

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT202314 FEBRUARY 28, 2023

Pharmacy updates approved by Drug Utilization Review Board February 2023

The Indiana Health Coverage Programs (IHCP) announces updates to SilentAuth automated prior authorization (PA) system, PA criteria, mental health utilization edits, Preferred Drug List (PDL) and Over-the Counter (OTC) Drug Formulary as approved by the Drug Utilization Review (DUR) Board at its Feb. 17, 2023, 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 Antimigraine Agents, Antipsychotic Agents, Multiple Sclerosis Agents, Pulmonary Antihypertensives, and Respiratory and Allergy Biologics. These PA changes will be effective for PA requests submitted on or after April 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 Allergy-Specific Immunotherapy Agents, Non-PDL Agents Prior Authorization and Step Therapy, PCSK9 Inhibitors and Select Lipotropics, and Vaginal Infection Antimicrobials were established and approved by the DUR Board. These PA changes will be effective for PA requests submitted on or after April 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 April 1, 2023.

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

Name and strength of medication	Utilization edit
Abilify (aripiprazole) tab – All strengths	Age 6 years and older (maintain established quantity limit [QL])
Aripiprazole oral – All strengths, formulations	Age 6 years and older (maintain established QL)
Asenapine tab – All strengths	Age 10 years and older (maintain established QL)
Haldol (haloperidol lactate) injection	Age 3 years and older
Haloperidol lactate injection	Age 3 years and older

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

Name and strength of medication	Utilization edit
Haloperidol oral – All strengths, formulations	Age 3 years and older (maintain established QL)
Invega (paliperidone) tab – All strengths	Age 12 years and older (maintain established QL)
Molindone tab – All strengths	Age 12 years and older (maintain established QL)
Olanzapine tab and ODT – All strengths	Age 3 years and older (maintain established QL)
Olanzapine IM injection	Age 3 years and older
Paliperidone tab – All strengths	Age 12 years and older (maintain established QL)
Perphenazine – All strengths	Age 12 years and older (previous age 18 years and older; maintain established QL)
Perphenazine/Amitriptyline – All strengths	Age 12 years and older
Pimozide tab – All strengths	Age 12 years and older (maintain established QL)
Quetiapine fumarate ER and IR – All strengths	Age 10 years and older (maintain established QL)
Risperdal (risperidone) tab, soln – All strengths	Age 5 years and older (maintain established QL)
Risperidone tab, ODT, soln – All strengths	Age 5 years and older (maintain established QL)
Saphris (asenapine) tab – All strengths	Age 10 years and older (maintain established QL)
Seroquel (quetiapine) IR and XR tab – All strengths	Age 10 years and older (maintain established QL)
Thioridazine tab – All strengths	Age 6 years and older (maintain established QL)
Thiothixene cap – All strengths	Age 12 years and older (maintain established QL)
Trifluoperazine tab – All strengths	Age 12 years and older (maintain established QL)
Zyprexa (olanzapine) tab and ODT – All strengths	Age 3 years and older (maintain established QL)
Zyprexa (olanzapine) IM injection	Age 3 years and older

Changes to the PDL

Changes to the PDL were made at the Feb. 17, 2023, DUR Board meeting. See Table 2 for a summary of PDL changes. Changes are effective for DOS on or after April 1, 2023.

Table 2 – PDL changes effective for DOS on or after April 1, 2023

Drug class	Drug	PDL status
Antihistamine-Decongestant Combinations/2 nd Generation Antihistamines	Quzyttir	Remove from PDL
	fexofenadine	Preferred (previously nonpreferred)

Table 2 – PDL changes effective for DOS on or after April 1, 2023 (Continued)

Drug class	Drug	PDL status
Beta Adrenergics and Corticosteroids	Dulera 50-5 mcg; 100-5 mcg	Update QL: <ul style="list-style-type: none"> Under 20 years of age – 3 inhalers/30 days 20 years and older – 2 inhalers/30 days
	Symbicort 80-4.5 mcg; 160-4.5 mcg	Update QL: <ul style="list-style-type: none"> Under 20 years of age – 3 inhalers/30 days 20 years and older – 2 inhalers/30 days
Beta Agonists	Proair Respiclick	Preferred (previously nonpreferred); add QL: <ul style="list-style-type: none"> 18 years of age and younger – 3 canisters/30 days 19 years of age and older – 2 canisters/30 days
Nasal Antihistamines/Nasal Anti-inflammatory Steroids	Veramyst	Remove from PDL
Oral Inhaled Glucocorticoids	Flovent Diskus	Preferred (previously nonpreferred)
Pulmonary Antihypertensives	Tadliq	Nonpreferred
Antivirals – Influenza	Flumadine	Remove from PDL
Systemic Antifungals	Onmel	Remove from PDL
Topical Antifungals	Ala-Quin	Remove from PDL
	Baza	Remove from PDL
	Ecoza	Remove from PDL
ACE Inhibitors Combinations	captopril/HCTZ	Remove from PDL
	moexipril/HCTZ	Remove from PDL
	Prestalia	Remove from PDL
Angiotensin Receptor Blockers (ARBs) Combinations	Non-preferred ARB + CCB agents	Add step therapy of trial and failure of individual components
	Non-preferred ARB + CCB + Diuretic agents	Add step therapy of trial and failure of individual components
	Edarbyclor	Preferred (previously nonpreferred)
	telmisartan/HCTZ	Nonpreferred (previously preferred)
	valsartan/HCTZ	Preferred (previously nonpreferred)
Beta Adrenergic Blockers with Diuretics	Dutoprol	Remove from PDL
	nadolol/bendroflumethiazide	Remove from PDL
	propranolol/HCTZ	Remove from PDL
Calcium Channel Blockers	Conjupri	Remove from PDL
	Isoptin SR	Remove from PDL
	nifedipine (short acting)	Preferred (previously nonpreferred)
	Nimodipine	Preferred (previously nonpreferred); remove step therapy requirement
	Norliqva	Preferred (previously nonpreferred); maintain current step therapy
	verapamil ER PM	Nonpreferred (previously preferred)
Bile Acid Sequestrants	Welchol chewable	Remove from PDL
Lipotropics	Niacor	Remove from PDL

Table 2 – PDL changes effective for DOS on or after April 1, 2023 (Continued)

Drug class	Drug	PDL status
Antimigraine	Aimovig	Nonpreferred (previously preferred); permit continuation of therapy for those with history of 90 days of therapy within the past 120 days
	Ajovy	Preferred (previously nonpreferred)
	rizatriptan tablets	Preferred (previously nonpreferred)
Multiple Sclerosis Agents	Briumvi	Nonpreferred

OTC Drug Formulary

The OTC Drug Formulary was established at the Feb. 17, 2023, DUR Board meeting. See Table 3 for the list of products included on the formulary. The formulary is effective for DOS on or after April 1, 2023.

Table 3 – OTC Drug Formulary effective for DOS on or after April 1, 2023

Drug category	Drug	Status/Criteria
Non-Sedating Antihistamines	Fexofenadine 60 mg and 180 mg tablets	Maintain as covered; remove step therapy

For more information

The PDL, mental health utilization edits, PA criteria, SilentAuth criteria and OTC Drug Formulary 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 FFS PA requests and questions about the FFS PDL 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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