

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT202423 FEBRUARY 29, 2024

Pharmacy updates approved by Drug Utilization Review Board February 2024

The Indiana Health Coverage Programs (IHCP) announces updates to the 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 Feb. 16, 2024, meeting.

SilentAuth PA enhancement

The IHCP has enhanced its automated PA system to update the criteria for the Multiple Sclerosis Agents, Respiratory and Allergy Biologics, and Targeted Immunomodulators prior authorizations. These PA changes will be effective for PA requests submitted on or after April 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 Hepatitis C Agents, Muscular Dystrophy Agents, Non-SUPDL PA and ST, and Zurzuvae were established and approved by the DUR Board. PA criteria for Muscular Dystrophy Agents and Non-SUPDL PA and ST apply to the fee-for-service (FFS) benefit. These PA changes will be effective for PA requests submitted on or after April 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 dates of service (DOS) on or after April 1, 2024, and managed care claims with DOS on or after April 15, 2024.

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

Name and strength of medication	Utilization edit
Zurzuvae (zuranolone) capsule 20 mg	28/365; age 18 years and older; PA required
Zurzuvae (zuranolone) capsule 25 mg	28/365; age 18 years and older; PA required
Zurzuvae (zuranolone) capsule 30 mg	14/365; age 18 years and older; PA required

Changes to the SUPDL

Changes to the SUPDL were made at the Feb. 16, 2024, DUR Board meeting. See Table 2 for a summary of SUPDL changes. SUPDL changes will be effective for FFS claims with DOS on or after April 1, 2024, and managed care claims with DOS on or after April 15, 2024.

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

Drug class	Drug	SUPDL status
Beta Adrenergics and Corticosteroids	Advair HFA 230/21 (fluticasone/salmeterol)	Remove step therapy
	Airduo Respiclick (fluticasone/salmeterol)	Preferred (previously nonpreferred)
	Airsupra (albuterol/budesonide)	Nonpreferred; add the following age and quantity limits: <ul style="list-style-type: none"> • AL – 18 years of age and older • QL – 2 canisters per 30 days
	fluticasone/salmeterol (generic Advair Diskus) 500/50	Remove step therapy
Nasal Antihistamines/ Nasal Anti-Inflammatory Steroids	azelastine/fluticasone	Nonpreferred (previously preferred); add Generic Medically Necessary PA criteria
	Dymista (azelastine/fluticasone)	Preferred (previously nonpreferred); add to Brand Preferred List
Hepatitis C Agents	Pegintron (peginterferon alfa-2b)	Remove from SUPDL
Macrolides	E.E.S. (erythromycin ethylsuccinate) Granules	Update step therapy to the following: <ul style="list-style-type: none"> • ST – Must have tried and failed erythromycin ethylsuccinate suspension in the past 90 days 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
Ophthalmic Antibiotics	Moxeza (moxifloxacin)	Remove from SUPDL
Otic Antibiotics	Coly-Mycin S (neomycin, colistin, hydrocortisone, thonzonium)	Remove from SUPDL
Vaginal Antimicrobials	Xaciat (clindamycin)	Nonpreferred
ACE Inhibitors	Qbrelis (lisinopril) solution	Update step therapy to the following: <ul style="list-style-type: none"> • ST – Must be 6 years of age or older and less than 12 years of age OR unable to swallow tablets
Angiotensin Receptor Blockers (ARBs)	valsartan solution	Nonpreferred; add the following step therapy: <ul style="list-style-type: none"> • ST – Must be 6 years of age or older and less than 12 years of age OR unable to swallow tablets
Beta Adrenergic Blockers	Hemangeol (propranolol) solution	Update step therapy to the following: <ul style="list-style-type: none"> • ST – Must be 5 weeks of age or older and less than or equal to 1 year of age

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

Drug class	Drug	SUPDL status
Calcium Channel Blockers	Katerzia (amlodipine) suspension	Update step therapy to the following: <ul style="list-style-type: none"> ST – Must be 6 years of age or older and less than 12 years of age OR unable to swallow tablets AND previous trial and failure of Norliqva OR medical rationale for use
	Norliqva (amlodipine) solution	Update step therapy to the following: <ul style="list-style-type: none"> ST – Must be 6 years of age or older and less than 12 years of age OR unable to swallow tablets
	Nymalize (nimodipine) Solution	Update step therapy to the following: <ul style="list-style-type: none"> ST – Must be 18 years of age or older and unable to swallow capsules
Antimigraine Agents	eletriptan	Add Generic Medically Necessary PA criteria
	Relpax (eletriptan)	Add to Brand Preferred List
	sumatriptan nasal spray	Preferred (previously nonpreferred)
	zolmitriptan nasal spray	Nonpreferred (previously preferred); allow those with history within the past 90 days to continue therapy
Electrolyte Depleters	Fosrenol Chew (lanthanum) lanthanum carbonate chew	Remove from SUPDL and Brand Preferred List
	Phoslyra (calcium acetate)	Remove Generic Medically Necessary PA criteria
	Xphozah (tenapanor)	Remove from SUPDL
		Nonpreferred; add the following step therapy: <ul style="list-style-type: none"> ST – Must have tried and failed preferred phosphate binders OR submit medical rationale for use over ALL preferred phosphate binders
Targeted Immunomodulators	Abrilada (adalimumab-afzb)	Nonpreferred
	adalimumab-aacf	Nonpreferred
	adalimumab-adbm	Nonpreferred
	Bimzelx (bimekizumab-bkzx)	Nonpreferred
	Omvoh (mirikizumab-mrkz)	Nonpreferred
	Velsipity	Nonpreferred
	Xeljanz (tofacitinib) solution	Update step therapy to the following: <ul style="list-style-type: none"> ST – Member is 2 years of age or older and weighing 10 kg or more AND less than 18 years of age and weighing less than 40 kg, OR provider has submitted documentation supporting inability to swallow tablet formulation
Contraceptives	Zafemy (ethinyl estradiol and norelgestromin)	Add the following step therapy: <ul style="list-style-type: none"> ST – Must have previous trial of all preferred patch formulations of contraception OR medical justification for use
SGLT Inhibitors and Combinations	Inpefa (sotagliflozin)	Add the following step therapy: <ul style="list-style-type: none"> ST – Must try and fail each of the following active ingredients as monotherapy or combination product: canagliflozin, dapagliflozin, empagliflozin OR medical justification for use

For more information

The SilentAuth criteria, PA criteria, mental health utilization edits and SUPDL can be found on the [OptumRx 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.

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