IHCP bulletin

INDIANA HEALTH COVERAGE PROGRAMS BT202473 MAY 30, 2024

Pharmacy updates approved by Drug Utilization Review Board May 2024

The Indiana Health Coverage Programs (IHCP) announces updates to the Point of Sale Quick Check (PSQC, formerly SilentAuth) automated prior authorization (PA) system, PA criteria, mental health utilization edits and Statewide Uniform Preferred Drug List (SUPDL) as approved by the Drug Utilization Review (DUR) Board at its May 17, 2024, meeting.

PSQC PA enhancement

The IHCP has enhanced its automated PA system to update the criteria for Dry Eye Disease or Keratoconjunctivitis Agents, GLP-1 RA and Combination Agents, Opioid Overutilization, Proton Pump Inhibitor, Pulmonary Antihypertensives, and Topical Immunomodulators Agents prior authorizations. These PA changes will be effective for PA requests submitted on or after July 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.

PA changes

PA criteria for Bone Formation Stimulating Agents, Growth Hormones, Igalmi, Narcolepsy Agents, Non-SUPDL Agents PA and ST, Opioid Use Disorder Treatments, Pompe Disease Agents, Testosterones, Urea Cycle Disorder Agents, and Uterine Disorder Agents were established and approved by the DUR Board. PA criteria for Non-SUPDL Agents PA and ST and Pompe Disease Agents apply to the fee-for-service (FFS) benefit. These PA changes will be effective for PA requests submitted on or after July 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 Mental Health Quality Advisory Committee (MHQAC). The DUR Board approved updates to the utilization edits listed in Table 1. These updates are effective for dates of service (DOS) on or after July 1, 2024, and managed care claims with DOS on or after July 15, 2024.

Table 1 – Updates to utilization edits effective for DOS on or after July 1, 2024

Name and strength of medication	Utilization edit
Igalmi (dexmedetomidine) film 120 mcg	2 films/30 days
Igalmi (dexmedetomidine) film 180 mcg	2 films/30 days

Changes to the SUPDL

Changes to the SUPDL were made at the May 17, 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 July 1, 2024, and managed care claims with DOS on or after July 15, 2024.

Table 2 – SUPDL changes effective for DOS on or after July 1, 2024

Drug class	Drug	PDL status
Antiemetic/Antivertigo Agents	Aprepitant 40 mg capsules	Preferred (previously nonpreferred)
Narcotic Antitussive and Combinations	Tuxarin ER (codeine/chlorpheniramine)	Nonpreferred
Skeletal Muscle Relaxants	Baclofen 10 mg/5 mL solution	Nonpreferred; add the following step therapy: • ST – 12 to 17 years of age or unable to swallow tablets; trial and failure of Lyvispah (baclofen) or medical rationale for use
	Norgesic (orphenadrine/aspirin/caffeine)	Nonpreferred
Acne Agents	Accutane (isotretinoin)	Remove from SUPDL
	Cabtreo (clindamycin/adapalene/benzoyl peroxide)	Nonpreferred
	Finacea (azelaic acid) foam	Preferred (previously nonpreferred)
DPP-4 Inhibitors and Combination Agents	Kazano (alogliptin/metformin)	Remove from SUPDL
	Nesina (alogliptin)	Remove from SUPDL
	Oseni (alogliptin/pioglitazone)	Remove from SUPDL
	Zituvimet (sitagliptin/metformin)	Nonpreferred
	Zituvio (sitagliptin)	Nonpreferred
Glucagon Agents	GlucaGen (glucagon) HypoKit	Remove from SUPDL
Growth Hormones	Zorbtive (somatropin)	Remove from SUPDL
SGLT Inhibitors and Combinations	Dapagliflozin (Farxiga ABA)	Nonpreferred
	Dapagliflozin/metformin (Xigduo ABA)	Nonpreferred
Estrogen and Related Agents	Myfembree (relugolix/estradiol/ norethindrone)	Nonpreferred (previously preferred)
H. Pylori Agents	Omeclamox (amoxicillin/clarithromycin/ omeprazole)	Remove from SUPDL
	Voquezna Dual Pak (vonoprazan/ amoxicillin)	Nonpreferred
	Voquezna Triple Pak (vonoprazan/ amoxicillin/clarithromycin)	Nonpreferred
H2 Receptor Antagonists	Ranitidine tablets	Remove from SUPDL
Proton Pump Inhibitors	Konvomep (omeprazole/sodium bicarbonate) suspension	Update quantity limit and step therapy to the following: • QL – 40 mL per day • ST – must be unable to swallow tablet/ capsule formulation; must try Nexium packets and Protonix packets for a total length of therapy of four weeks, unless patient is intolerant to these agents
Leukocyte Stimulants	Releuko (filgrastim-ayow)	Preferred – *Short-Acting* subcategory (previously nonpreferred)
	Udenyca (pegfilgrastim-cbqv) Onbody	Nonpreferred – *Long-Acting* subcategory
Dry Eye Disease or Keratoconjunctivitis	Vevye (cyclosporine)	Nonpreferred
Topical Anti-Inflammatory Agents – NSAIDs	Flector (diclofenac) patch	Add the following quantity limit: • QL – 2 patches per day
	Licart ER (diclofenac) patch	Add the following quantity limit: • QL – 1 patch per day
Topical Immunomodulators	Zoryve (roflumilast) 0.3% foam	Nonpreferred

For more information

The PSQC criteria, PA criteria, mental health utilization edits and SUPDL 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 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.

COPIES OF THIS PUBLICATION

If you need additional copies of this publication, please download them from the *IHCP Bulletins* page of the IHCP provider website at in.gov/medicaid/providers.

SIGN UP FOR IHCP EMAIL NOTIFICATIONS

To receive email notices of IHCP publications, subscribe by clicking the blue subscription envelope or sign up from the IHCP provider website at in.gov/medicaid/providers.