IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT2024137 AUGUST 29, 2024

Pharmacy updates approved by Drug Utilization Review Board August 2024

The Indiana Health Coverage Programs (IHCP) announces updates to the public comment policy, Point of Sale Quick Check (PSQC) automated prior authorization (PA) system, PA criteria, mental health utilization edits, Statewide Uniform Preferred Drug List (SUPDL) and Over-the-Counter (OTC) Drug Formulary as approved by the Drug Utilization Review (DUR) Board at its Aug. 16, 2024, meeting.

Public comment policy

The IHCP has announced an update to the public comment policy for DUR Board, Mental Health Quality Advisory Committee (MHQAC) and Therapeutics Committee meetings. Attendees wishing to provide public comment will be required to preregister following the public comment registration process. The updated policy will be effective for any DUR Board, MHQAC and Therapeutics Committee meeting held on or after Oct. 1, 2024. Additional information regarding public comment requirements and registration process can be found at the Public Comment Policy quick link on the Optum Rx Indiana Medicaid website, accessible from the *Pharmacy Services* page at in.gov/medicaid/providers.

PSQC PA enhancement

The IHCP has enhanced its automated PA system to update the criteria for Adstiladrin, Antimigraine Agents, Antipsychotic Agents, Multiple Sclerosis Agents, Respiratory and Allergy Biologics, and Targeted Immunomodulators prior authorizations. PA criteria for Adstiladrin apply to the fee-for-service (FFS) benefit. These PA changes will be effective for PA requests submitted on or after Oct. 1, 2024. The PA criteria are posted on the *Pharmacy Prior Authorization Criteria and Forms* page on the Optum Rx Indiana Medicaid website.

PA changes

PA criteria for Agents for MASH/MASLD, Allergy-Specific Immunotherapy, Antiviral Monoclonal Antibodies, Complement Inhibitor Agents, Hepatitis C Agents, Miscellaneous Cardiac Agents, Narcolepsy Agents, Non-SUPDL Agents PA and Step Therapy, PCSK9 Inhibitors and Select Lipotropics, Phosphodiesterase Inhibitors for COPD, and Pompe Disease Agents were established and approved by the DUR Board. PA criteria for Agents for MASH/MASLD, Allergy-Specific Immunotherapy, Complement Inhibitor Agents, Non-SUPDL Agents PA and ST, Phosphodiesterase Inhibitors for COPD and Pompe Disease Agents apply to the FFS benefit. These PA changes will be effective for PA requests submitted on or after Oct. 1, 2024. The PA criteria are posted on the *Pharmacy Prior Authorization Criteria and Forms* page on the Optum Rx Indiana Medicaid website.

Mental health utilization edits

Utilization edits for mental health medications are reviewed quarterly by the (MHQAC. The DUR Board approved updates to the utilization edits listed in Table 1. These updates are effective for FFS claims with dates of service (DOS) on or after Oct. 1, 2024, and managed care claims with DOS on or after Oct. 15, 2024.

Table 1 – Updates to utilization edits effective for FFS DOS on or after Oct. 1, 2024, and managed care DOS on or after Oct. 15, 2024

Name and strength of medication	Utilization edit
Wakix (pitolisant) 4.45 mg tab	2/day; age 6 years and older
Wakix (pitolisant) 17.8 mg tab	2/day; age 6 years and older

Changes to the SUPDL

Changes to the SUPDL were made at the Aug. 16, 2024, DUR Board meeting. See Table 2 for a summary of SUPDL changes. SUPDL changes will be effective for FFS claims with DOS on or after Oct. 1, 2024, and managed care claims with DOS on or after Oct. 15, 2024.

Table 2 – SUPDL changes effective for FFS DOS on or after Oct. 1, 2024, and managed care DOS on or after Oct. 15, 2024

Drug class	Drug	SUPDL status
Beta Adrenergics and Corticosteroids	Advair Diskus (fluticasone/ salmeterol)	Preferred (previously nonpreferred)
	fluticasone/salmeterol (generic Advair Diskus)	Nonpreferred (previously preferred)
Beta Agonists – Short Acting	albuterol HFA	Nonpreferred (previously preferred)
	Proair HFA (albuterol)	Remove from SUPDL
	Proair Respiclick (albuterol)	Nonpreferred (previously preferred)
	Proventil HFA (albuterol)	Remove from SUPDL
Hepatitis C Agents	Viekira Pak (ombitasvir/paritaprevir/ ritonavir/dasabuvir)	Remove from SUPDL
Ophthalmic Antibiotics	Azasite (azithromycin) solution	Preferred (previously nonpreferred)
	Gentak (gentamicin) ointment	Remove from SUPDL
	levofloxacin solution	Remove from SUPDL
	neomycin/polymyxin B/gramicidin solution	Nonpreferred (previously preferred)
	Tobrex (tobramycin) ointment	Preferred (previously nonpreferred)
Ophthalmic Antibiotics/ Corticosteroid Combinations	Blephamide S.O.P. (sulfacetamide sodium prednisolone) ointment	Remove from SUPDL
	Pred-G (gentamicin/prednisolone) suspension	Remove from SUPDL
	Pred-G S.O.P. (gentamicin/ prednisolone) ointment	Remove from SUPDL
Otic Antibiotics	Otiprio (ciprofloxacin)	Remove from SUPDL

Table 2 – SUPDL changes effective for FFS DOS on or after Oct. 1, 2024, and managed care DOS on or after Oct. 15, 2024 (Continued)

Drug class	Drug	SUPDL status
Systemic Antifungals	itraconazole solution	Update step therapy to the following: • ST – Must have tried and failed all preferred agents (i.e., each preferred chemical entity) or must provide medical justification as to why each preferred agent is not appropriate for use (e.g., infection being treated is not susceptible to preferred agents); must be 12 years of age and under or unable to swallow capsules/tablets
	voriconazole suspension	Update step therapy to the following: • ST – Must have tried and failed all preferred agents (i.e., each preferred chemical entity) or must provide medical justification as to why each preferred agent is not appropriate for use (e.g., infection being treated is not susceptible to preferred agents); must be 12 years of age and under or unable to swallow capsules/tablets
Topical Antifungals	Mycozyl AL (tolnaftate) 1% solution	Nonpreferred
	Mycozyl HC (tolnaftate-hydrocortisone) gel and liquid	Nonpreferred
	sulconazole cream and solution	Remove from SUPDL
Vaginal Antimicrobials	metronidazole tablets	Preferred
	tinidazole tablets	Nonpreferred; add the following step therapy: • ST – Must have tried and failed metronidazole or provide medical justification as to why metronidazole is not appropriate for use (e.g., infection being treated is not susceptible to preferred agent)
	Solosec (secnidazole)	Nonpreferred (previously preferred)
	Xaciato (clindamycin) gel	Preferred (previously nonpreferred); add the following step therapy: • ST – Previous trial and failure of a preferred topical antibacterial agent
ACE Inhibitor Combinations	captopril/ hydrochlorothiazide	Nonpreferred
	quinapril/ hydrochlorothiazide	Nonpreferred (previously preferred)
Miscellaneous Cardiac Agents	Entresto (sacubitril-valsartan) sprinkle capsules	Nonpreferred
Fibric Acid Derivatives	Antara (fenofibrate micronized) capsule	Remove from SUPDL
	fenofibrate micronized capsule (generic Lofibra)	Preferred (previously nonpreferred)

Table 2 – SUPDL changes effective for FFS DOS on or after Oct. 1, 2024, and managed care DOS on or after Oct. 15, 2024 (Continued)

Drug class	Drug	SUPDL status
Antimigraine Agents	Aimovig (erenumab-aooe)	Preferred (previously nonpreferred)
Electrolyte Depleters	Kionex (sodium polystyrene sulfonate) suspension	Nonpreferred
	sodium polystyrene sulfonate powder	Preferred
Multiple Sclerosis Agents	Ampyra (dalfampridine) Brand	Preferred (previously nonpreferred)
	Plegridy (interferon beta-1a)	Nonpreferred (previously preferred)
	Tysabri (natalizumab)	Preferred (previously nonpreferred)
Targeted Immunomodulators	adalimumab-aaty (generic for Yuflyma)	Nonpreferred
	adalimumab-ryvk (generic for Simlandi)	Nonpreferred
	Avsola (infliximab-axxq)	Preferred (previously nonpreferred)
	Cimzia (certolizumab)	Preferred (previously nonpreferred)
	Cosentyx (secukinumab)	Preferred (previously nonpreferred)
	Entyvio (vedolizumab); Entyvio pen (vedolizumab)	Preferred (previously nonpreferred)
	Kevzara (sarilumab)	Preferred (previously nonpreferred)
	Litfulo (ritlecitinib)	Preferred (previously nonpreferred)
	Rinvoq (upadacitinib)	Preferred (previously nonpreferred)
	Rinvoq LQ (upadacitinib)	Preferred
	Siliq (brodalumab)	Preferred (previously nonpreferred)
	Simlandi (adalimumab-ryvk)	Preferred
	Tofidence (tocilizumab-bavi)	Nonpreferred
	Tyenne (tocilizumab-aazg)	Preferred
	Xeljanz XR (tofacitinib)	Preferred (previously nonpreferred)
	Zymfentra (infliximab-dyyb)	Nonpreferred
Insulins – Intermediate Acting	insulin aspart 70/30 FlexPen and vials (Novolog Mix ABA)	Nonpreferred (previously preferred)

OTC Drug Formulary

Updates to the OTC Drug Formulary were established at the Aug.16, 2024, DUR Board meeting. See Table 3 for the list of products included on the formulary. The formulary changes will be effective for FFS claims with DOS on or after Oct. 1, 2024, and managed care claims with DOS on or after Oct. 15, 2024.

Table 3 – OTC Drug Formulary effective for DOS on or after Oct. 1, 2024, and managed care DOS on or after Oct. 15, 2024

Category	Product	Status/criteria
Non-Sedating Antihistamines	cetirizine 1 mg/mL syrup	Covered product; update age limit to the following: • Age – Must be under 12 years of age or unable to swallow tablet formulation; max age 18 years
	loratadine solution	Covered product; update age limit to the following: • Age – Must be under 12 years of age or unable to swallow tablet formulation; max age 18 years

For more information

The public comment policy, PSQC criteria, PA criteria, mental health utilization edits, SUPDL, and OTC Drug Formulary can be found on the Optum Rx Indiana Medicaid website. Notices of the DUR Board meetings and agendas are posted on the Indiana Family and Social Services Administration (FSSA) website at in.gov/fssa. Click **FSSA Calendar** on the left side of the page to access the events calendar.

Please direct FFS pharmacy PA requests and questions about the SUPDL under the FFS pharmacy benefit, or about 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.

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