

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT202409 JANUARY 30, 2024

Pharmacy updates approved by Drug Utilization Review Board January 2024

The Indiana Health Coverage Programs (IHCP) announces updates to the SilentAuth automated prior authorization (PA) system, PA criteria, Statewide Uniform Preferred Drug List (SUPDL) and Over-the-Counter (OTC) Pharmacy Supplements Formulary as approved by the Drug Utilization Review (DUR) Board at its Jan. 19, 2024, meeting.

SilentAuth PA enhancement

The IHCP has enhanced its automated PA system to update the criteria for the GLP-1 Receptor Agonists and Combinations and Opioid Overutilization PA with QL prior authorizations. These PA changes will be effective for fee-for-service (FFS) PA requests submitted on or after March 1, 2024, and managed care PA requests submitted on or after March 15, 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 Immunoglobulin A Nephropathy Agents, Non-Drug Specific PA, Urea Cycle Disorders, and Non-SUPDL PA and Step Therapy were established and approved by the DUR Board. PA criteria for Immunoglobulin A Nephropathy Agents and Non-SUPDL PA and Step Therapy apply to the FFS benefit. These PA changes will be effective for PA requests submitted on or after March 1, 2024. The PA criteria are posted on the *Pharmacy Prior Authorization Criteria and Forms* page on the [Optum Rx Indiana Medicaid website](#).

Changes to the SUPDL

Changes to the SUPDL were made at the Jan.19, 2024, DUR Board meeting. See Table 1 for a summary of SUPDL changes. SUPDL changes will be effective for FFS claims with dates of service (DOS) on or after March 1, 2024, and managed care claims with DOS on or after March 15, 2024.

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

Drug class	Drug	SUPDL status
Insulins – Long Acting	Levemir Flextouch and Vials	Nonpreferred (previously preferred)
	insulin degludec	Remove step therapy

OTC Pharmacy Supplements Formulary

Updates to the OTC Pharmacy Supplements Formulary were established at the Jan.19, 2024, DUR Board meeting. See Table 2 for the list of products that will be removed from the formulary. The formulary changes will be effective for FFS claims with DOS on or after March 1, 2024, and managed care claims with DOS on or after March 15, 2024.

Table 2 – OTC Pharmacy Supplements Formulary effective for DOS on or after March 1, 2024

Category	Product	Status/criteria
Miscellaneous	Enlyte Capsules	Remove from formulary
	Inositol 650 mg tablets	Remove from formulary
	L-methylfolate-algae capsules	Remove from formulary

For more information

The PA criteria, SUPDL and OTC Pharmacy Supplements Formulary 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. 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 and OTC Pharmacy Supplements Formulary 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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