

# IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS    BT202512    JANUARY 30, 2025

## Pharmacy update approved by Drug Utilization Review Board January 2025

The Indiana Health Coverage Programs (IHCP) announces updates to the Statewide Uniform Preferred Drug List (SUPDL), Preferred Brand Drug List and Over-the-Counter (OTC) Drug Formulary as approved by the Drug Utilization Review (DUR) Board at its Jan. 17, 2025, meeting.



### Changes to the SUPDL

Changes to the SUPDL were made at the Jan. 17, 2025, DUR Board meeting. See Table 1 for a summary of SUPDL changes. SUPDL changes will be effective for fee-for-service (FFS) claims with dates of service (DOS) on or after March 1, 2025, and managed care claims with DOS on or after March 15, 2025.

*Table 1 – SUPDL changes, effective for FFS DOS on or after March 1, 2025, and managed care DOS on or after March 15, 2025*

| Drug class                               | Drug                                     | SUPDL status |
|--|--|--------------|
| Laxatives and Cathartics                 | prucalopride tablets (generic Motegrity) | Nonpreferred |
| GLP-1 Receptor Agonists and Combinations | liraglutide (generic Victoza) injection  | Nonpreferred |

### Changes to the Preferred Brand Drug List

Changes to the Preferred Brand Drug List were made at the Jan. 17, 2025, DUR Board meeting. See Table 2 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 March 1, 2025, and managed care claims with DOS on or after March 15, 2025.

*Table 2 – Updates to Preferred Brand Drug List, effective for FFS DOS on or after March 1, 2025, and managed care DOS on or after March 15, 2025*

| Name of medication                 | Preferred Brand Drug List status |
|------------------------------------|----------------------------------|
| Motegrity* (prucalopride) tablets  | Add to Preferred Brand Drug List |
| Prostin VR (alprostadil) injection | Add to Preferred Brand Drug List |
| Victoza (liraglutide) injection    | Add to Preferred Brand Drug List |

*\*Brand Motegrity remains nonpreferred in the SUPDL Laxatives and Cathartics drug class.*

**OTC Drug Formulary**

Changes to the OTC Drug Formulary were made at the Jan. 17, 2025, DUR Board meeting. See Table 3 for a summary of OTC Drug Formulary changes. The formulary changes will be effective for FFS claims with DOS on or after March 1, 2025, and managed care claims with DOS on or after March 15, 2025.

*Table 3 – Updates to OTC Drug Formulary, effective for FFS DOS on or after March 1, 2025, and managed care DOS on or after March 15, 2025*

| Category           | Product           | Status/criteria |
|--------------------|-------------------|-----------------|
| Topical Analgesics | diclofenac 1% gel | Covered product |

**For more information**

The SUPDL, Preferred Brand Drug List 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](http://in.gov/fssa). Click **FSSA Calendar** on the left side of the page to access the events calendar.

Please direct FFS questions about the SUPDL, Preferred Brand Drug List or OTC Drug Formulary 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 managed care pharmacy benefits should be directed to the MCE with which the member is enrolled.

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