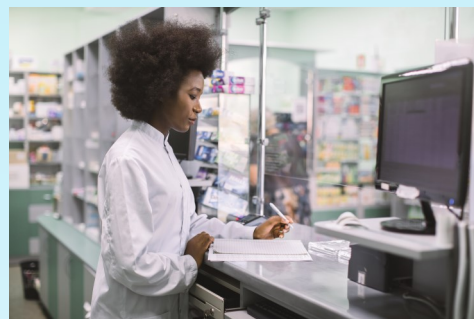


IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT2024101 JULY 2, 2024

Pharmacy updates approved by Drug Utilization Review Board June 2024

The Indiana Health Coverage Programs (IHCP) announces updates to the Point of Sale Quick Check (PSQC) automated prior authorization (PA) system, PA criteria and Statewide Uniform Preferred Drug List (SUPDL) as approved by the Drug Utilization Review (DUR) Board at its June 21, 2024, meeting.



PSQC PA enhancement

The IHCP has enhanced its automated PA system to update the criteria for Proton Pump Inhibitors and Pulmonary Antihypertensives PA. These PA changes will be effective for PA requests submitted on or after Aug. 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 Hemophilia B Gene Therapy Agents and Non-SUPDL Agents PA and Step Therapy, were established and approved by the DUR Board. PA criteria for Hemophilia B Gene Therapy Agents and Non-SUPDL Agents 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 Aug. 1, 2024. The PA criteria are posted on the *Pharmacy Prior Authorization Criteria and Forms* page on the [Optum Rx Indiana Medicaid website](#).

Changes to the SUPDL

Changes to the SUPDL were made at the June 21, 2024, DUR Board meeting. See Table 1 for a summary of SUPDL changes. SUPDL changes will be effective for FFS claims with dates of service (DOS) on or after Aug. 1, 2024, and managed care claims with DOS on or after Aug. 15, 2024.

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

Drug class	Drug	PDL status
Angiotensin Receptor Blockers	valsartan solution	Remove age limit and update step therapy to the following: <ul style="list-style-type: none">ST – Unable to swallow tablets
Calcium Channel Blockers	Norliqva (amlodipine) solution	Remove age limit and update step therapy to the following: <ul style="list-style-type: none">ST – Unable to swallow tablets
Pulmonary Antihypertensives	Opsynvi (macitentan/tadalafil)	Nonpreferred
	Winrevair (sotatercept-csrk)	Nonpreferred

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

Drug class	Drug	PDL status
Skeletal Muscle Relaxants	baclofen 5 mg/5 mL solution	Remove age limit and update step therapy to the following: <ul style="list-style-type: none"> ST – Trial and failure of Lyvispah (baclofen) or medical rationale for use
	baclofen 10 mg/5 mL solution	Remove age limit and update step therapy to the following: <ul style="list-style-type: none"> ST – Trial and failure of Lyvispah (baclofen) or medical rationale for use
	Fleqsuvy (baclofen) 25 mg/5 mL suspension	Remove age limit and update step therapy to the following: <ul style="list-style-type: none"> ST – Trial and failure of Lyvispah (baclofen) or medical rationale for use
	Lyvispah (baclofen) packets	Remove age limit and update step therapy to the following: <ul style="list-style-type: none"> ST – Unable to swallow tablets

For more information

The PSQC criteria, PA criteria and SUPDL 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, Hoosier Healthwise and Indiana PathWays for Aging should be referred to the managed care entity (MCE) with which the member is enrolled.

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