IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT202351 MAY 30, 2023

Pharmacy updates approved by Drug Utilization Review Board May 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 May 19, 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 Antipsychotic Agents, Antiseizure Agents, GLP-1 Receptor Agonists and Combinations, Opioid Overutilization PA with QL, Proton Pump Inhibitors, Sedative Hypnotics Benzodiazepine, and Targeted Immunomodulators. These PA changes will be effective for PA requests submitted on or after July 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 Aduhelm, Bone Formation Stimulating Agents, Carisoprodol, Cystic Fibrosis Agents, Dronabinol, Fentanyl Citrate, Growth Hormone, Leqembi, Lucemyra, Movement Disorder Agents, Non-PDL Agents PA and Step Therapy, Testosterones, 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, 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 DOS on or after July1, 2023.

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

Name and strength of medication	Utilization edit
Fanapt (iloperidone) Titration Pack	1 PAK/90 DAYS; Age 18 years and older
Fetzima (levomilnacipran) SR Titration Pack	1 PAK/90 DAYS
Lamictal (lamotrigine) (IR/ODT/XR) Starter Kits	1 KIT/90 DAYS
Lamotrigine (IR/ODT/XR) Starter Kits	1 KIT/90 DAYS
Memantine Titration Pak	1 PAK/90 DAYS
Memantine/donepezil Titration Pack	1 PAK/90 DAYS

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

Name and strength of medication	Utilization edit
Namenda (memantine) Titration Pak	1 PAK/90 DAYS
Savella (milnacipran) Titration Pack	1 PAK/90 DAYS
Subvenite (lamotrigine) Starter Kits	1 KIT/90 DAYS
Viibryd (vilazodone) Starter Kit	1 KIT/90 DAYS
Vraylar (cariprazine) Therapy Pack	1 PAK/90 DAYS; Age 18 years and older

Changes to the PDL

Changes to the PDL were made at the May 19, 2023, DUR Board meeting. See Table 2 for a summary of PDL changes. Changes are effective for DOS on or after July 1, 2023.

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

Drug class	Drug	PDL status
Agents for the Treatment of Opiate Addiction		Update class title to Agents for the Treatment of Opioid Addiction and Overdose
Antiemetic/Antivertigo Agents	Syndros	Remove from PDL
Antiseizure	Eprontia	Preferred (previously nonpreferred)
	Xcopri Titration PAK	Add quantity limit of 1 titration pack/90 days
Gastroprotective Agents	Consensi	Remove from PDL
Movement Disorder Agents	Austedo Titration Kit	Preferred
	Austedo XR/Austedo XR Titration Kit	Nonpreferred
	Ingrezza Therapy Pack	Preferred
Narcotics	butorphanol 10 mg/mL nasal spray	Add age limit of 18 years of age and older; update quantity limit to 10 mL/30 days
	butorphanol injection	Add age limit of 18 years of age and older
	Oxaydo	Remove from PDL
	Percodan	Remove from PDL
	RoxyBond	Nonpreferred
	Subsys	Remove from PDL
Skeletal Muscle Relaxants	baclofen 5 mg/5mL solution	Nonpreferred (previously preferred); update step therapy to the following: • 12 to 17 years of age or unable to swallow tablets • Trial and failure of Lyvispah (baclofen) or medical rationale for use
	carisoprodol/ASA/codeine	Remove from PDL
	Fleqsuvy suspension	Update step therapy to the following: • 12 to 17 years of age or unable to swallow tablets • Trial and failure of Lyvispah (baclofen) or medical rationale for use
	Lyvispah granules	Preferred (previously nonpreferred); maintain step therapy
	Norgesic Forte	Nonpreferred

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

Drug class	Drug	PDL status
Smoking Deterrent Agents	Nicotine gum	Maintain current status; add quantity limit to 24 pieces/day
	Nicotine lozenge	Maintain current status; add quantity limit to 20 pieces/day
	Nicotine patch	Maintain current status; add quantity limit to 1 patch/ day
	Nicotine patch kit	Maintain current status; add quantity limit to 1 kit/90 days
Acne Agents	Panoxyl Wash	Remove from PDL
Antipsoriatics	tazarotene 0.1% gel	Nonpreferred (previously preferred)
	tazarotene 0.05% gel	Nonpreferred
	Sorilux foam	Nonpreferred (previously preferred)
	Wynzora	Remove from PDL
Anaphylaxis Agents	Adrenaclick	Remove from PDL
Bone Formation Stimulating Agents	Bonsity	Remove from PDL
Bone Resorption Inhibitors	Binosto	Remove from PDL
DPP4 Inhibitors and Combination Agents	Qternmet XR	Remove from PDL
Insulins – Rapid Acting	Humalog Tempo Pen	Nonpreferred
	Lyumjev Tempo Pen	Nonpreferred
Insulins – Long Acting	Basaglar Tempo Pen	Nonpreferred
	Rezvoglar	Nonpreferred
Miscellaneous Oral Antidiabetic Agents	Actoplus Met XR	Remove from PDL
	Avandia	Remove from PDL
	chlorpropamide	Remove from PDL
	tolazamide	Remove from PDL
	tolbutamide	Remove from PDL
Testosterones	testosterone 1% (50 gm)/5 gm gel packets	Nonpreferred (previously preferred)
	testosterone 1% (12.5 gm)/ act gel pump	Preferred (previously nonpreferred)
	testosterone 1.62% (20.25 mg)/act metered pump gel	Preferred (previously nonpreferred)
Estrogen and Related Agents	Makena	Remove from PDL
	hydroxyprogesterone caproate IM in oil 1.25 gm/5 mL	Remove from PDL
	hydroxyprogesterone caproate IM in oil 250 mg/mL	Remove from PDL
H2 Receptor Antagonists	cimetidine liquid	Remove from PDL
	nizatidine oral solution	Remove from PDL

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

Drug class	Drug	PDL status
Laxative and Cathartics	Pizensy	Remove from PDL
	Zelnorm	Remove from PDL
Pancreatic Enzymes	Pancreaze	Remove from PDL
Proton Pump Inhibitors	Konvomep oral suspension	Nonpreferred; add a quantity limit of 20 mL/day; add an age limit of 12 years of age or younger; add the following step therapy: • Must try Nexium packets, Protonix packets, and Zegerid powder for a total length of therapy of 4 weeks, unless patient is intolerant to these agents
	lansoprazole capsules	Preferred (previously nonpreferred)
Ulcerative Colitis Agents	Giazo	Remove from PDL
Urinary Tract Antispasmodic/ Anti-Incontinence Agents	bethanechol	Preferred
Direct Oral Anticoagulants	Pradaxa Pak	Nonpreferred; add the following step therapy: • Must be under 8 years of age or unable to swallow capsules OR have medical rationale for use of pellet formulation
Leukocyte Stimulants	Stimufend	Nonpreferred
Platelet Aggregation Inhibitors	aspirin/omeprazole	Remove from PDL
Targeted Immunomodulators	Amjevita	Nonpreferred
Miotics – Intraocular Pressure Reducers	Alphagan-P 0.1% and 0.15%	Preferred (previously nonpreferred)
	Rescula	Remove from PDL
Ophthalmic Antihistamines	Emadine	Remove from PDL
	Pazeo	Remove from PDL
Topical Anti-Inflammatory Agents-NSAIDs	diclofenac 1% gel	Remove step therapy requirement
	diclofenac epolamine	Update step therapy to include diclofenac 1% gel and remove Voltaren gel
	diclofenac solution	Add the following step therapy: • Physician documentation required indicating: – Oral medications unsuitable for use – Trial and failure of diclofenac 1% gel AND Pennsaid topical solution, or medical justification for use
	Flector patch	Add the following step therapy: • Physician documentation required indicating: – Oral medications unsuitable for use – Trial and failure of diclofenac 1% gel AND Pennsaid topical solution, or medical justification for use
	Licart ER patch	Add the following step therapy: • Physician documentation required indicating: – Oral medications unsuitable for use – Trial and failure of diclofenac 1% gel AND Pennsaid topical solution, or medical justification for use

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

Drug class	Drug	PDL status
Topical Antiparasitics	lindane lotion	Remove from PDL
	Natroba	Update quantity limit to one bottle/claim
	spinosad	Update quantity limit to one bottle/claim
	Xeglyze	Remove from PDL
Antihistamine-Decongestant Combinations/2nd Generation Antihistamines	loratadine/pseudoephedrine 12-hour (5-120 mg) OTC tablets	Remove age limit; add quantity limit of 2 tablets/day; add the following step therapy: • Previous trial and failure of a preferred single-agent 2nd generation antihistamine
	loratadine/pseudoephedrine 24-hour (10-240 mg) OTC tablets	Remove age limit; add quantity limit of 1 tablet/day; add the following step therapy: • Previous trial and failure of a preferred single-agent 2nd generation antihistamine
	Clarinex-D 12-hour (2.5-120 mg) Rx tablets	Add quantity limit of 2 tablets/day; add the following step therapy: • Previous trial and failure of loratadine/ pseudoephedrine 12-hour OTC tablet

OTC Drug Formulary

The OTC Drug Formulary was updated at the May 19, 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 July 1, 2023.

Table 3 – Updates to the OTC Drug Formulary, effective for DOS on or after July 1, 2023

Drug category	Drug	Status/criteria
Non-Sedating Antihistamines	loratadine/pseudoephedrine 12-hour (5-120 mg) OTC tablets	Remove age limit; add quantity limit of 2 tablets/day; add the following step therapy: • Previous trial and failure of a preferred single-agent 2nd generation antihistamine
	loratadine/pseudoephedrine 24-hour (10-240 mg) OTC tablets	Remove age limit; add quantity limit of 1 tablet/day; add the following step therapy: • Previous trial and failure of a preferred single-agent 2nd generation antihistamine
Smoking Cessation Products	Nicotine gum	Add quantity limit to 24 pieces/day
	Nicotine lozenge	Add quantity limit to 20 pieces/day
	Nicotine patch	Add quantity limit to 1 patch/day
	Nicotine patch kit	Add quantity limit to 1 kit/90 days

For more information

The SilentAuth criteria, PA criteria, mental health utilization edits, PDL 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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