

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT202151 JULY 1, 2021

Pharmacy updates approved by Drug Utilization Review Board June 2021

The Indiana Health Coverage Programs (IHCP) announces updates to the SilentAuth automated prior authorization (PA) system and PA criteria as approved by the Drug Utilization Review (DUR) Board at its June 18, 2021, 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 Hepatitis C Agents, Targeted Immunomodulators, Multiple Sclerosis Agents, Proton Pump Inhibitors and COX2 and Select NSAIDs. These PA changes will be effective for PA requests submitted on or after August 1, 2021. The PA criteria are posted on the *Pharmacy Prior Authorization Criteria and Forms* page on the OptumRx Indiana Medicaid website, accessible from the [Pharmacy Services](#) page at in.gov/medicaid/providers.



PA changes

Updates to the PA criteria for Bone Formation, Agents for the Treatment of Cystic Fibrosis, Lucemyra, and Cipro Suspension and Levaquin Solution were approved by the DUR Board. These PA changes will be effective for PA requests submitted on or after August 1, 2021. The PA criteria are posted on the *Pharmacy Prior Authorization Criteria and Forms* page on the OptumRx Indiana Medicaid website, accessible from the [Pharmacy Services](#) page at in.gov/medicaid/providers.

For more information

The PA criteria and SilentAuth criteria can be found on the OptumRx Indiana Medicaid website, accessible via the [Pharmacy Services](#) page at in.gov/medicaid/providers. 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 Preferred Drug List (PDL) or this bulletin to the OptumRx 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 Healthwise and Hoosier Care Connect should be referred to the managed care entity (MCE) with which the member is enrolled.

TO PRINT

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