

## Pharmacy updates approved by Drug Utilization Review Board June 2025

The Indiana Health Coverage Programs (IHCP) announces updates to the prior authorization (PA) criteria, Statewide Uniform Preferred Drug List (SUPDL) and Preferred Brand Drug List as approved by the Drug Utilization Review (DUR) Board at its June 20, 2025, meeting.

### PA changes

PA criteria for Cushing's Syndrome Agents, Immunoglobulin A Nephropathy Agents, Non-SUPDL Agents PA and Step Therapy, and Transthyretin Impacting Agents were established and approved by the DUR Board. PA criteria for Cushing's Syndrome Agents, Immunoglobulin A Nephropathy Agents, Non-SUPDL Agents PA and ST, and Transthyretin Impacting Agents apply to the fee-for-service (FFS) benefit only. These PA changes will be effective for PA requests submitted on or after **Aug. 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](#) page at [in.gov/medicaid/providers](https://in.gov/medicaid/providers).

### Changes to the SUPDL

Changes to the SUPDL will be effective for FFS claims with dates of service (DOS) on or after Aug. 1, 2025, and managed care claims with DOS on or after Sept. 1, 2025. See Table 1 for a summary of SUPDL changes.

*Table 1 – SUPDL changes, effective for FFS DOS on or after Aug. 1, 2025, and managed care DOS on or after Sept. 1, 2025*

Drug class	Drug	SUPDL status
Bronchodilator Agents – Beta Adrenergic & Anticholinergic Combinations	umeclidinium/vilanterol (Anoro Ellipta ABA)	Nonpreferred (previously preferred)
Beta Adrenergics & Corticosteroids	Airduo Respiclick (fluticasone/salmeterol)	Nonpreferred (previously preferred)
	fluticasone/salmeterol Respiclick	Preferred (previously non-preferred)
DPP4 Inhibitors & Combination Agents	sitagliptin free base (authorized generic Zituvio)	Nonpreferred; remove step therapy
	sitagliptin free base/metformin IR & XR tablet (authorized generic Zituvimet IR and XR)	Nonpreferred; remove step therapy



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

Drug class	Drug	SUPDL status
Leukocyte Stimulants	Leukine (sargramostim)	Add the following step therapy: <ul style="list-style-type: none"> <li>ST – Trial and failure of all preferred short-acting agents OR Leukine (sargramostim) is being used in combination with an antineoplastic monoclonal antibody (e.g., dinutuximab, naxitamab) that requires concurrent use</li> </ul>

### 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 Aug. 1, 2025, and managed care claims with DOS on or after Sept. 1, 2025. See Table 2 for a summary of Preferred Brand Drug List changes.

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

Name of medication	Preferred Brand Drug List status
Anoro Ellipta (umeclidinium/vilanterol)	Add to Preferred Brand Drug List
Auryxia (ferric citrate) tablet	Add to Preferred Brand Drug List
Breo Ellipta (fluticasone/vilanterol)*	Add to Preferred Brand Drug List
Complera (emtricitabine/rilpivirine/tenofovir)	Add to Preferred Brand Drug List
Fycompa (perampanel) tablet^	Add to Preferred Brand Drug List
Harvoni (ledipasvir/sofosbuvir) 90-400 mg tablet*^	Add to Preferred Brand Drug List
Promacta (eltrombopag) packet and tablet	Add to Preferred Brand Drug List
Tasigna (nilotinib) capsule	Add to Preferred Brand Drug List
Zituvimet (sitagliptin free base/metformin) IR and XR tablets	Add to Preferred Brand Drug List
Zituvio (sitagliptin free base) tablets	Add to Preferred Brand Drug List
Airduo Respiclick (fluticasone-salmeterol)	Remove from Preferred Brand Drug List

\*Additional strengths will be automatically placed as they are released.

^Additional formulations will be automatically placed as they are released.

**For more information**

The PA criteria, 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](http://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. Questions about PA specific to FFS physician-administered drugs should be directed to Acentra Health Customer Service at 866-725-9991.

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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