

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT2023168 NOVEMBER 30, 2023

Pharmacy updates approved by Drug Utilization Review Board November 2023

The Indiana Health Coverage Programs (IHCP) announces updates to the SilentAuth automated prior authorization (PA) system, PA criteria, mental health utilization edits, Over-the-Counter (OTC) Drug Formulary, OTC Supplements Formulary, OTC Contraception Formulary and Statewide Uniform Preferred Drug List (SUPDL) as approved by the Drug Utilization Review (DUR) Board at its Nov. 17, 2023, meeting.

SilentAuth PA enhancement

The IHCP has enhanced its automated PA system to update the criteria for the Antipsychotic Agents, Antiseizure Agents, Dry Eye Disease or Keratoconjunctivitis, GLP-1 Receptor Agonists and Combinations, Opioid Overutilization, Proton Pump Inhibitors, Sedative Hypnotics and Benzodiazepine, Targeted Immunomodulators, and Topical Immunomodulators prior authorizations. These PA changes will be effective for PA requests submitted on or after Jan. 1, 2024. 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 Agents for the Treatment of Opioid Use Disorder, Corticotropin, Growth Hormone, Hematinics, Jesduvroq, Movement Disorders, Non-SUPDL PA and Step Therapy, Testosterones, Urea Cycle Disorder Agents, and Veozah were established and approved by the DUR Board. PA criteria for Corticotropin and Non-SUPDL PA and Step Therapy apply to the fee-for-service (FFS) benefit. These PA changes will be effective for PA requests submitted on or after Jan.1, 2024. 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 pharmacy claims with dates of service (DOS) on or after Jan.1, 2024.

Table 1 – Updates to utilization edits effective for DOS on or after Jan. 1, 2024

Name and strength of medication	Utilization edit
Rykindo (risperidone) INJ 25 mg	2/28 days; age 18 years and older
Rykindo (risperidone) INJ 37.5 mg	2/28 days; age 18 years and older
Rykindo (risperidone) INJ 50 mg	2/28 days; age 18 years and older

Changes to the SUPDL

Changes to the SUPDL were made at the Nov. 17, 2023, DUR Board meeting. See Table 2 for a summary of SUPDL changes. Changes are effective for DOS on or after Jan. 1, 2024.

Table 2 – SUPDL changes effective for DOS on or after Jan. 1, 2024

Drug class	Drug	SUPDL status
Agents for the Treatment of Opioid Use Disorder or Overdose	Opvee (nalmeferene) nasal spray	Preferred
	Sublocade (buprenorphine)	Preferred (previously nonpreferred)
Antiemetic/Antivertigo Agents	Bonjesta (doxylamine/pyridoxine)	Nonpreferred (previously preferred); add the following max quantity limit: <ul style="list-style-type: none"> • QL – 270 days of therapy/365 days
	Diclegis (doxylamine/pyridoxine)	Preferred (previously nonpreferred); add to Preferred Brand Drug List
Antiseizure Agents	methsuximide	Nonpreferred (previously preferred)
	Motpoly XR (lacosamide)	Nonpreferred
Movement Disorder Agents	Austedo XR (deutetrabenazine) tablets/titration kit	Preferred (previously nonpreferred)
	benztropine tablet/injection	Preferred
	trihexyphenidyl tablet/solution	Preferred
Narcotic Antitussive and Combinations	hydrocodone/homatropine tablet	Add the following quantity limit: <ul style="list-style-type: none"> • QL – 36 tabs/Rx
	promethazine VC/codeine syrup	Add the following quantity limit: <ul style="list-style-type: none"> • QL – 6 oz/Rx
Narcotics	belladonna and opium suppositories	Nonpreferred
	Lortab Elixir	Remove from SUPDL
	opium tincture 1% (10 mg/mL)	Preferred
	oxycodone/ibuprofen	Remove from SUPDL
	Qdolo (tramadol) solution	Remove from SUPDL
	Seglantis (celecoxib/tramadol)	Add the following quantity limit: <ul style="list-style-type: none"> • QL – 4 tabs/day
Skeletal Muscle Relaxants	orphenadrine/aspirin/caffeine	Nonpreferred
Smoking Deterrent Agents	Chantix (varenicline)	Remove from SUPDL
	Nicorelief (nicotine gum)	Remove from SUPDL
	Nicotrol NS (nicotine nasal spray)	Add the following age and quantity limits: <ul style="list-style-type: none"> • AL – 10 years of age or older • QL – 12 bottles/30 days
	Nicotrol Inhaler (nicotine inhaler)	Add the following age and quantity limits: <ul style="list-style-type: none"> • AL – 10 years of age or older • QL – 3 inhalers/31 days

Table 2 – SUPDL changes effective for DOS on or after Jan. 1, 2024 (Continued)

Drug class	Drug	SUPDL status
Acne Agents	Azelex (azelaic acid)	Remove from SUPDL
	Benzepro Short Contact	Remove from SUPDL
	Benziq wash	Remove from SUPDL
	BP cream	Remove from SUPDL
	BP pads	Remove from SUPDL
	RE wash	Remove from SUPDL
	Seb-prev wash	Remove from SUPDL
	Prascion cleanser	Remove from SUPDL
	Prascion FC cleanser	Remove from SUPDL
	Prascion RA cream	Remove from SUPDL
Bone Resorption Inhibitors	alendronate 70 mg/75 mL	Update age limit step therapy to the following: <ul style="list-style-type: none"> ST – Must be 5 years of age or older and less than 12 years of age OR unable to swallow tablets
	Etidronate	Remove from SUPDL
DPP-4 Inhibitors and Combination Agents	saxagliptin	Nonpreferred (previously preferred)
	saxagliptin/metformin ER	Nonpreferred (previously preferred)
GLP-1 Receptor Agonists and Combinations	Adlyxin (lixisenatide)	Remove from SUPDL
Growth Hormones	Ngenla (somatrogon-ghla)	Nonpreferred
	Nutropin (somatropin)	Remove from SUPDL
	Skytrofa (lonapegsomatropin -tcgd)	Preferred (previously nonpreferred)
Insulins – Rapid Acting	insulin aspart	Preferred (previously nonpreferred)
	Novolog (insulin aspart)	Nonpreferred (previously preferred)
Insulins – Long Acting	insulin degludec Flex and vials	Preferred (previously nonpreferred); add the following step therapy: <ul style="list-style-type: none"> ST – Must have tried and failed Lantus or Levemir for 90 of the past 120 days
	insulin glargine (Winthrop)	Nonpreferred (previously preferred)
	Tresiba (insulin degludec) Flex and vials	Nonpreferred (previously preferred); remove step therapy
Miscellaneous Oral Antidiabetic Agents	metformin HCl solution	Update age limit step therapy to the following: <ul style="list-style-type: none"> ST – Must be 10 years of age or older and less than 12 years of age OR unable to swallow tablets
SGLT2 Inhibitors and Combinations	Update drug class title to SGLT Inhibitors and Combinations	
	Brenzavvy (bexagliflozin)	Nonpreferred
	Inpefa (sotagliflozin)	Nonpreferred
Testosterones	Androgel 1.62% (20.25 mg)/ act metered pump gel (testosterone)	Remove from SUPDL
	Oxandrin (oxandrolone)	Remove from SUPDL

Table 2 – SUPDL changes effective for DOS on or after Jan. 1, 2024 (Continued)

Drug class	Drug	SUPDL status
Urea Cycle Disorders (Hyperammonemia Treatments)	Add new drug class titled Urea Cycle Disorders	
	Buphenyl (sodium phenylbutyrate) powder/tab	Preferred
	Carbaglu (carglumic acid) carglumic acid	Preferred Nonpreferred
	Olpruva (sodium phenylbutyrate) packets	Nonpreferred
	Pheburane (sodium phenylbutyrate)	Preferred
	Ravicti (glycerol phenylbutyrate)	Nonpreferred
	sodium phenylbutyrate powder and tab	Nonpreferred
Estrogen and Related Agents	Veozah (fezolinetant)	Nonpreferred
Contraceptives	Zafemy (ethinyl estradiol and norelgestromin)	Nonpreferred (previously preferred)
Antiulcer Agents	Carafate (sucralfate) suspension	Update age limit step therapy to the following: <ul style="list-style-type: none"> ST – Must be 1 year of age or older and less than 12 years of age OR unable to swallow tablets
H2 Receptor Antagonists	famotidine oral suspension	Update age limit step therapy to the following: <ul style="list-style-type: none"> ST – Must be under 12 years of age OR unable to swallow tablets
Laxatives and Cathartics	Relistor (methylnaltrexone) injection	Preferred; add the following step therapy: <ul style="list-style-type: none"> ST – Requires trial of lactulose, sorbitol, or polyethylene glycol AND diagnosis of opioid-induced constipation
Proton Pump Inhibitors	esomeprazole strontium	Remove from SUPDL
Urinary Tract Antispasmodic/Anti- Incontinence Agents	Myrbetriq (mirabegron) granules	Update age limit step therapy to the following: <ul style="list-style-type: none"> ST – Must be 3 years of age or older and less than 12 years of age OR unable to swallow tablets
	Vesicare (solifenacin) LS	Update age limit step therapy to the following: <ul style="list-style-type: none"> ST – Must be 2 years of age or older and less than 12 years of age OR unable to swallow tablets
Direct Oral Anticoagulants	Xarelto (rivaroxaban) suspension	Update age limit step therapy to the following: <ul style="list-style-type: none"> ST – Must be under 12 years of age OR unable to swallow tablets
Hematinics	Jesduvroq (daprodustat)	Nonpreferred
Leukocyte Stimulants	Fulphila (pegfilgrastim-jmdb)	Nonpreferred (previously preferred)
	Neupogen (filgrastim)	Preferred (previously nonpreferred)
	Nivestym (filgrastim-aafi)	Nonpreferred (previously preferred)
	Nyvepria (pegfilgrastim-apgf)	Preferred (previously nonpreferred)

Table 2 – SUPDL changes effective for DOS on or after Jan. 1, 2024 (Continued)

Drug class	Drug	SUPDL status
Dry Eye Disease or Keratoconjunctivitis	Eysuvis (loteprednol etabonate)	Maintain current status; update quantity limit to the following: <ul style="list-style-type: none"> • QL – 2 bottles/2 weeks; 1 fill/90 days
	Miebo (perfluorohexyloctane)	Nonpreferred; add the following quantity limit: <ul style="list-style-type: none"> • QL – 4 bottles/30 days
Miotics – Intraocular Pressure Reducers	lyuzeh (latanoprost)	Nonpreferred; add the following step therapy: <ul style="list-style-type: none"> • ST – Must have tried and failed latanoprost or prescriber has provided valid medical justification for use of lyuzeh over latanoprost
Topical Antiparasitics	Natroba (spinosad) spinosad	Preferred (previously nonpreferred) Nonpreferred (previously preferred)
Targeted Immunomodulators	adalimumab-fkjp (Mylan)	Preferred (previously nonpreferred)
	Hadlima (adalimumab-bwwd)	Preferred (previously nonpreferred)
Oral Inhaled Glucocorticoids	Flovent HFA	Nonpreferred (previously preferred)
	Flovent Diskus	Nonpreferred (previously preferred)
	fluticasone propionate HFA	Preferred (previously nonpreferred)
	fluticasone Diskus	Preferred

OTC Drug Formulary

Updates to the OTC Drug Formulary were established at the Nov. 17, 2023, DUR Board meeting. See Table 3 for the list of products that will be updated on the formulary. The formulary is effective for DOS on or after Jan. 1, 2024, unless otherwise noted.

Table 3 – OTC Drug Formulary effective for DOS on or after Jan. 1, 2024

Drug category	Drug	Status/criteria
Analgesics	Acetaminophen 80 mg chew tablet	Maintain coverage; update age limit to the following: <ul style="list-style-type: none"> • Age – under 12 years
	Acetaminophen 160 mg chew tablet	Maintain coverage; update age limit to the following: <ul style="list-style-type: none"> • Age – under 12 years
	Acetaminophen 650 mg suppository	Maintain coverage; remove age limit
	Aspirin buffered 325 mg	Maintain coverage; remove age limit
	Ibuprofen 40 mg/mL infant suspension	Maintain coverage; add the following age limit: <ul style="list-style-type: none"> • Age – under 2 years
	Ibuprofen 100 mg chew tablet	Maintain coverage; update age limit to the following: <ul style="list-style-type: none"> • Age – 2 years to under 12 years
	Ibuprofen 200 mg tablet	Maintain coverage; add the following age limit: <ul style="list-style-type: none"> • Age – 12 years and older
	Naproxen 220 mg tablet	Maintain coverage; add the following age and quantity limits: <ul style="list-style-type: none"> • Age – 12 years and older • QL – 3 tablets/day

Table 3 – OTC Drug Formulary effective for DOS on or after Jan. 1, 2024 (Continued)

Drug category	Drug	Status/criteria
Antacids	Aluminum hydroxide gel	Maintain coverage; add the following quantity limit: <ul style="list-style-type: none"> • QL – 60 mL/day
	Aluminum hydroxide/magnesium carbonate chew/suspension	Maintain coverage; add the following age limit: <ul style="list-style-type: none"> • Age – 12 years and older
	Aluminum & magnesium hydroxide/simethicone chew/suspension	Maintain coverage; add the following age limit: <ul style="list-style-type: none"> • Age – 12 years and older
	Aluminum & magnesium hydroxide/simethicone EX suspension	Maintain coverage; add the following age limit: <ul style="list-style-type: none"> • Age – 12 years and older
	Calcium carbonate/ magnesium hydroxide suspension	Maintain coverage; add the following age limit: <ul style="list-style-type: none"> • Age – 12 years and older
Anti-Flatulents	Simethicone 40 mg/0.6 mL drops/suspension	Maintain coverage; update age limit to the following: <ul style="list-style-type: none"> • Age – under 12 years
	Simethicone 80 mg chew	Covered product; add the following age and quantity limits: <ul style="list-style-type: none"> • Age – under 18 years • QL – 6 chews/day
	Simethicone 180 mg capsule	Covered product; add the following quantity limit: <ul style="list-style-type: none"> • QL – 2 capsules/day
Anti-Hemorrhoidals	Hemorrhoidal preparation suppository	Maintain coverage; add the following quantity limit: <ul style="list-style-type: none"> • QL – 4 suppositories/ day
Calcium Antacids	Calcium carbonate 750 mg chew tablet	Maintain coverage; remove age limit
	Calcium carbonate 1000 mg chew tablet	Maintain coverage; remove age limit
	Calcium carbonate 1250 mg/5 mL suspension	Maintain coverage; add the following quantity limit: <ul style="list-style-type: none"> • QL – 30 mL/day
Cough and Cold Products	Chlorpheniramine maleate 2 mg/5 mL syrup	Maintain coverage; add the following quantity limit: <ul style="list-style-type: none"> • QL – 30 mL/day
	Chlorpheniramine maleate 4 mg tablet	Maintain coverage; add the following quantity limit: <ul style="list-style-type: none"> • QL – 6 tablets/day
	Dextromethorphan polistirex 30 mg/5 mL ER suspension	Maintain coverage; add the following age and quantity limits: <ul style="list-style-type: none"> • Age – 4 years and older • QL – 20 mL/day
	Pseudoephedrine 15 mg/5 mL liquid	Remove from coverage

Table 3 – OTC Drug Formulary effective for DOS on or after Jan. 1, 2024 (Continued)

Drug category	Drug	Status/criteria
Gastro-Intestinal Products	Docusate calcium 240 mg capsule	Maintain coverage; update age limit to the following; add the following quantity limit: <ul style="list-style-type: none"> • Age – 12 years and older • QL – 1 capsule/day
	Docusate sodium 60 mg/15 mL liquid	Maintain coverage; update age limit to the following: <ul style="list-style-type: none"> • Age – under 12 years
	Glycerin adult suppository	Maintain coverage; remove age limit
	Loperamide 1 mg/5 mL liquid	Remove from coverage
	Sodium phosphate/NA biphos adult/pediatric enema	Maintain coverage; remove age limit
Motion Sickness Products	Dimenhydrinate 50 mg chew tab	Remove from coverage
Non-Sedating Antihistamines	Cetirizine 1 mg/mL syrup	Maintain coverage; update age limit to the following: <ul style="list-style-type: none"> • Age – under 12 years
	Cetirizine/pseudoephedrine 5/120 mg tablet	Covered product; add the following quantity limit and step therapy: <ul style="list-style-type: none"> • QL – 2 tablets/day • ST – Requires trial and failure of a preferred single-agent 2nd generation antihistamine
	Fexofenadine 30 mg/5 mL suspension	Covered product; add the following age and quantity limits: <ul style="list-style-type: none"> • Age – under 12 years • QL – 10 mL/day
	Loratadine syrup	Maintain coverage; update age limit to the following: <ul style="list-style-type: none"> • Age – under 12 years
Topical Products	Benzoyl peroxide creamy wash	Remove from coverage
	Hydrocortisone 0.5% ointment	Remove from coverage
	Pyrethrin-piperonyl butoxide liquid	Remove from coverage

Table 3 – OTC Drug Formulary effective for DOS on or after Jan. 1, 2024 (Continued)

Drug category	Drug	Status/criteria
Vaginal Agents	Clotrimazole 1% cream	Maintain coverage; add the following quantity limit: <ul style="list-style-type: none"> • QL – 2 treatment courses/month
	Clotrimazole 2% cream	Maintain coverage; add the following quantity limit: <ul style="list-style-type: none"> • QL – 2 treatment courses/month
	Miconazole nitrate combination pack	Maintain coverage; add the following quantity limit: <ul style="list-style-type: none"> • QL – 2 treatment courses/month
	Miconazole 100 mg and 200 mg suppositories	Maintain coverage; add the following quantity limit: <ul style="list-style-type: none"> • QL – 2 treatment courses/month
	Miconazole nitrate 2% cream	Maintain coverage; add the following quantity limit: <ul style="list-style-type: none"> • QL – 2 treatment courses/month
	Miconazole nitrate 4% cream	Remove from coverage
	Tioconazole 6.5% Ointment	Maintain coverage; add the following quantity limit: <ul style="list-style-type: none"> • QL – 2 treatment courses/month
Vitamins	Magnebind 300 mg tablet	Maintain coverage; add the following quantity limit: <ul style="list-style-type: none"> • QL – 2 bottles (300 tablets)/30 days

OTC Supplements Formulary

Updates to the OTC Supplements Formulary were established at the Nov. 17, 2023, DUR Board meeting. See Table 4 for the list of products being updated on the formulary. The formulary is effective for DOS on or after Jan. 1, 2024, unless otherwise noted.

Table 4 – OTC Supplements Formulary effective for DOS on or after Jan. 1, 2024

Category	Product	Status/criteria
Calcium	Calcium carbonate 1250 mg/5 mL suspension	Remove from formulary
Iron	Ferrous sulfate 75 mg/mL drops	Maintain coverage; update age limit to the following: <ul style="list-style-type: none"> • Age – under 12 years
	Novaferrum pediatric drops 15 mg/mL	Maintain coverage; update age limit to the following: <ul style="list-style-type: none"> • Age – under 12 years
Magnesium	Magnesium carbonate 54 mg/5 mL liquid	Covered product; add the following age limit: <ul style="list-style-type: none"> • Age – under 18 years

Table 4 – OTC Supplements Formulary effective for DOS on or after Jan. 1, 2024 (Continued)

Category	Product	Status/criteria
Vitamins	Cyanocobalamin 1000 mcg/15 mL liquid	Maintain coverage; add the following quantity limit: <ul style="list-style-type: none"> • QL – 15 mL/day
	Pyridoxine 25 mg tablet	Covered product
	Vitamin A 10,000 IU	Maintain coverage; add the following quantity limit: <ul style="list-style-type: none"> • QL – 1 capsule or tablet/day
Miscellaneous	Melatonin oral liquid	Maintain coverage; update age limit to the following: <ul style="list-style-type: none"> • Age – under 12 years of age or unable to swallow tablets/ capsules

OTC Contraception Formulary

Updates to the OTC Contraception Formulary were established at the Nov. 17, 2023, DUR Board meeting. See Table 5 for the product that will be removed from the formulary. The formulary is effective for DOS on or after Jan. 1, 2024, unless otherwise noted.

Table 5 – OTC Contraception Formulary effective for DOS on or after Jan. 1, 2024

Category	Product	Status/criteria
Spermicidals	Nonoxynol-9 12.5% foam	Remove from formulary

For more information

The SUPDL, PA criteria, SilentAuth criteria, mental health utilization edits, OTC Drug Formulary, OTC Supplements Formulary and OTC Contraception 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 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.

COPIES OF THIS PUBLICATION

If you need additional copies of this publication, please download them from the [IHCP Bulletins](#) page of the IHCP provider website at in.gov/medicaid/providers.

SIGN UP FOR IHCP EMAIL NOTIFICATIONS

To receive email notices of IHCP publications, subscribe by clicking the blue subscription envelope or sign up from the [IHCP provider website](#) at in.gov/medicaid/providers.

