

# IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS    BT2024120    AUGUST 1, 2024

## Pharmacy updates approved by Drug Utilization Review Board July 2024

The Indiana Health Coverage Programs (IHCP) announces updates to the prior authorization (PA) criteria as approved by the Drug Utilization Review (DUR) Board at its July 19, 2024, meeting.

### PA changes

PA criteria for Complement Inhibitor Agents, Elevidys, Epidermolysis Bullosa Agents and Muscular Dystrophy Agents were established and approved by the DUR Board. These PA changes only apply to the fee-for-service (FFS) benefit and will be effective for PA requests submitted on or after Sept. 1, 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](https://in.gov/medicaid/providers).



### For more information

The 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](https://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 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, Hoosier Healthwise and Indiana PathWays for Aging should be referred to the managed care entity (MCE) with which the member is enrolled.

### QUESTIONS?

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

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