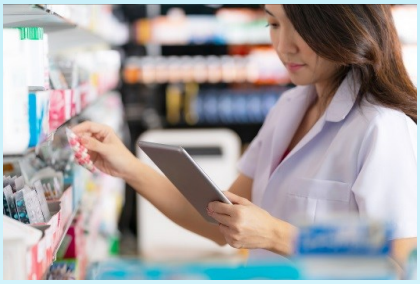
IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT2025126 AUGUST 28, 2025

Pharmacy updates approved by Drug Utilization Review Board August 2025



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 Aug. 15, 2025, meeting. The IHCP announces confirmation of the updates posted in *IHCP Bulletin* *BT2025117* as approved by the DUR Board at its Aug. 15, 2025, meeting.

PSQC PA enhancement

The IHCP has enhanced its automated PA system to update the criteria for Antimigraine Agents, Clonidine-Guanfacine PA, Multiple Sclerosis Agents PA with QL, Pulmonary Antihypertensives PA, Respiratory and Allergy Biologics, Sedative Hypnotics/Benzodiazepines PA with QL, and Targeted Immunomodulators Prior Authorizations. These PA changes will be effective for PA requests submitted on or after Nov. 1, 2025. 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* webpage at in.gov/medicaid/providers.

PA changes

PA criteria for GLP-1 RA/GIP RA/Combination Agents PA with QL, Non-SUPDL Agents PA and ST, PCSK9 Inhibitors and Select Lipotropics, and Spravato were established and approved by the DUR Board. PA criteria for Non-SUPDL Agents PA and ST apply to the fee-for-service (FFS) benefit only. These PA changes will be effective for PA requests submitted on or after Nov.1, 2025. 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 the updates to the utilization edits listed in Table 1 at the Aug. 15, 2025, meeting. These updates are effective for FFS and managed care claims with dates of service (DOS) on or after Nov. 1, 2025.

Table 1 – Updates to utilization edits, effective for FFS and managed care DOS on or after Nov. 1, 2025

Name and strength of medication	Utilization edit
Bucapsol (buspirone) 7.5 mg capsule	3/day
Bucapsol (buspirone) 10 mg capsule	4/day
Bucapsol (buspirone) 15 mg capsule	3/day
Fanapt (iloperidone) titration pack b 1/2/6 mg tablets	1 pak/90 days; age 18 years and older

Table 1 – Updates to utilization edits, effective for FFS and managed care DOS on or after Nov. 1, 2025 (Continued)

Name and strength of medication	Utilization edit
Fanapt (iloperidone) titration pack c 1/2/6/8 mg tablets	1 pak/90 days; age 18 years and older
Hydroxyzine 10 mg/5 ml syrup	200 ml/day
Clonidine ir 0.1 mg tablet	12/day
Clonidine ir 0.2 mg tablet	6/day
Clonidine ir 0.3 mg tablet	4/day
Guanfacine ir 1 mg tablet	3/day
Guanfacine ir 2 mg tablet	3/day

Changes to the SUPDL: Effective Oct. 1, 2025

Changes to the SUPDL were made at the Aug. 15, 2025, DUR Board meeting. See Table 2 for a summary of SUPDL changes. SUPDL changes will be effective for FFS and managed care claims with DOS on or after Oct. 1, 2025.

Table 2 – SUPDL changes, effective for FFS and managed care DOS on or after Oct. 1, 2025

Drug class	Drug	SUPDL status
Antipsoriatics	Duobrii (halobetasol/tazarotene) lotion	Remove from SUPDL
Topical Immunomodulators	Elidel (pimecrolimus) cream – brand only	Remove from SUPDL
Miscellaneous Oral Antidiabetic Agents	Glumetza (metformin) tablet – brand only	Remove from SUPDL
Antiseizure	Mysoline (primidone) tablet – brand only	Remove from SUPDL
Topical Antifungals	Jublia (efinaconazole) solution	Remove from SUPDL
	luliconazole cream	Remove from SUPDL
	Luzu (luliconazole) cream	Remove from SUPDL
Ulcerative Colitis Agents	Apriso (mesalamine) ER capsule – brand only	Remove from SUPDL
	mesalamine ER capsule	Preferred (previously nonpreferred)
	Colazal (balsalazide) capsule – brand only	Remove from SUPDL
	Uceris (budesonide) rectal foam and tablet – brand only	Remove from SUPDL
H2 Receptor Antagonists	Pepcid (famotidine) tablet – brand only	Remove from SUPDL
Miotics – Intraocular Pressure Reducers	Phospholine iodide solution (echothiphate iodide)	Remove from SUPDL

Table 2 – SUPDL changes, effective for FFS and managed care DOS on or after Oct. 1, 2025 (Continued)

Drug class	Drug	SUPDL status
Laxatives and Cathartics	Relistor (methylnaltrexone) injection solution and tablets	Remove from SUPDL
	Trulance (plecanatide) tablet	Remove from SUPDL
ACE Inhibitors	Vasotec (enalapril) tablet – brand only	Remove from SUPDL
Topical Antiviral and Anti-inflammatory Steroid Combinations	Xerese (acyclovir/hydrocortisone) cream	Remove from SUPDL
Proton Pump Inhibitors	Zegerid (omeprazole/sodium bicarb) capsule and packets – brand only	Remove from SUPDL
Antivirals-Anti-Herpetic	Zovirax (acyclovir) cream and ointment – brand only	Remove from SUPDL
Targeted Immunomodulators	Siliq (brodalumab)	Remove from SUPDL
Acne Agents	Acanya (clindamycin/benzoyl peroxide) gel – brand only	Remove from SUPDL
	Altreno (tretinoin) lotion	Remove from SUPDL
	Arazlo (tazarotene) lotion	Remove from SUPDL
	Atralin (tretinoin) gel – brand only	Remove from SUPDL
	Benzamycin (erythromycin/ benzoyl peroxide) gel – brand only	Remove from SUPDL
	Cabtreo (clindamycin/ adapalene/ benzoyl peroxide) gel	Remove from SUPDL
	Clindagel (clindamycin) gel – brand only	Remove from SUPDL
	Klaron (sulfacetamide) lotion – brand only	Remove from SUPDL
	Onexton (clindamycin/benzoyl peroxide) gel – brand only	Remove from SUPDL
	Retin-A (tretinoin) cream and gel – brand only	Remove from SUPDL
	tretinoin cream and gel	Preferred (previously nonpreferred)
	Retin-A Micro (tretinoin) gel – brand only	Remove from SUPDL
	Ziana (clindamycin/tretinoin) gel – brand only	Remove from SUPDL
	clindamycin/tretinoin	Preferred (previously nonpreferred)
Calcium Channel Blockers	Cardizem (diltiazem) tablet – brand only	Remove from SUPDL
	Cardizem CD (diltiazem) capsule – brand only	Remove from SUPDL
	Cardizem LA (diltiazem) tablet – brand only	Remove from SUPDL
	Tiazac (diltiazem) capsule – brand only	Remove from SUPDL

Table 2 – SUPDL changes, effective for FFS and managed care DOS on or after Oct. 1, 2025 (Continued)

Drug class	Drug	SUPDL status
Mental Health Medications	Aplenzin (bupropion) tablet	Remove from SUPDL
	Ativan (lorazepam) tablet – brand only	Remove from SUPDL
	Wellbutrin XL (bupropion) tablet – brand only	Remove from SUPDL

Changes to the SUPDL: Effective Nov. 1, 2025

Changes to the SUPDL were made at the Aug. 15, 2025, DUR Board meeting. See Table 3 for a summary of SUPDL changes. SUPDL changes will be effective for FFS and managed care claims with DOS on or after Nov. 1, 2025.

Table 3 – SUPDL changes, effective for FFS and managed care DOS on or after Nov. 1, 2025

Drug class	Drug	SUPDL status
Beta Adrenergics and Corticosteroids	AirDuo Digihaler (fluticasone/ salmeterol)	Remove from SUPDL
	Airsupra (albuterol/budesonide)	Add the following step therapy: • ST – Trial and failure of both Dulera and Symbicort as reliever therapy (supported by chart documentation)
Bronchodilator Agents – Beta Adrenergic & Anticholinergic Combinations	Spiriva (tiotropium) Respimat 1.25 mcg	Remove step therapy requirement
Nasal Antihistamines/ Nasal Anti-Inflammatory Steroids	Beconase AQ (beclomethasone)	Remove from SUPDL
	Patanase (olopatadine) – brand only	Remove from SUPDL
Oral Inhaled Glucocorticoids	Flovent HFA (fluticasone) – brand only	Remove from SUPDL
	Flovent Diskus (fluticasone) – brand only	Remove from SUPDL
	fluticasone (Arnuity Ellipta ABA)	Nonpreferred (previously preferred)
Pulmonary Antihypertensives	Tadliq (tadalafil) suspension	Preferred (previously nonpreferred)
	Yutrepia (treprostinil DPI)	Nonpreferred (previously neutral)
Antivirals – Influenza & COVID-19	amantadine	Remove from SUPDL
	rimantadine	Remove from SUPDL
Cephalosporins – 3rd generation	Suprax (cefixime) chewable tablet and suspension – brand only	Remove from SUPDL
Macrolides	Zmax (azithromycin) suspension	Remove from SUPDL
Topical Antifungals	Loprox (ciclopirox) kit	Remove from SUPDL
Topical Antiviral and Anti-Inflammatory Steroid Combinations	Topical Antiviral and Anti-Inflammatory Steroid Combinations drug class	Remove from SUPDL

Table 3 – SUPDL changes, effective for FFS and managed care DOS on or after Nov. 1, 2025 (Continued)

Drug class	Drug	SUPDL status
Beta Adrenergic Blockers	Coreg (carvedilol) IR and CR – brand only	Remove from SUPDL
	Lopressor (metoprolol tartrate) solution	Nonpreferred (previously neutral); add the following step therapy: • ST – Member is unable to swallow tablet formulation (supported by chart documentation)
Beta Adrenergic Blockers with Diuretics	Ziac (bisoprolol/ hydrochlorothiazide) – brand only	Remove from SUPDL
Calcium Channel Blockers	Calan (verapamil) SR – brand only	Remove from SUPDL
Fibric Acid Derivatives	Trilipix (fenofibric acid) capsule – brand only	Remove from SUPDL
HMG CoA Reductase Inhibitors	Atorvaliq (atorvastatin)	Preferred (previously nonpreferred)
Lipotropics	Tryngolza (olezarsen)	Nonpreferred (previously neutral)
Antimigraine	Symbravo (meloxicam/rizatriptan)	Nonpreferred (previously neutral); add the following quantity limit and step therapy: • QL – 1 bottle – 9 tabs/30 days • ST – Prescriber must provide documentation that separate components are not suitable for use
Multiple Sclerosis	Bafiertam (monomethyl fumarate)	Nonpreferred (previously preferred)
	Briumvi (ublituximab)	Preferred (previously nonpreferred)
Targeted Immunomodulators	Imuldosa (ustekinumab-srlf)	Nonpreferred (previously neutral)
	Leqselvi (deuruxolitinib)	Nonpreferred (previously neutral)
	Nemluvio (nemolizumab)	Nonpreferred (previously preferred)
	Pyzchiva (ustekinumab-ttwe)	Preferred (previously nonpreferred)
	Selarsdi (ustekinumab-aekn)	Preferred (previously nonpreferred)

Changes to the Preferred Brand Drug List

Changes to the Preferred Brand Drug List were made at the Aug. 15, 2025, DUR Board meeting. See Table 4 for a summary of Preferred Brand Drug List changes. Preferred Brand Drug List changes will be effective for FFS and managed care claims with DOS on or after Oct.1, 2025.

Table 4 – Updates to Preferred Brand Drug List, effective for FFS and managed care DOS on or after Oct. 1, 2025

Name of medication	Preferred Brand Drug List status
Apriso (mesalamine) ER capsule	Remove from Preferred Brand Drug List
Demser (metyrosine) capsule	Remove from Preferred Brand Drug List
Moviprep (polyethylene glycol/electrolyte) solution	Remove from Preferred Brand Drug List

Table 4 – Updates to Preferred Brand Drug List, effective for FFS and managed care DOS on or after Oct. 1, 2025 (Continued)

Name of medication	Preferred Brand Drug List status
Retin-A (tretinoin) cream and gel	Remove from Preferred Brand Drug List
Uceris (budesonide) rectal foam	Remove from Preferred Brand Drug List
Ziana (clindamycin/tretinoin) gel	Remove from Preferred Brand Drug List

Changes to the Preferred Brand Drug List

Changes to the Preferred Brand Drug List were made at the Aug. 15, 2025, DUR Board meeting. See Table 5 for a summary of Preferred Brand Drug List changes. Preferred Brand Drug List changes will be effective for FFS and managed care claims with DOS on or after Nov.1, 2025.

Table 5 – Updates to Preferred Brand Drug List, effective for FFS and managed care DOS on or after Nov. 1, 2025

Name of medication	Preferred Brand Drug List status
Arnuity Ellipta (fluticasone)	Add to Preferred Brand Drug List
Dificid (fidaxomicin)	Add to Preferred Brand Drug List
Vuity (pilocarpine)	Add to Preferred Brand Drug List
Selzentry (maraviroc)	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.

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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