IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT202241 MAY 31, 2022

Pharmacy updates approved by Drug Utilization Review Board May 2022

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 May 20, 2022, 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, Monoclonal Antibodies for the Treatment of Respiratory Conditions, Opiate Overutilization PA, Sedative Hypnotic/ Benzodiazepine PA, and Targeted Immunomodulators. These PA changes will be effective for PA requests submitted on or after July 1, 2022. 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 Aduhelm, Carafate-Cytotec, Cystic Fibrosis Inhaled Agents, Fentanyl, Growth Hormones, Presbyopia Agents, Testosterones, Treatments for Dry Eye Disease or Keratoconjunctivitis, and Uterine Disorder Agents were established and approved by the DUR Board. These PA changes will be effective for PA requests submitted on or after July 1, 2022. The PA criteria are posted on the *Pharmacy Prior Authorization Criteria and Forms* page on the OptumRx Indiana Medicaid website.

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 July 1, 2022.

Table 1 – Updates to utilization edits effective for DOS on or after July 1, 2022

Name and strength of medication	Utilization edit
Chlorpromazine conc 30 mg/mL	26.7 mL/day
Chlorpromazine conc 100 mg/mL	8 mL/day
Citalopram 30 mg cap	1/day
Dyanavel XR 5 mg tab	1/day; Age 6 years and older
Dyanavel XR 10 mg tab	1/day; Age 6 years and older
Dyanavel XR 15 mg tab	1/day; Age 6 years and older

Table 1 – Updates to utilization edits effective for DOS on or after July 1, 2022 (Continued)

Name and strength of medication	Utilization edit
Dyanavel XR 20 mg tab	1/day; Age 6 years and older
Loreev XR 1.5 mg cap	1/day; Age 18 years and older
Quiviviq 25 mg tab	1/day; Age 18 years and older
Quiviviq 50 mg tab	1/day; Age 18 years and older

Changes to the PDL

Changes to the PDL were made at the May 20, 2022, DUR Board meeting. See Table 2 for a summary of PDL changes. Changes are effective for DOS on or after July 1, 2022, unless otherwise noted.

Table 2 – PDL changes effective for DOS on or after July 1, 2022

Drug class	Drug	PDL status
Agents for the Treatment of Opiate Addiction	Naloxone nasal spray	Preferred
Antiseizure Agents	Eprontia	Nonpreferred; add the following step therapy and quantity limit: • ST – member is under 18 years of age or unable to swallow other oral formulations (tabs/caps/ sprinkle/etc.) • QL – 400 mg/day (16 mL/day)
	Spritam	Nonpreferred (previously preferred)
	Lacosamide tablet	Preferred
	Ztalmy	Nonpreferred; add the following quantity limit: • QL 36 mL/day
Gastroprotective NSAIDs	Elyxyb	Nonpreferred; add the following step therapy and quantity limit: • ST – member is unable to swallow capsule formulation • QL – 120 mg/day (4.8 mL/day)
Narcotics	Lazanda	Remove from the PDL
	Seglentis	Nonpreferred; add the following age restriction: • Age – must be 18 years of age and older
Skeletal Muscle Relaxants	Fleqsuvy suspension	Nonpreferred; add the following step therapy: • ST – member is 12 to 17 years of age or unable to swallow tablets
Smoking Deterrent Agents	Varenicline	Preferred; OptumRx may move to nonpreferred if brand Chantix returns to the market and is more cost advantageous; add the following age restriction: • Age – 18 years of age or older
GLP-1 Receptor Agonists and Combinations	Ozempic	Nonpreferred (previously preferred); permit continuation of therapy for those with history of Ozempic within the past 90 days
	Soliqua	Preferred (previously nonpreferred); maintain current quantity limit and step therapy

Table 2 – PDL changes effective for DOS on or after July 1, 2022 (Continued)

Drug class	Drug	PDL status
Growth Hormones	Voxzogo	Nonpreferred
	Skytrofa	Nonpreferred
	Norditropin	Nonpreferred (previously preferred)
	Saizen	Preferred (previously nonpreferred)
Insulins – Long Acting	Insulin glargine	Nonpreferred
Miscellaneous Oral Antidiabetic Agents	Miglitol	Nonpreferred (previously preferred)
	Repaglinide	Preferred (previously nonpreferred)
Testosterones	Striant	Remove from the PDL
	Anadrol-50	Remove from the PDL
	Tlando	Nonpreferred
Estrogen and Related Agents	Myfembree	Preferred (previously nonpreferred)
Antiulcer Agents	Carafate suspension	Update step therapy to the following: • ST – member is under 18 years of age or unable to swallow tablets
H2 Receptor Antagonists	Ranitidine syrup	Remove from the PDL
	Ranitidine capsules	Remove from the PDL
Laxatives and Cathartics	Nonpreferred Agents	Remove "within the past 90 days" from the step therapy requirements
BPH Agents	Entadfi	Nonpreferred; add the following step therapy and duration: • ST – Prescriber must provide documentation of trial and failure of nonselective alpha-blocker, a selective alpha-blocker, a 5-alpha reductase inhibitor (one of which must be finasteride), and a combination product for the treatment of BPH ***or*** a medically justifiable reason that the agents are not suitable for use • Duration of treatment does not exceed 26 weeks
	Tadalafil 2.5 mg and 5 mg tabs	Add maximum duration of treatment of 26 weeks if using concurrently with finasteride
Direct Factor XA Inhibitors	Xarelto oral suspension	Preferred; add the following step therapy and quantity limit: • ST – must be under 18 years of age or unable to swallow tablet formulation • QL – 20 mL (20 mg)/day
	Bevyxxa	Remove from the PDL
Heparin and Related Products		Remove drug class from the PDL
Targeted Immunomodulators	Adbry	Nonpreferred
	Cibinqo	Nonpreferred
	Enspryng	Remove from the PDL
Miotics – Intraocular Pressure Reducers	Vuity	Nonpreferred
Ophthalmic Antihistamines	Lastacaft	Remove from the PDL

Table 2 – PDL changes effective for DOS on or after July 1, 2022 (Continued)

Drug class	Drug	PDL status
Treatments for Xerophthalmia (dry eye)		Update drug class name to Treatments for Dry Eye Disease or Keratoconjunctivitis
	Tyrvaya nasal spray	Nonpreferred; add the following quantity limit: • QL – 2 bottles (8.4 mL)/30 days
	Verkazia	Nonpreferred; add the following quantity limit: • QL – 120 vials/30 days

For more information

The PDL, mental health utilization edits, PA criteria and SilentAuth criteria can be found on the OptumRx Indiana Medicaid website. 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 855-577-6317. Questions regarding pharmacy benefits for members in the Healthy Indiana Plan (HIP), Hoosier Care Connect and Hoosier Healthwise should be referred to the managed care entity (MCE) with which the member is enrolled.

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