IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT2023108 AUGUST 31, 2023

Pharmacy updates approved by Drug Utilization Review Board August 2023

The Indiana Health Coverage Programs (IHCP) announces updates to SilentAuth automated prior authorization (PA) system, PA criteria, mental health utilization edits and Statewide Uniform Preferred Drug List (SUPDL) as approved by the Drug Utilization Review (DUR) Board at its Aug. 18, 2023, meeting.

SilentAuth PA enhancement

The IHCP has enhanced its automated PA system to update the criteria for the Antimigraine Agents, Antipsychotic Agents, Multiple Sclerosis Agents, Opioid Overutilization, Pulmonary Antihypertensives, Respiratory and Allergy Biologics, Sedative Hypnotics-Benzodiazepines, and Targeted Immunomodulators prior authorizations. These PA changes will be effective for PA requests submitted on or after Oct. 1, 2023. The PA criteria are posted on the *Pharmacy Prior Authorization Criteria and Forms* page on the Optum Rx Indiana Medicaid website, accessible from the *Pharmacy Services* page at in.gov/medicaid/providers.

PA changes

PA criteria for Miscellaneous Cardiac Agents, Non-Drug-Specific PA, PCSK-9 and Select Lipotropics, and Vaginal Antimicrobial prior authorizations were established and approved by the DUR Board. PA changes for Gralise, Horizant, and Lyrica CR Agents; Hepatitis C Agents; Immunoglobulin A Nephropathy (IgAN) Agents; Non-SUPDL Prior Authorization and Step Therapy; and Vyjuvek apply to the fee-for-service benefit. These PA changes will be effective for PA requests submitted on or after Oct. 1, 2023. The PA criteria are posted on the *Pharmacy Prior Authorization Criteria and Forms* page on the Optum Rx 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 Oct.1, 2023.

Table 1 – Updates to utilization edits effective for DOS on or after Oct. 1, 2023

Name and strength of medication	Utilization edit
Abilify Asimtufii (aripiprazole) INJ 720 mg/2.4 mL	1/56 days; age 18 years and older
Abilify Asimtufii (aripiprazole) INJ 960 mg/3.2 mL	1/56 days; age 18 years and older
Eprontia (topiramate) oral solution 25 mg/mL	16 mL/day; add the following step therapy: • ST – Must be under 18 years of age or unable to swallow capsule, sprinkle capsule or tablet formulations
Uzedy (risperidone) INJ 50 mg/0.14 mL	1/28 days; age 18 years and older

Table 1 – Updates to utilization edits effective for DOS on or after Oct. 1, 2023 (Continued)

Name and strength of medication	Utilization edit
Uzedy (risperidone) INJ 75 mg/0.21 mL	1/28 days; age 18 years and older
Uzedy (risperidone) INJ 100 mg/0.28 mL	1/28 days; age 18 years and older
Uzedy (risperidone) INJ 125 mg/0.35 mL	1/28 days; age 18 years and older
Uzedy (risperidone) INJ 150 mg/0.42 mL	1/56 days; age 18 years and older
Uzedy (risperidone) INJ 200 mg/0.56 mL	1/56 days; age 18 years and older
Uzedy (risperidone) INJ 250 mg/0.7 mL	1/56 days; age 18 years and older
zolpidem 7.5 mg caps	1/day

Changes to the SUPDL

Changes to the SUPDL were made at the Aug. 18, 2023, DUR Board meeting. See Table 2 for a summary of the SUPDL changes. Clarification regarding trial and failure history for nonpreferred drugs was added to the SUPDL. Trial and failure history must be confirmed by either claim history, chart documentation or provider attestation, including dates of trials for each preferred agent. Changes are effective for DOS on or after Oct. 1, 2023.

Table 2 – SUPDL changes effective for DOS on or after Oct. 1, 2023

Drug class	Drug	PDL status
Beta Adrenergics and Corticosteroids	fluticasone/salmeterol HFA (Prasco) 45-21 mcg, 115-21 mcg, 230-21 mcg	Nonpreferred
	fluticasone/salmeterol Respiclick (Teva) 55-14 mcg, 113-14 mcg, 232-14 mcg	Nonpreferred; add the following step therapy: • ST – Trial of at least 90 days of therapy with Airduo Respiclick
	Trelegy (fluticasone/ umeclidinium/vilanterol) Ellipta	Maintain current status; update step therapy for asthma and COPD indications: • Asthma: ST – Must have tried and failed Advair OR Symbicort therapy for at least 90 of the past 120 days • COPD: ST – Must have tried and failed Anoro Ellipta therapy for at least 90 of the past 120 days
Beta Agonists	terbutaline tablet	Nonpreferred (short-acting)
Bronchodilator Agents-Beta Adrenergic and Anticholinergic Combinations	Spiriva (tiotropium) Respimat 1.25 mcg	Preferred (previously nonpreferred); maintain current quantity limit (QL); add the following step therapy: • ST – Must have diagnosis of asthma
	Spiriva (tiotropium) Respimat 2.5 mcg	Preferred (previously nonpreferred); maintain current QL; add the following step therapy: • ST – Must have trial and failure of Spiriva Handihaler for at least 14 days
	Stiolto (tiotropium/olodaterol) Respimat	Nonpreferred (previously preferred); maintain current QL; allow continuation of therapy for current utilizers (history of agent for 90 days in the past 120 days)

Table 2 – SUPDL changes effective for DOS on or after Oct. 1, 2023 (Continued)

Drug class	Drug	PDL status
Pulmonary Antihypertensives	Liqrev (sildenafil) oral suspension	Nonpreferred
	Orenitram (treprostinil) titration pack	Nonpreferred; add the following quantity limit: • QL – 1 pack/90 days
	Ventavis (iloprost)	Nonpreferred
Respiratory and Allergy Biologics	Nucala (mepolizumab)	Preferred (previously nonpreferred)
	Tezspire (tezepelumab-ekko)	Preferred (previously nonpreferred)
Macrolides	azithromycin 600 mg tablet	Maintain current status; add the following quantity limit: • QL – 1 tablet/day
	E.E.S. (erythromycin) Granules	Maintain current status; update step therapy requirement to the following: • ST – Must have tried and failed erythromycin ethylsuccinate suspension OR member must be under 12 years of age or unable to swallow tablets/capsules and prescriber has provided valid medical justification for the use of E.E.S. Granules over preferred agents
	erythromycin ethylsuccinate suspension	Maintain current status; update step therapy requirement to the following: • ST – Member must be under 12 years of age or unable to swallow tablets/capsules
Systemic Antifungals	itraconazole solution	Maintain current status; update step therapy to the following: • ST – Member must be under 12 years of age or unable to swallow capsules
	Noxafil (posaconazole) PAK	Nonpreferred; add the following step therapy: • ST – Member must be 2 years of age or older and less than 13 years of age
	voriconazole suspension	Maintain current status; update step therapy to the following: • ST – Member must be under 12 years of age or unable to swallow tablets
Topical Antifungals	Jublia (efinaconazole)	Preferred (previously nonpreferred)
Vaginal Antimicrobials	Clindesse (clindamycin)	Nonpreferred (previously preferred)
	Gynazole-1 (butoconazole)	Nonpreferred (previously preferred)
	Vandazole (metronidazole) gel	Nonpreferred (previously preferred)
ACE Inhibitors	enalapril 1 mg/mL solution	Maintain current status; update step therapy to the following: • ST – Member must be under 12 years of age or unable to swallow tablets
	Qbrelis (lisinopril)	Maintain current status; update step therapy to the following: • ST – Member must be under 12 years of age or unable to swallow tablets

Table 2 – SUPDL changes effective for DOS on or after Oct. 1, 2023 (Continued)

Drug class	Drug	PDL status
Beta Adrenergic Blockers	Hemangeol (propranolol) solution	Maintain current status; update step therapy to the following: • ST – Member must be under 12 years of age or unable to swallow tablets/capsules
	Sotylize (sotalol) oral solution	Maintain current status; update step therapy to the following: • ST – Member must be under 12 years of age or unable to swallow tablets
	timolol tablet	Nonpreferred (previously preferred)
Calcium Channel Blockers	Cardizem (diltiazem) LA	Preferred (previously nonpreferred)
	Katerzia (amlodipine)	Maintain current status; update step therapy to the following: • ST – Member must be under 12 years of age or unable to swallow tablets AND previous trial and failure of Norliqva OR medical rationale for use
	Norliqva (amlodipine)	Maintain current status; update step therapy to the following: • ST – Member must be under 12 years of age or unable to swallow tablets
	Nymalize (nimodipine)	Maintain current status; update step therapy to the following: • ST – Member must be under 12 years of age or unable to swallow capsules
Fibric Acid Derivatives	fenofibrate capsules	Nonpreferred (previously preferred)
	fenofibrate micronized cap (generic Tricor)	Preferred (previously nonpreferred)
	fenofibrate tablet (generic Fenoglide)	Nonpreferred (previously preferred)
HMG CoA Reductase Inhibitors	Atorvaliq (atorvastatin) oral suspension	Nonpreferred; add the following step therapy: • ST – Member must be 10 years of age or older and less than 12 years of age OR unable to swallow tablets
Lipotropics	ezetimibe/simvastatin	Maintain current status; update step therapy to the following: • ST – Member must have trial history of a single-agent HMG CoA reductase inhibitor for 90 of the past 120 days
Antimigraine Agents	Elyxyb (celecoxib)	Preferred (previously nonpreferred); add to Antimigraine Agents drug class (previously Gastroprotective agents); remove step therapy of unable to swallow capsule formulation; add the following quantity limit: • QL – 6 bottles/30 days
	Zavzpret (zavegepant)	Nonpreferred
Electrolyte Depleters	sodium polystyrene sulfonate	Preferred
Multiple Sclerosis Agents	Bafiertam (monomethyl fumarate)	Preferred (previously nonpreferred)
	Vumerity (diroximel fumarate)	Nonpreferred (previously preferred)

Table 2 – SUPDL changes effective for DOS on or after Oct. 1, 2023 (Continued)

Drug class	Drug	PDL status
Targeted Immunomodulators	adalimumab-adaz (Sandoz)	Nonpreferred
	adalimumab-fkjp (Mylan)	Nonpreferred
	Cyltezo (adalimumab-adbm)	Nonpreferred
	Hadlima (adalimumab-bwwd)	Nonpreferred
	Hulio (adalimumab-fkjp)	Nonpreferred
	Hyrimoz (adalimumab-adaz)	Nonpreferred
	Idacio (adalimumab-aacf)	Nonpreferred
	Litfulo (ritlecitinib)	Nonpreferred
	Olumiant (baricitinib)	Preferred (previously nonpreferred)
	Yuflyma (adalimumab-aaty)	Nonpreferred
	Yusimry (adalimumab-aqvh)	Nonpreferred
Agents for the Treatment of Opiate Addiction or Overdose	Update drug class title to Agents for the Treatment of Opioid Use Disorder or Overdose	
	Brixadi (buprenorphine)	Nonpreferred; allow continuation of therapy for members with history of therapy for 14 days within the past 21 days (weekly formulation) or history of therapy with in the past 45 days (monthly formulation); add the following age limit: • Age – 18 years of age and older
	Sublocade (buprenorphine)	Maintain current status; allow continuation of therapy for members with a history of therapy within the past 45 days

For more information

The SUPDL, mental health utilization edits, PA criteria, and SilentAuth criteria can be found on the Optum Rx 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 fee-for-service (FFS) PA requests and questions about the SUPDL under the FFS pharmacy benefit or this bulletin to the Optum Rx 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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