

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT2024143 SEPTEMBER 17, 2024

IHCP announces PA criteria for physician-administered Viltepso (J1427)

The Indiana Health Coverage Programs (IHCP) announced coverage for viltolarsen (Viltepso) in *IHCP Bulletin* [BT202128](#). Prior authorization (PA) criteria for Muscular Dystrophy Agents including Viltepso were established and approved by the Drug Utilization Review (DUR) Board as announced in *IHCP Bulletin* [BT202125](#), and were implemented by the fee-for-service (FFS) pharmacy benefit on May 1, 2021.

A recent review of PA criteria alignment between the FFS pharmacy and medical benefits found that the criteria had not been applied to coverage for physician-administered Viltepso, which is billed with Healthcare Common Procedure Coding System (HCPCS) code J1427 – *Injection, viltolarsen, 10 mg*. This bulletin announces that the IHCP will require PA on FFS claims for HCPCS code J1427 with dates of service (DOS) on or after Oct. 17, 2024.



PA criteria

Viltepso medical necessity criteria are posted on the Optum Rx Indiana Medicaid website, which is accessible from the [Pharmacy Services](#) page at in.gov/medicaid/providers. Effective for DOS on or after Oct. 17, 2024, these PA criteria will also apply to HCPCS code J1427.

For **initial authorization** of Viltepso, all the following medical necessity criteria must be met:

- Member has a diagnosis of Duchenne muscular dystrophy (DMD) with confirmed mutation of the DMD gene that is amenable to exon 53 skipping (documentation required).
- Requested dose does not exceed 80mg/kg once weekly (weight required).
- Prescriber has provided documentation of current clinical status to compare upon reevaluations of therapy (for example, Brooke Score, six-minute walk test and so on).

For **reauthorization** of Viltepso, all the following medical necessity criteria must be met:

- Member has a history of the requested agent within the past 90 days.
- Prescriber has provided documentation indicating improvement (including stabilization) in current clinical status (for example, Brooke Score, six-minute walk test and so on).
- Requested dose does not exceed 80mg/kg once weekly (weight required).

Any subsequent updates to the Muscular Dystrophy Agents PA criteria, including PA criteria for Viltepso, will be announced in pharmacy update bulletins and posted on the Pharmacy Prior Authorization Criteria and Forms page of the [Optum Rx Indiana Medicaid website](#).

Carve out

As a reminder, Viltepso is carved out from managed care, which means that PA and claims are processed through the FFS delivery system for *all* IHCP members. PA and claims should be submitted as follows for both managed care and FFS members:

All PA requests for physician-administered Viltepso (J1427) for DOS on or after Oct. 17, 2024 should be submitted to the FFS nonpharmacy prior authorization and utilization management (PA-UM) contractor, Acentra Health. All professional and institutional outpatient claims for J1427 should be submitted to the FFS claim-processing contractor, Gainwell Technologies.

All pharmacy PA requests and claims for Viltepso should be submitted to the FFS pharmacy benefit manager, Optum Rx.



Additional information

Changes to the PA requirement will be reflected in the next regular update to the Professional Fee Schedule and Outpatient Fee Schedule, accessible from the [IHCP Fee Schedules](#) page at in.gov/medicaid/providers.

Questions about PA specific to physician-administered Viltepso (HCPCS code J1427) for all IHCP members should be directed to Acentra Health Customer Service at 866-725-9991. Questions about professional or institutional billing and reimbursement for HCPCS code J1427 for all IHCP members should be directed to Gainwell Technologies at 800-457-4584 or your [Provider Relations consultant](#). Questions about PA, billing and reimbursement for Viltepso through the pharmacy benefit should be directed to Optum Rx Clinical and Technical Help Desk at 855-577-6317.

Individual managed care entities (MCEs) establish and publish PA, billing and reimbursement criteria within the managed care delivery system. Questions about managed care billing and PA for procedures other than, but related to, Viltepso should be directed to the 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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