

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT202115 MARCH 2, 2021

Pharmacy updates approved by Drug Utilization Review Board February 2021

The Indiana Health Coverage Programs (IHCP) announces updates to the SilentAuth automated prior authorization (PA) system, PA criteria, mental health utilization edits, and the Preferred Drug List (PDL) as approved by the Drug Utilization Review (DUR) Board at its February 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 the SSRI/SNRI Duplicate Therapy PA, Pulmonary Antihypertensive Agents, Multiple Sclerosis Agents, and Monoclonal Antibodies for the Treatment of Respiratory Conditions. These PA changes will be effective for PA requests submitted on or after April 1, 2021. 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 Cushing's Disease Agents, Hettioz, Cystic Fibrosis Agents, and Hepatitis C Agents were established and approved by the DUR Board. These PA changes will be effective for PA requests submitted on or after April 1, 2021. 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 service (DOS) on or after April 1, 2021.

Table 1 – Updates to utilization edits, effective for DOS on or after April 1, 2021

Name and strength of medication	Utilization edit
Abilify Mycite (all strengths)	Add age requirement of 18 years of age and older
Buspirone 10 mg tabs	Update quantity limit to 4/day

Changes to the PDL

Changes to the PDL were made at the February 19, 2021, DUR Board meeting. See Table 2 for a summary of PDL changes. Changes are effective for DOS on or after April 1, 2021, unless otherwise noted.

Table 2 – PDL changes, effective for DOS on or after April 1, 2021

Drug class	Drug	PDL status
Antihistamine-Decongestant Combination/2nd Generation Antihistamines	Levocetirizine	Update step therapy requiring previous trial of loratadine syrup or cetirizine syrup
Beta Adrenergics and Corticosteroids	Airduo Digihaler	Nonpreferred
	Breztri Aerosphere	Nonpreferred
	Dulera 50-5 mcg; 100-5 mcg	Update quantity limit (QL) to the following: <ul style="list-style-type: none"> • Under 12 years of age, 2 inhalers per 30 days • 12 years and older, 3 inhalers per 30 days
	Symbicort 80-4.5 mcg	Update QL to the following: <ul style="list-style-type: none"> • Under 12 years of age, 2 inhalers per 30 days • 12 years and older, 3 inhalers per 30 days
Bronchodilator Agents – Beta Adrenergic and Anticholinergic Combinations	Incruse Ellipta	Preferred (previously nonpreferred)
Oral Inhaled Glucocorticoids	QVAR RediHaler	Preferred (previously nonpreferred)
	Armonair Digihaler	Nonpreferred
Pulmonary Antihypertensives	Revatio suspension	Preferred (previously nonpreferred)
Hepatitis C Agents	Daklinza	Remove from the PDL
Angiotensin Receptor Blockers (ARBs)	Olmesartan	Preferred (previously nonpreferred)
	Losartan 25 mg, 50 mg	Update quantity limit to 2/day
Angiotensin Receptor Blockers Combinations	Diovan HCT	Nonpreferred (previously preferred)
	Byvalson	Remove from the PDL
Calcium Channel Blockers	Conjupri	Nonpreferred
Antimigraine Agents	Zomig Nasal Spray	Preferred (previously nonpreferred); maintain quantity limit
	Zolmitriptan nasal spray	Nonpreferred; add the following QL: <ul style="list-style-type: none"> • 1 box – 6 inhalers/30 days
	Sumatriptan nasal spray	Nonpreferred (previously preferred); maintain quantity limit; grandfather current utilizers
Multiple Sclerosis Agents	Kesimpta	Nonpreferred
Direct Factor Xa Inhibitors	Eliquis	Update quantity limit to the following: <ul style="list-style-type: none"> • 5 mg dose – 4 tabs/day for 7 days then 2 tabs/day • 2.5 mg dose – 2 tabs/day
Topical Anti-Inflammatory Agents - NSAIDs	Diclofenac epolamine	Update step therapy to require trial of Voltaren gel, Flector patches, and Pennsaid topical solution

Additional 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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