IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT2025154 OCTOBER 31, 2025

IHCP updates PA requirements for certain physician-administered drugs

The Indiana Health Coverage Programs (IHCP) announces updates to prior authorization (PA) requirements for Healthcare Common Procedural Coding System (HCPCS) procedure codes J1602, J2357 and J3262.

For dates of service (DOS) on or after Dec. 1, 2025, PA will be required for procedure codes J1602 (golimumab [Simponi; Simponi Aria]) and J3262 (tocilizumab [Actemra]) when these drugs are provided under the fee-for-service (FFS) medical benefit. PA is already required for these drugs under the FFS pharmacy benefit.

Additionally, for DOS on or after Dec. 1, 2025, FFS PA criteria for procedure code J2357 (omalizumab [Xolair]) will be revised to align with current criteria for this drug under the FFS pharmacy benefit.

See Table 1 for the new or revised criteria for each of these physician-administered drug codes.

Note that the same PA criteria listed in Table 1 also apply to these drugs when provided under the pharmacy benefit. PA information for these drugs is accessible from the *Pharmacy Prior Authorization Criteria and Forms* page of the Optum Rx Indiana Medicaid website, under *Targeted Immunomodulators Prior Authorization Criteria* (for Actemra and Simponi/ Simponi Aria) and *Respiratory and Allergy Biologics* (for Xolair).

Table 1 – Procedure codes with new or revised PA criteria, effective for DOS on or after Dec. 1, 2025

Procedure code	Description	PA criteria
J1602	Injection, golimumab, 1 mg, for intravenous use	**Initial Authorization** ■ Must meet ***one*** of the following: ⇒ Diagnosis of ankylosing spondylitis, polyarticular juvenile idiopathic arthritis, psoriatic arthritis, or ulcerative colitis ⇒ Diagnosis of rheumatoid arthritis and ***one*** of the following: ♦ 90 or more days of drug therapy with one of the following: azathioprine, hydroxychloroquine, leflunomide, methotrexate, or sulfasalazine ♦ Previous trial and failure of another targeted immunomodulator agent **Reauthorization** ■ Must meet the following: ⇒ History of the requested agent for at least 90 of the past 120 days, as confirmed by claim history or chart documentation

Table 1 – Procedure codes with new or revised PA criteria, effective for DOS on or after Dec. 1, 2025 (Continued)

Procedure code	Description	PA criteria
J2357	Injection, omalizumab, 5 mg	**Initial Authorization** ■ Must meet ***one*** of the following: ⇒ All of the following: ♦ Diagnosis of asthma (severe allergic asthma or nonallergic eosinophilic asthma) ♦ Evidence of a positive percutaneous allergy skin test ***OR*** in vitro reactivity to a perennial aeroallergen within the past year ♦ Member is 6 years of age or older ♦ Member is utilizing one of the following inhaled asthma treatments for 90 of the past 120 days: ◊ Concurrent high-dose inhaled corticosteroid (ICS) ***AND*** a long-acting beta2 agonist (LABA) ◊ High-dose ICS/LABA or high-dose ICS/long-acting muscarinic antagonist (LAMA)/LABA combination product ♦ Omalizumab will be used as adjunct therapy along with the above inhaled asthma treatment ♦ Member has inadequately controlled asthma as evidenced by one of the following: ◊ Greater than or equal to three canisters of a short-acting beta2 agonist (SABA) in the past 60 days ◊ Oral steroid use in the past 45 days ◊ Emergency room (ER) visit with primary diagnosis of asthma in past 45 days ⇒ All of the following: ♦ Diagnosis of chronic spontaneous urticaria ♦ Documentation of at least six weeks of symptoms ♦ Member is 12 years of age or older ♦ Member has trial and failure history (supported by chart documentation) for 14 or more days with a single second-generation antihistamine as monotherapy (e.g., cetirizine, desloratadine, fexofenadine, levocetirizine, loratadine) ♦ Member has trial and failure history (supported by chart documentation) of two of the following (trial history is considered as 14 or more days of each individual option): ◊ Two different second generation H1 receptor antagonists as concomitant therapy ◊ Second generation H1 receptor antagonist as monotherapy with dose advancement (e.g., four time max FDA dose/day) ◊ Second generation H1 receptor antagonist used concomitantly with H2-antagonist ◊ Second generation H1 receptor antagonist used concomitantly with leukotriene-receptor antagonist (LTRA) ◊ Second generation H1 receptor antagonist used concomitantly with bedtime first generation antihistamine

Table 1 – Procedure codes with new or revised PA criteria, effective for DOS on or after Dec. 1, 2025 (Continued)

Procedure code	Description	PA criteria
J2357 *(Continued)*	Injection, omalizumab, 5 mg	⇒ All of the following: ♦ Diagnosis of inadequately controlled nasal polyps ♦ Member is 18 years of age or older ♦ 90 or more days of therapy with an intranasal corticosteroid ♦ Omalizumab will be used as adjunct therapy along with an intranasal corticosteroid ⇒ All of the following ♦ History of an immunoglobulin E (IgE)-mediated (Type 1) allergic reaction to one or more food allergens (chart notes explicitly stating suspected food allergen and respective reaction experienced required) AND one of the following: ◊ Positive skin prick test (SPT) (≥4 mm wheal) to identified foods (documentation required) ◊ Positive IgE screening (≥6 kilounits of allergen-specific IgE per liter [kUA/L]) to identified foods (documentation required) ♦ Member is 1 year of age or older ♦ Prescribed by, or in consultation with, an allergist or immunologist ♦ Prescriber attests that member has been counseled to continue food allergen avoidance while utilizing omalizumab **Reauthorization** ⇒ Must meet ***all*** of the following: ♦ History of the requested agent within the past 90 days ♦ One of the following: ◊ Member is continuing to utilize adjunct therapy, if applicable ◊ Medical rationale has been provided for not continuing adjunct therapy ♦ Member demonstrates positive clinical response to therapy (e.g., improvement/stabilization in symptoms of the respective disease from baseline) (submission of chart documentation required)

Table 1 – Procedure codes with new or revised PA criteria, effective for DOS on or after Dec. 1, 2025 (Continued)

Procedure code	Description	PA criteria
J3262	Injection, tocilizumab, 1 mg	**Initial Authorization** ■ Must meet ***one*** of the following: ⇒ Diagnosis of cytokine release syndrome, polyarticular juvenile idiopathic arthritis, systemic juvenile idiopathic arthritis, or systemic sclerosis-associated interstitial lung disease (SSc-ILD) ⇒ Diagnosis of giant cell arteritis and ***both*** of the following: ♦ 90 or more days of drug therapy with one of the following: systemic glucocorticoid, azathioprine or methotrexate ♦ Member will be using a systemic glucocorticoid concurrently with tocilizumab ⇒ Diagnosis of rheumatoid arthritis and ***one*** of the following: ♦ 90 or more days of drug therapy with one of the following: azathioprine, hydroxychloroquine, leflunomide, methotrexate or sulfasalazine ♦ Previous trial and failure of another targeted immunomodulator agent **Reauthorization** ■ Must meet the following: ⇒ History of the requested agent for at least 90 of the past 120 days, as confirmed by claim history or chart documentation

Updates will be made to the Professional Fee Schedule and Outpatient Fee Schedule accessible from the *IHCP Fee Schedules* webpage at in.gov/medicaid/provider.

For drugs provided under the FFS medical benefit, PA should be requested through Acentra Health. Questions about FFS medical PA should be directed to Acentra Health Customer Service at 866-725-9991. FFS professional or institutional claims should be submitted to Gainwell Technologies. Questions about billing and reimbursement for these claims should be directed to Gainwell Technologies Customer Assistance at 800-457-4584 or your Provider Relations consultant. FFS pharmacy claims should be submitted to the FFS pharmacy benefit manager, Optum Rx. Questions about FFS pharmacy claim processing or reimbursement should be directed to Optum Rx Clinical and Technical Help Desk at 855-577-6317.

Questions regarding managed care medical and pharmacy benefits (for members in the Healthy Indiana Plan [HIP], Hoosier Care Connect, Hoosier Healthwise and Indiana PathWays for Aging [PathWays]) should be referred to the managed care entity (MCE) with which the member is enrolled.

QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at 800-457-4584.

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