IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT202538 MARCH 13, 2025

Pharmacy updates approved by the Office of Medicaid Policy and Planning February 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, *ad interim*, by the Office of Medicaid Policy and Planning (OMPP) until the next meeting of the Drug Utilization Review (DUR) Board.

PSQC PA enhancement

The IHCP has enhanced its automated PA system to update the criteria for Antimigraine Agents, GLP-1 RA/GIP RA/Combination Agents PA with QL, Multiple Sclerosis Agents, Respiratory and Allergy Biologics, and Targeted Immunomodulators prior authorizations. These PA changes will be effective for PA requests submitted on or after April 15, 2025. The PA criteria are posted on the *Pharmacy Prior Authorization Criteria and Forms* page on the OptumRx Indiana Medicaid website, accessible from the *Pharmacy Services* page at in.gov/medicaid/providers.

PA changes

Changes to the PA criteria for Cystic Fibrosis Agents, Niemann-Pick Disease Agents, Non-SUPDL Agents PA and Step Therapy, Transthyretin Stabilizer Agents, and Zepbound will be effective for PA requests submitted on or after April 15, 2025. PA criteria for Cystic Fibrosis Agents, Niemann-Pick Disease Agents, Non-SUPDL Agents PA and Step Therapy, Transthyretin Stabilizer Agents, and Zepbound apply to the fee-for-service (FFS) benefit only. 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

Changes to the utilization edits for mental health medications will be effective for FFS claims with dates of service (DOS) on or after April 15, 2025, and managed care claims with DOS on or after May 1, 2025. See Table 1 for a summary of mental health medication utilization edit changes.

Table 1 – Updates to utilization edits, effective for FFS DOS on or after April 15, 2025, and managed care DOS on or after May 1, 2025

Name and strength of medication	Utilization edit
Catapres-TTS-1 (clonidine) transdermal patch 0.1 mg/24 hr	1 patch/week; 18 years and older 2.4 mg/day; under 18 years 0.4 mg/day, or 2.4 mg/day for hypertension; PA required for concurrent use with guanfacine
Clonidine transdermal patch 0.1 mg/24 hr	1 patch/week; 18 years and older 2.4 mg/day; under 18 years 0.4 mg/day, or 2.4 mg/day for hypertension; PA required for concurrent use with guanfacine

Table 1 – Updates to utilization edits, effective for FFS DOS on or after April 15, 2025, and managed care DOS on or after May 1, 2025 (Continued)

Name and strength of medication	Utilization edit
Catapres-TTS-2 (clonidine) transdermal patch 0.2 mg/24 hr	2 patches/week; 18 years and older 2.4 mg/day; under 18 years 0.4 mg/day, or 2.4 mg/day for hypertension; PA required for concurrent use with guanfacine
Clonidine transdermal patch 0.2 mg/24 hr	2 patches/week; 18 years and older 2.4 mg/day; under 18 years 0.4 mg/day, or 2.4 mg/day for hypertension; PA required for concurrent use with guanfacine
Catapres-TTS-3 (clonidine) transdermal patch 0.3 mg/24 hr	2 patches/week; 18 years and older 2.4 mg/day; under 18 years 0.4 mg/day, or 2.4 mg/day for hypertension; PA required for concurrent use with guanfacine
Clonidine transdermal patch 0.3 mg/24 hr	2 patches/week; 18 years and older 2.4 mg/day; under 18 years 0.4 mg/day, or 2.4 mg/day for hypertension; PA required for concurrent use with guanfacine
Erzofri (paliperidone palmitate) extended-release injectable 39 mg/0.25 ml	1/28 days; age 18 years and older
Erzofri (paliperidone palmitate) extended-release injectable 78 mg/0.5 ml	1/28 days; age 18 years and older
Erzofri (paliperidone palmitate) extended-release injectable 117 mg/0.75 ml	1/28 days; age 18 years and older
Erzofri (paliperidone palmitate) extended-release injectable 156 mg/ml	1/28 days; age 18 years and older
Erzofri (paliperidone palmitate) extended-release injectable 234 mg/1.5 ml	1/28 days; age 18 years and older
Erzofri (paliperidone palmitate) extended-release injectable 351 mg/2.25 ml	1/180 days; age 18 years and older
Opipza (aripiprazole) oral film 2 mg	1/day; age 6 years and older
Opipza (aripiprazole) oral film 5 mg	1/day; age 6 years and older
Opipza (aripiprazole) oral film 10 mg	3/day; age 6 years and older

Changes to the SUPDL

Changes to the SUPDL will be effective for FFS claims with DOS on or after April 15, 2025, and managed care claims with DOS on or after May 1, 2025. See Table 2 for a summary of SUPDL changes.

Table 2 – SUPDL changes, effective for FFS DOS on or after Apr. 15, 2025, and managed care DOS on or after May 1, 2025

Drug class	Drug	PDL status
Antiviral Monoclonal Antibody		Remove class from SUPDL
	Synagis (palivizumab)	Maintain Synagis PA criteria outside of SUPDL; MCEs to maintain FFS Synagis PA criteria
Bronchodilator Agents – Beta Adrenergic & Anticholinergic Combinations	Lonhala (glycopyrrolate) Magnair	Remove from SUPDL
Antivirals – Influenza		Rename class to “Antivirals – Influenza and COVID-19”
	Paxlovid (nirmatrelvir & ritonavir)	Preferred (previously neutral); add the following quantity limit (QL) and age limit: • QL – 1 therapy pack every 30 days • AL – 12 years of age and older

Table 2 – SUPDL changes, effective for FFS DOS on or after Apr. 15, 2025, and managed care DOS on or after May 1, 2025 (Continued)

Drug class	Drug	PDL status
Ophthalmic Antibiotics	Natacyn (natamycin)	Neutral (previously nonpreferred)
Topical Antifungals	Extina (ketoconazole)	Remove from SUPDL
	Mentax (butenafine)	Remove from SUPDL
ACE Inhibitors	quinapril	Nonpreferred (previously preferred)
Beta Adrenergic Blockers	nadolol	Preferred (previously nonpreferred)
Electrolyte Depleters	Magnebind (calcium carbonate & magnesium carbonate) Rx	Remove from SUPDL
	sevelamer HCl 800 mg tablet	Nonpreferred (previously preferred)
Targeted Immunomodulators	Ebglyss (lebrikizumab-lbkz)	Nonpreferred (previously neutral)
	Nemluvio (nemolizumab-ilto)	Preferred (previously neutral)
	Steqeyma (ustekinumab-stba)	Nonpreferred (previously neutral)
	Yesintek (ustekinumab-kfce)	Nonpreferred (previously neutral)
	Yusimry (adalimumab-aqvh)	Preferred (previously nonpreferred)
Topical Antivirals	Zovirax (acyclovir) cream	Nonpreferred (previously preferred)
	acyclovir cream	Preferred (previously nonpreferred)
DPP-4 Inhibitors and Combination Agents	DPP4-I, DPP4-I & metformin combination, DPP4-I & thiazolidinedione combination subclasses (preferred and nonpreferred agents)	Add the following step therapy: • ST - Member must not be on concomitant GLP-1 receptor agonist and/or combination therapy (i.e., history of use of GLP-1 RA and/or combination therapy within the past 45 days)
SGLT Inhibitors and Combinations	SGLT2-I & DPP4-I combination and SGLT2-I, DPP4-I, & metformin combination subclasses (nonpreferred agents)	Add the following step therapy: • ST - Member must not be on concomitant GLP-1 receptor agonist and/or combination therapy (i.e., history of use of GLP-1 RA and/or combination therapy within the past 45 days)

Changes to the Preferred Brand Drug List

Changes to the Preferred Brand Drug List will be effective for FFS claims with DOS on or after April 15, 2025, and managed care claims with DOS on or after May 1, 2025. See Table 3 for a summary of Preferred Brand Drug List changes.

Table 3 – Updates to Preferred Brand Drug List, effective for FFS DOS on or after April 15, 2025, and managed care DOS on or after May 1, 2025

Name of medication	Preferred Brand Drug List status
Mesnex (mesna) 400 mg tablets	Add to Preferred Brand Drug List
Namzaric (memantine/donepezil) capsules	Add to Preferred Brand Drug List
Zovirax (acyclovir) cream	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.

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.