

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT2022110 DECEMBER 1, 2022

Pharmacy updates approved by Drug Utilization Review Board November 2022

The Indiana Health Coverage Programs (IHCP) announces updates to the SilentAuth automated prior authorization (PA) system, PA criteria, mental health utilization edits, Preferred Drug List (PDL), Over-the-Counter (OTC) Drug Formulary, and OTC Pharmacy Supplements Formulary as approved by the Drug Utilization Review (DUR) Board at its Nov. 18, 2022, 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 Antiseizure Agents, GLP-1 Receptor Agonists and Combinations, SGLT2 Inhibitors, Opiate Overutilization, Stimulants, Targeted Immunomodulators, and Topical Immunomodulators. These PA changes will be effective for PA requests submitted on or after Jan. 1, 2023. 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

PA criteria for the Dry Eye Disease or Keratoconjunctivitis, Growth Hormones, Hepatitis B Agents, Non-PDL Agents PA and Step Therapy, Soma and Combinations, and Testosterones were established and approved by the DUR Board. These PA changes will be effective for PA requests submitted on or after Jan. 1, 2023. The PA criteria are posted on the *Pharmacy Prior Authorization Criteria and Forms* page on the [OptumRx 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 Jan. 1, 2023.

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

Name and strength of medication	Utilization edit
Adlarity TD patch 5 mg/day	4 patches/28 days; Age 18 years and older
Adlarity TD patch 10 mg/day	4 patches/28 days; Age 18 years and older
Auvelity 45-105 mg ER tab	2/day; Age 18 years and older
Dextroamphetamine Sulfate 5 mg tab	2/day; Age 3 years and older
Dextroamphetamine Sulfate 15 mg tab	2/day; Age 3 years and older
Gabapentin – All strengths/formulations	Total daily dose not to exceed 3600 mg
Paroxetine ER 37.5 mg tab	2/day; Age 18 years and older

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

Name and strength of medication	Utilization edit
Paxil CR 37.5 mg tab	2/day; Age 18 years and older
Quetiapine fumarate 150 mg tab	2/day
Relexxii 18 mg ER tab	1/day; Age 6 years and older
Relexxii 27 mg ER tab	1/day; Age 6 years and older
Relexxii 36 mg ER tab	2/day; Age 6 years and older
Relexxii 45 mg ER tab	2/day; Age 6 years and older
Relexxii 54 mg ER tab	2/day; Age 6 years and older
Relexxii 63 mg ER tab	1/day; Age 6 years and older
Venlafaxine besylate ER 112.5 mg tab	2/day
Xelstry TD patch 4.5 mg/9 hour	1/day; Age 6 years and older
Xelstry TD patch 9 mg/9 hour	1/day; Age 6 years and older
Xelstry TD patch 13.5 mg/9 hour	1/day; Age 6 years and older
Xelstry TD patch 18 mg/9 hour	1/day; Age 6 years and older
Zenzedi 2.5 mg tab	2/day; Age 3 years and older
Zenzedi 5 mg tab	2/day; Age 3 years and older
Zenzedi 15 mg tab	2/day; Age 3 years and older

Changes to the PDL

Changes to the PDL were made at the Nov. 18, 2022, DUR Board meeting. See Table 2 for a summary of PDL changes. Changes are effective for DOS on or after Jan. 1, 2023 .

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

Drug class	Drug	PDL status
Agents for the Treatment of Opiate Addiction	Nalmefene	Preferred
	Bunavail	Remove from PDL
Antiemetic/Antivertigo Agents	Zuplenz	Remove from PDL
Antipsoriatics	Vtama	Nonpreferred
Antiseizure Agents	Fycompa tablets and suspension formulations	Nonpreferred (previously preferred)
	Lamictal tab, XR tab, ODT	Nonpreferred (previously preferred)
	Zonisade	Nonpreferred
Contraceptives	Phexxi gel	Add a quantity limit of 1 box/month
Direct Factor Xa Inhibitors	Rename drug class to Direct Oral Anticoagulants	
	Pradaxa	Add to preferred in this drug class
	Dabigatran	Add to nonpreferred in this drug class

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

Drug class	Drug	PDL status
Direct Thrombin Inhibitors	Pradaxa, dabigatran Remove Direct Thrombin Inhibitors drug class from PDL	Maintain current status; move to Direct Oral Anticoagulants drug class
GLP-1 Receptor Agonists and Combinations	Bydureon Mounjaro Ozempic	Remove from PDL Nonpreferred Preferred (previously nonpreferred)
Growth Hormones	Increlex Norditropin Saizen	Nonpreferred Preferred (previously nonpreferred) Nonpreferred (previously preferred)
Insulins – Intermediate Acting	Insulin lispro protamine/ insulin lispro Kwikpen	Nonpreferred (previously preferred)
Insulins – Long Acting	Insulin degludec	Nonpreferred
Insulins – Rapid Acting	Insulin lispro	Nonpreferred (previously preferred)
Laxative and Cathartics	Movantik	Nonpreferred (previously preferred); remove from step therapy for nonpreferred agents
Leukocyte Stimulants	Fulphila Fylnetra Nyvepria Releuko Rolvedon Ziextenzo	Nonpreferred (previously preferred) Preferred Nonpreferred (previously preferred) Nonpreferred Nonpreferred Nonpreferred (previously preferred)
Narcotic Antitussive/ 1 st Generation Antihistamine Combinations	TussiCaps	Remove from PDL
Narcotics	Armyo ER	Remove from PDL
Ophthalmic Anti-Inflammatory Agents	Ilevro Lotemax ointment Pred Mild suspension	Nonpreferred (previously preferred) Preferred (previously nonpreferred) Preferred (previously nonpreferred)
SGLT2 Inhibitors and Combinations	Synjardy XR (empagliflozin/ metformin)	Nonpreferred (previously preferred)
Skeletal Muscle Relaxants	baclofen solution carisoprodol/aspirin Fexmid Lyvispah	Preferred; add the following step therapy: <ul style="list-style-type: none">ST – Member is 12 to 17 years of age or unable to swallow tablets Remove from PDL Nonpreferred Nonpreferred; add the following step therapy: <ul style="list-style-type: none">ST – Member is 12 to 17 years of age or unable to swallow tablets
Targeted Immunomodulators	Adbry Avsola Infliximab Kevzara Sotyktu Spevigo	Preferred (previously nonpreferred) Nonpreferred (previously preferred) Preferred Nonpreferred (previously preferred) Nonpreferred Nonpreferred

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

Drug class	Drug	PDL status
Testosterones	Kyzatrex	Nonpreferred
Topical Antiparasitics	Crotan (crotamiton)	Nonpreferred; add a quantity limit of 1 bottle per claim
	Eurax (crotamiton)	Remove from PDL
Topical Immunomodulators	Zoryve (roflumilast)	Nonpreferred

OTC Drug Formulary

The OTC Drug Formulary was updated at the Nov. 18, 2022, DUR Board meeting. See Table 3 for the list of products included on or removed from the formulary. The formulary is effective for DOS on or after Jan. 1, 2023.

Table 3 – OTC Drug Formulary effective for DOS on or after Jan. 1, 2023

Drug category	Drug	Status/criteria
Analgesics	Acetaminophen 80 mg/ 0.8 mL Suspension Drops	Remove from Formulary
	Acetaminophen 160 mg Chewable Tablet	Covered; Age limit of under 18 years
Calcium Supplements	Update title to Calcium Antacids	
	Calcium Carbonate Non- Chewable Formulation	Remove from Formulary
Cough and Cold Products	Guaifenesin 100 mg/5 mL Syrup	Remove from Formulary
	Pseudoephedrine 15 mg/ 5 mL Elixir	Remove from Formulary
	Pseudoephedrine 30 mg/ 5 mL Liquid	Remove from Formulary
Eye Products	Artificial Tears Ophthalmic Ointment, Preservative Free	Remove from Formulary
	Naphazoline 0.012% Eye Drop	Remove from Formulary
Gastro-Intestinal Products	Docusate Sodium Caplet/ Tablet Formulations	Remove from Formulary
	Loperamide 1 mg/7.5 mL Suspension	Covered; quantity limit of 120 mL/ 14 days
H2 Antagonists	Famotidine 20 mg Tablet	Covered; quantity limit of 60 tablets/ 30 days
Motion Sickness Products	Dimenhydrinate 50mg Tablet	Covered
Smoking Cessation Products	Nicoderm Topical Patches	Remove from Formulary
	Nicorette Chewing Gum	Remove from Formulary
	Nicorette Lozenges	Remove from Formulary
Topical Analgesics	Capsaicin 0.1% Cream	Covered
Topical Products	Benzoyl Peroxide 10% Cream/Ointment	Remove from Formulary
	Benzoyl Peroxide 5% Cream/Ointment	Remove from Formulary
	Benzoyl Peroxide Cleanser	Remove from Formulary
	Benzoyl Peroxide Creamy Wash	Remove from Formulary
	Benzoyl Peroxide Wash Kit	Remove from Formulary
	BPO-10 Wash	Remove from Formulary

OTC Pharmacy Supplements Formulary

The OTC Pharmacy Supplements Formulary was updated at the Nov. 18, 2022, DUR Board meeting. See Table 4 for the list of products that will be removed from the formulary, effective for DOS on or after Jan. 1, 2023.

Table 4 – OTC Supplements Formulary effective for DOS on or after Jan. 1, 2023

Drug category	Drug	Status/criteria
Amino Acids	Arginine 600 mg Capsule	Remove from Formulary
Magnesium	Magnesium 64 mg ER Tablet	Remove from Formulary
Multivitamins	Aquadek Pediatric Liquid	Remove from Formulary
Vitamins	Ascorbic Acid 500 mg/ 5 mL Syrup	Remove from Formulary
	Magnebind 300 mg Tablet	Remove from Formulary
	Vitamin B Complex Without Minerals Liquid	Remove from Formulary
Miscellaneous	Inositol 325 mg Tablet	Remove from Formulary
	Inositol 500 mg Tablet	Remove from Formulary

For more information

The PDL, mental health utilization edits, PA criteria, SilentAuth criteria, OTC Drug Formulary and OTC Pharmacy Supplements Formulary 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 FFS PDL or this bulletin to the OptumRx Clinical and Technical Help Desk by calling toll-free 1-855-577-6317. 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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