

IHCP *bulletin*

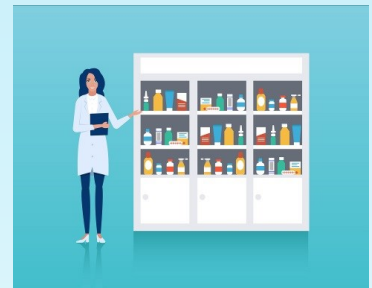
INDIANA HEALTH COVERAGE PROGRAMS BT2024172 OCTOBER 31, 2024

Pharmacy updates approved by Drug Utilization Review Board October 2024

The Indiana Health Coverage Programs (IHCP) announces updates to the Point of Sale Quick Check (PSQC) automated prior authorization (PA) system, PA criteria, mental health utilization edits, Statewide Uniform Preferred Drug List (SUPDL) and Preferred Brand Drug List, as approved by the Drug Utilization Review (DUR) Board at its Oct. 18, 2024, meeting.

PSQC PA enhancement

The IHCP has enhanced its automated PA system to update the criteria for Antipsychotic Agents, Intravesical Immunotherapy, Pulmonary Antihypertensives, Somatostatin Analogs and Targeted Immunomodulators PA. PA criteria for Intravesical Immunotherapy and Somatostatin Analogs apply to the fee-for-service (FFS) benefit. These PA changes will be effective for PA requests submitted on or after Dec. 1, 2024. The PA criteria are posted on the *Pharmacy Prior Authorization Criteria and Forms* page on the on the Optum Rx Indiana Medicaid website, accessible from the [Pharmacy Services](#) page at in.gov/medicaid/providers.



PA changes

PA criteria for Amyloid Beta-Directed Antibodies, Complement Inhibitor Agents, Ebglyss, Non-SUPDL Agents PA and Step Therapy, Phenylketonuria Agents, Spinal Muscular Atrophy Agents, and Thrombopoietin Receptor Agonist Agents were established and approved by the DUR Board. PA criteria for Complement Inhibitor Agents, Ebglyss, Non-SUPDL Agents PA and Step Therapy, Phenylketonuria Agents, and Thrombopoietin Receptor Agonist Agents apply to the FFS benefit. Spinal Muscular Atrophy Agents are carved out of managed care benefits and are managed through FFS benefits. These PA changes will be effective for PA requests submitted on or after Dec. 1, 2024. The PA criteria are posted on the *Pharmacy Prior Authorization Criteria and Forms* page on the [Optum Rx Indiana Medicaid website](#).

Preferred Brand Drug List

Preferred Brand Drug List updates apply to the fee-for-service benefit and all IHCP pharmacy benefits for items listed on the SUPDL. The Preferred Brand Drug List is posted on the *Pharmacy Prior Authorization Criteria and Forms* page at the bottom of the page under Miscellaneous Utilization Edits on the [Optum Rx Indiana Medicaid website](#).

Mental health utilization edits

Changes to the utilization edits for mental health medications were made at the Oct. 18, 2024, DUR Board meeting. The DUR Board approved updates to the utilization edits are listed in [Table 1](#). These updates are effective for FFS claims with dates of service (DOS) on or after Dec. 1, 2024, and managed care claims with DOS on or after Dec. 15, 2024.

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

Name and strength of medication	Utilization edit
Cobenfy (xanomeline and trospium) capsule 50 mg/20 mg	2/day; age 18 years and older
Cobenfy (xanomeline and trospium) capsule 100 mg/20 mg	2/day; age 18 years and older
Cobenfy (xanomeline and trospium) capsule 125 mg/30 mg	2/day; age 18 years and older
Cobenfy (xanomeline and trospium) starter pack	1 pack/90 days; age 18 years and older

Changes to the SUPDL

Changes to the SUPDL were made at the Oct. 18, 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 Dec. 1, 2024, and managed care claims with DOS on or after Dec. 15, 2024.

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

Drug class	Drug	SUPDL status
Antiemetic/Antivertigo Agents	aprepitant tripack (generic Emend Tripac)	Preferred (previously nonpreferred)
	Emend Tripac (brand)	Nonpreferred (previously preferred)
Pulmonary Antihypertensives	bosentan (generic Tracleer)	Preferred (previously nonpreferred)
	Tracleer (brand)	Nonpreferred (previously preferred)

Changes to the Preferred Brand Drug List

Changes to the Preferred Brand Drug List were made at the Oct. 18, 2024, DUR Board meeting. See Table 3 for a summary of Preferred Brand Drug List changes. Preferred Brand Drug List changes will be effective for FFS claims with DOS on or after Dec. 1, 2024, and managed care claims with DOS on or after Dec. 15, 2024.

Table 3 – Updates to Preferred Brand Drug List effective for FFS DOS on or after Dec. 1, 2024, and managed care DOS on or after Dec. 15, 2024

Name of medication	Preferred Brand Drug List status
Sandostatin LAR (octreotide) 20 mg and 30 mg (FFS only)	Add to Preferred Brand Drug List
Solu-Cortef (hydrocortisone sodium succinate) 100 mg (FFS only)	Add to Preferred Brand Drug List
Emend (aprepitant) Tripac	Remove from Preferred Brand Drug List
Tracleer (bosentan) tablets	Remove from Preferred Brand Drug List

For more information

The PSQC criteria, PA criteria, mental health utilization edits, SUPDL and Preferred Brand Drug List 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 about PA specific to FFS physician-administered drugs should be directed to Acentra Health Customer Service at 866-725-9991.

Individual managed care entities (MCEs) establish and publish PA criteria within the managed care delivery system. Questions about managed care PA should be directed to the MCE with which the member is enrolled.

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