

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT202452 APRIL 25, 2024

IHCP to apply PA and preference criteria to FFS physician-administered drugs

Effective for dates of service (DOS) on or after July 1, 2024, the Indiana Health Coverage Programs (IHCP) will begin requiring providers to follow the same prior authorization (PA) and preference criteria for Statewide Uniform Preferred Drug List (SUDPL) drugs that are reimbursed through the fee-for-service (FFS) **medical** benefit as currently apply for those drugs under the pharmacy benefit.

Physician-administered drug procedure codes impacted by this requirement are listed in Table 1. Application of SUPDL criteria to additional physician-administered drugs, with corresponding effective dates, will be announced in subsequent bulletins.

These changes are in alignment with updated managed care entity (MCE) requirements published in *IHCP Bulletin BT202433*. These changes will support the IHCP's goal of increased cost savings. The SUPDL and PA criteria are posted on the Optum Rx Indiana Medicaid website, accessible from the [Pharmacy Services](#) page at in.gov/medicaid/providers.



PA requests for SUPDL drugs provided under the FFS medical benefit should be submitted to Acentra Health. Questions about FFS medical PA should be directed to Acentra Customer Service at 866-725-9991. FFS medical claims should be submitted to Gainwell Technologies. Questions about billing and reimbursement for FFS medical benefits should be directed to Gainwell at 800-457-4584 or your [Provider Relations consultant](#).

For drugs provided under the FFS *pharmacy* benefit, PA requests and pharmacy claims should be submitted to the FFS pharmacy benefit manager, Optum Rx. For questions about FFS pharmacy PA, claim processing or reimbursement, or about the SUPDL, please contact Optum Rx at 855-577-6317.

Questions regarding *managed care* medical and pharmacy benefits (for members in the Healthy Indiana Plan [HIP], Hoosier Care Connect and Hoosier Healthwise) should be referred to the MCE with which the member is enrolled.

Table 1 – Procedure codes for physician-administered drugs that will follow pharmacy PA criteria for FFS reimbursement, effective for DOS on or after July 1, 2024

Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
J0185	Injection, aprepitant, 1 mg	Covered	Yes	Yes	Max fee: \$3.46 Linked to revenue code 636
J0202	Injection, alemtuzumab, 1 mg	Covered	Yes	Yes	Max fee: \$2,519.84 Linked to revenue code 636

Table 1 – Procedure codes for physician-administered drugs that will follow pharmacy PA criteria for FFS reimbursement, effective for DOS on or after July 1, 2024 (Continued)

Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
J0638	Injection, canakinumab, 1 mg	Covered	Yes	Yes	Max fee: \$127.20 Linked to revenue code 636
J0717	Injection, certolizumab pegol, 1 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	Covered	Yes	Yes	Max fee: \$15.01 Linked to revenue code 636
J0897	Injection, denosumab, 1 mg	Covered	Yes	Yes	Max fee: \$27.95 Linked to revenue code 636
J1447	Injection, tbo-filgrastim, 1 microgram	Covered	Yes	Yes	Max fee: \$0.87 Linked to revenue code 636
J1453	Injection, fosaprepitant, 1 mg	Covered	Yes	Yes	Max fee: \$0.18 Linked to revenue code 636
J1626	Injection, granisetron hydrochloride, 100 mcg	Covered	Yes	Yes	Max fee: \$0.66 Linked to revenue code 250
J1628	Injection, guselkumab, 1 mg	Covered	Yes	Yes	Max fee: \$145.66 Linked to revenue code 636
J1745	Injection, infliximab, excludes biosimilar, 10 mg	Covered	Yes	Yes	Max fee: \$49.88 Linked to revenue code 636
J2323	Injection, natalizumab, 1 mg	Covered	Yes	Yes	Max fee: \$28.73 Linked to revenue code 636
J2327	Injection, risankizumab-rzaa, intravenous, 1 mg	Covered	Yes	Yes	Max fee: \$17.16 Linked to revenue code 636
J2350	Injection, ocrelizumab, 1 mg	Covered	Yes	Yes	Max fee: \$69.00 Linked to revenue code 636
J2469	Injection, palonosetron hcl, 25 mcg	Covered	Yes	Yes	Max fee: \$0.63 Linked to revenue code 636
J2786	Injection, reslizumab, 1 mg	Covered	Yes	Yes	Max fee: \$10.80 Linked to revenue code 636
J2820	Injection, sargramostim (gm-csf), 50 mcg	Covered	Yes	Yes	Max fee: \$64.78 Linked to revenue code 636
J3111	Injection, romosozumab-aqqg, 1 mg	Covered	Yes	Yes	Max fee: \$12.17 Linked to revenue code 636
J3245	Injection, tildrakizumab, 1 mg	Covered	Yes	Yes	Max fee: \$180.99 Linked to revenue code 636
J3357	Ustekinumab, for subcutaneous injection, 1 mg	Covered	Yes	Yes	Max fee: \$324.83 Linked to revenue code 636
J3358	Ustekinumab, for intravenous injection, 1 mg	Covered	Yes	Yes	Max fee: \$16.35 Linked to revenue code 636

Table 1 – Procedure codes for physician-administered drugs that will follow pharmacy PA criteria for FFS reimbursement, effective for DOS on or after July 1, 2024 (Continued)

Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
J3380	Injection, vedolizumab, 1 mg	Covered	Yes	Yes	Max fee: \$30.33 Linked to revenue code 636
J7605	Arformoterol, inhalation solution, FDA approved final product, non-compounded, administered through DME, unit dose form, 15 micrograms	Covered	Yes	Yes	Max fee: \$2.45 Linked to revenue code 294
J7606	Formoterol fumarate, inhalation solution, FDA approved final product, non-compounded, administered through DME, unit dose form, 20 micrograms	Covered	Yes	Yes	Max fee: \$5.69 Linked to revenue code 294
Q5101	Injection, filgrastim-sndz, biosimilar, (zarxio), 1 microgram	Covered	Yes	Yes	Max fee: \$0.96 Linked to revenue code 636
Q5103	Injection, infliximab-dyyb, biosimilar, (inflectra), 10 mg	Covered	Yes	Yes	Max fee: \$99.36 Linked to revenue code 636
Q5104	Injection, infliximab-abda, biosimilar, (renflexis), 10 mg	Covered	Yes	Yes	Max fee: \$79.11 Linked to revenue code 636
Q5108	Injection, pegfilgrastim-jmdb (fulphila), biosimilar, 0.5 mg	Covered	Yes	Yes	Max fee: \$182.66 Linked to revenue code 636
Q5110	Injection, filgrastim-aafi, biosimilar, (nivestym), 1 microgram	Covered	Yes	Yes	Max fee: \$0.77 Linked to revenue code 636
Q5111	Injection, pegfilgrastim-cbqv (udenyca), biosimilar, 0.5 mg	Covered	Yes	Yes	Max fee: \$365.31 Linked to revenue code 636
Q5120	Injection, pegfilgrastim-bmez (ziextenzo), biosimilar, 0.5 mg	Covered	Yes	Yes	Max fee: \$343.48
Q5121	Injection, infliximab-axxq, biosimilar, (avsola), 10 mg	Covered	Yes	Yes	Max fee: \$52.50

**Covered under Traditional Medicaid and other IHCP programs that include full Indiana Medicaid State Plan benefits; the service may not be covered under IHCP plans with limited benefits*

QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at 800-457-4584.

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.

