

# IHCP *bulletin*

Note: This bulletin has been corrected. Incorrect step edits for proton pump inhibitors were reported for Konvomep oral suspension and for omeprazole/sodium bicarb powder, Zegerid powder. The corrections are listed in Table 1 (corrections are in red font in the table).

INDIANA HEALTH COVERAGE PROGRAMS BT202390 AUGUST 1, 2023

## Pharmacy updates approved by Drug Utilization Review Board July 2023

The Indiana Health Coverage Programs (IHCP) announces updates to SilentAuth automated prior authorization (PA) system, PA criteria, Preferred Drug List (PDL), and vaccine coverage and utilization edits as approved by the Drug Utilization Review (DUR) Board at its July 21, 2023, meeting.

### SilentAuth PA enhancement

The IHCP has enhanced its automated PA system to update the criteria for the Opioid Overutilization PA with QL. These PA changes will be effective for PA requests submitted on or after Sept. 1, 2023. 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](http://in.gov/medicaid/providers).



### PA changes

PA criteria for Gralise, Horizant, Lyrica CR Agents and Sickle Cell Agents were established and approved by the DUR Board. PA changes for Gralise, Horizant and Lyrica CR Agents apply to the fee-for-service (FFS) pharmacy benefit. These PA changes will be effective for PA requests submitted on or after Sept. 1, 2023. The PA criteria are posted on the *Pharmacy Prior Authorization Criteria and Forms* page on the [Optum Rx Indiana Medicaid website](#).

### Changes to the PDL

Changes to the PDL were made at the July 21, 2023, DUR Board meeting. See Table 1 for a summary of PDL changes. Changes are effective for dates of service (DOS) on or after Sept. 1, 2023.

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

Drug class	Drug	PDL status
Narcotics	butorphanol 10 mg/mL nasal spray	Update quantity limit to: <ul style="list-style-type: none"><li>• 2.5 mL (1 bottle) per month</li></ul>
Proton Pump Inhibitors	esomeprazole packets; rabeprazole sprinkle; lansoprazole ODT; pantoprazole packets; Prilosec packets	Remove age limit of 12 years of age or younger; update step therapy to the following: <ul style="list-style-type: none"><li>• Must be unable to swallow; must try Nexium packets AND Protonix packets for a total length of therapy of 4 weeks, unless patient is intolerant to these agents</li></ul>
	Konvomep oral suspension	Update age limit to 18 years of age or older; update step therapy: <ul style="list-style-type: none"><li>• Must be unable to swallow; <b>must try Nexium packets, Protonix packets AND Zegerid powder</b> for a total length of therapy of 4 weeks, unless patient is intolerant to these agents</li></ul>

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

Drug class	Drug	PDL status
Proton Pump Inhibitors	omeprazole/sodium bicarb powder; Zegerid powder	Update age limit to 18 years of age or older; update step therapy: <ul style="list-style-type: none"> <li>Must be unable to swallow; <b>must try Nexium packets AND Protonix packets</b> for a total length of therapy of 4 weeks, unless patient is intolerant to these agents</li> </ul>

### Vaccine coverage and utilization edit updates

Updates to coverage and utilization edits for vaccines billed through the FFS pharmacy point-of-sale (POS) system were approved by the DUR Board at its July 21, 2023, meeting as listed in Table 2. These updates are effective for DOS on or after Sept. 1, 2023.

Table 2 – Vaccine utilization edit changes effective for DOS on or after Sept. 1, 2023

Product Name	Age Restriction	Quantity Limit
COVID-19 bivalent vaccines (Moderna; Pfizer)	N/A	Remove quantity limit for max lifetime doses
Influenza vaccines (Fluzone Intradermal; Fluad 65 and Older)	N/A	Remove from vaccine list
Pneumococcal (Pevnar 20)	Add age limit of 6 weeks through 5 years of age	Add the following quantity limit: <ul style="list-style-type: none"> <li>1 dose (0.5 mL)/28 days</li> <li>4 doses/lifetime</li> </ul>
Pneumococcal (Pevnar 20)	Update age limit to 6 years and older	Maintain quantity limit: <ul style="list-style-type: none"> <li>1 dose (0.5 mL)/lifetime</li> </ul>
Pneumococcal (Pevnar 20) If Pevnar 20 becomes eligible for the Vaccines for Children (VFC) Program	Add age limit for non-VFC pharmacies to 19 years and older	Add the following quantity limit for non-VFC pharmacies: <ul style="list-style-type: none"> <li>1 dose (0.5 mL)/lifetime</li> </ul>
Measles, Mumps, Rubella vaccine (Priorix)	Add age limit of 19 years of age and older	Add the following quantity limit: <ul style="list-style-type: none"> <li>1 dose/28 days</li> <li>3 doses/lifetime</li> </ul>
Respiratory Syncytial Virus (RSV) vaccines (Abrysvo; Arexvy)	Add age limit of 60 years and older	Add the following quantity limit: <ul style="list-style-type: none"> <li>1 dose/lifetime</li> </ul>

### For more information

The PDL and PA criteria 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](http://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 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 with which the member is enrolled.

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