Topical Antiparasitics	pyrethrin products	Remove from the PDL
Topical Immunomodulators	Enstilar	Remove from this drug class
Beta Agonists	Xopenex HFA	Maintain as preferred; maintain age restrictions; update step therapy to require trial of an albuterol HFA product in the past 90 days
Monoclonal Antibodies for the Treatment of Respiratory Conditions	Dupixent	Preferred (previously nonpreferred)
	Fasenra	Preferred (previously nonpreferred)
Oral Inhaled Glucocorticoids	Armonair Respiclick	Remove from the PDL
Otic Antibiotics	Otovel	Maintain preferred status; add the following age restriction: <ul style="list-style-type: none"> • Must be 18 years or age or younger
Topical Antifungals	Ala-Quin	Nonpreferred
	Exelderm cream and solution	Preferred (previously nonpreferred)
Vaginal Antimicrobials	Gynazole-1 vaginal cream	Preferred (previously nonpreferred)
	Nuessa vaginal gel	Preferred (previously nonpreferred)
Calcium Channel Blockers	Nymalize	Nonpreferred; add the following step therapy: <ul style="list-style-type: none"> • Member must be 18 years of age or younger or unable to swallow tablets
Calcium Channel Blockers with HMG CoA Reductase Inhibitors	amlodipine/atorvastatin	Maintain nonpreferred status; add the following step therapy: <ul style="list-style-type: none"> • Prescriber must provide documentation that separate components are not suitable for use
Lipotropics	Nexletol	Nonpreferred; add the following step therapy: <ul style="list-style-type: none"> • Must have trialed and failed two statin agents OR a statin in combination with ezetimibe OR medical justification for use
	Nexlizet	Nonpreferred; add the following step therapy: <ul style="list-style-type: none"> • Must have trialed and failed a statin in combination with ezetimibe OR medical justification for use
	Praluent	Preferred (previously nonpreferred)
	Juxtapid	Nonpreferred; add PA criteria

Table 2 – PDL changes effective for DOS on or after October 1, 2020 (Continued)

Drug class	Drug	PDL status
Antimigraine Agents	Nurtec ODT	Nonpreferred; add PA criteria; add the following quantity limit: <ul style="list-style-type: none"> • 8 tabs/30 days
	Vyepti	Nonpreferred; add PA criteria; add the following quantity limit: <ul style="list-style-type: none"> • 3 mL/90 days
Multiple Sclerosis Agents	Zeposia	Nonpreferred; add PA criteria; add the following quantity limit: <ul style="list-style-type: none"> • 0.92mg/day (starter pack 1 pack/90 days)
	Bafiertam	Nonpreferred; add PA criteria; add the following quantity limit: <ul style="list-style-type: none"> • 4 tabs (380mg)/day

For more information

The PDL, mental health utilization edits, PA criteria, and SilentAuth criteria can be found on the OptumRx Indiana Medicaid website, accessible via 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 (MCE) with which the member is enrolled.

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