IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT2026127 JULY 30, 2026

Pharmacy updates approved by Drug Utilization Review Board July 2026

The Indiana Health Coverage Programs (IHCP) announces updates to the Point of Sale Quick Check (PSQC) automated prior authorization (PA) system, PA criteria, Statewide Uniform Preferred Drug List (SUPDL) and Preferred Brand Drug List, as approved by the Drug Utilization Review (DUR) Board at its July 17, 2026, meeting.

PSQC PA enhancement

The IHCP has enhanced its automated PA system to update the criteria for Antimigraine Agents, Antipsychotics, Clonidine-Guanfacine, Multiple Sclerosis Agents, Opioid Overutilization PA with QL, Respiratory and Allergy Biologics, Stimulants Therapy PA with QL, SSRIs and SNRIs Duplicate Therapy PA with QL, and Targeted Immunomodulators prior authorization. These PA changes will be effective for PA requests submitted on or after Oct. 1, 2026. 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 Agents for Gaucher Disease, Agents for Nephrotic Cystinosis, Cardamyst, Cardiac Agents, Immunoglobulin A Nephropathy (IgAN) Agents, Non-SUPDL Agents PA and Step Therapy, PCSK9 Inhibitors and Select Lipotropics, Spinal Muscular Atrophy Agents, Tzield, and Vaginal Infection Antimicrobials were established and approved by the DUR Board. PA criteria for Agents for Gaucher Disease, Agents for Nephrotic Cystinosis, Immunoglobulin A Nephropathy (IgAN) Agents, Non-SUPDL Agents PA and Step Therapy, Spinal Muscular Atrophy Agents, and Tzield apply to the fee-for-service (FFS) benefit only. These PA changes will be effective for PA requests submitted on or after Oct.1, 2026. The PA criteria are posted on the *Pharmacy Prior Authorization Criteria and Forms* page on the Optum Rx Indiana Medicaid website.

Changes to the SUPDL

Changes to the SUPDL were made at the July 17, 2026, DUR Board meeting. See Table 1 for a summary of SUPDL changes, effective for FFS and managed care claims with dates of service (DOS) on or after Oct. 1, 2026.

Table 1 – SUPDL changes, effective for FFS and managed care claims with DOS on or after Oct. 1, 2026

Drug class	Drug	SUPDL status
Beta Adrenergics and Corticosteroids	Airduo Respiclick (fluticasone/salmeterol) brand only	Remove from SUPDL
	Airsupra (albuterol/budesonide)	Update step therapy (ST) to the following: • ST – Trial and failure of Dulera or Symbicort as reliever therapy (supported by chart documentation)
	Breyna (generic Symbicort)	Remove quantity limits (QLs) from SUPDL; captured in Generic Medically Necessary (GMN) criteria
	Breztri (budesonide/glycopyrrolate/formoterol)	Preferred (previously nonpreferred); update ST to the following: • Asthma ST – Must have tried and failed a beta adrenergic/corticosteroid combination inhaler for at least 90 days of the past 120 days • Chronic obstructive pulmonary disease (COPD) ST – Must have tried and failed Anoro Ellipta therapy for at least 90 of the past 120 days
	budesonide/formoterol 80-4.5 mcg; 160-4.5 mcg (generic Symbicort)	Remove QLs from SUPDL; captured in GMN criteria
Bronchodilator Agents – Beta Adrenergic and Anticholinergic Combinations	Spiriva Respimat (tiotropium) 2.5 mcg	Remove ST
	tiotropium inhalation capsules	Remove QL from SUPDL; captured in GMN criteria
	umeclidinium/vilanterol (Anoro Ellipta ABA)	Remove QL from SUPDL; captured in GMN criteria
Oral Inhaled Glucocorticoids	beclomethasone dipropionate hydrofluoroalkane (HFA)	Nonpreferred (previously neutral); add the following QL: • QL – 2 inhalers/30 days
Respiratory and Allergy Biologics	Exdensur (depemokimab)	Nonpreferred (previously neutral)
Antivirals – Anti-Herpetic	Sitavig (acyclovir) buccal tablet	Remove from SUPDL
Systemic Antifungals	Brexafemme (ibrexafungerp)	Remove from SUPDL
	Vfend (voriconazole) tablet brand only	Remove from SUPDL
Topical Antifungals	Fungizyl AL (miconazole/dimethyl sulfoxide)	Nonpreferred (previously neutral)
ACE Inhibitors Combinations	Accuretic (quinapril/ hydrochlorothiazide) brand only	Remove from SUPDL
	Lotrel (amlodipine/benazepril) brand only	Remove from SUPDL

Table 1 – SUPDL changes, effective for FFS and managed care claims with DOS on or after Oct. 1, 2026 (Continued)

Drug class	Drug	SUPDL status
Angiotensin Receptor Blockers	Micardis (telmisartan) brand only	Remove from SUPDL
	Widaplik (telmisartan/amlodipine/indapamide)	Nonpreferred (previously neutral); add the following ST: • ST – Trial and failure of individual components
Calcium Channel Blockers	Cardamyst (etripamil) nasal spray	Nonpreferred (previously neutral)
	Sdamlo (amlodipine) powder for oral solution	Nonpreferred (previously neutral); add the following ST: • ST – Must be 6 years of age or older and less than 12 years of age OR 12 years of age and older and unable to swallow tablets AND previous trial and failure of Norliqva OR medical rationale for use
	Verelan (verapamil) brand only	Remove from SUPDL
Miscellaneous Cardiac Agents	Myqorzo (aficamten)	Nonpreferred (previously neutral)
Lipotropics	Praluent (alirocumab)	Nonpreferred (previously preferred)
	Redemplo (plozasiran)	Nonpreferred (previously neutral)
Antimigraine Preparations	eletriptan (generic Relpax)	Remove QL from SUPDL; captured in GMN criteria
	Onzetra Xsail (sumatriptan)	Remove from SUPDL
Targeted Immunomodulators	Ebglyss (lebrikizumab-lbkz)	Preferred (previously nonpreferred)
	Icotyde (icotrokinra)	Nonpreferred (previously neutral)
	Selarsdi (ustekinumab-aekn)	Nonpreferred (previously preferred)
	Starjemza (ustekinumab-hmny)	Preferred (previously nonpreferred)
	Tremfya (guselkumab)	Preferred (previously nonpreferred)
	tofacitinib IR	Nonpreferred (previously preferred)
	tofacitinib oral solution	Nonpreferred (previously preferred); remove ST; captured in GMN criteria
	Xeljanz XR (tofacitinib ER) brand only	Nonpreferred (previously preferred)
Mental Health: Antipsychotic and Antimanic Agents	Bysanti (milsaperidone) tablets and titration packs	Nonpreferred (previously neutral); add the following age limit, QLs, and ST: • ST – Must have trial and failure of Fanapt OR medical justification for the use of Bysanti over Fanapt; OR history of the requested agent for 90 of the past 120 days

Table 1 – SUPDL changes, effective for FFS and managed care claims with DOS on or after Oct. 1, 2026 (Continued)

Drug class	Drug	SUPDL status
Mental Health: Non-Stimulant ADHD Agents	atomoxetine oral solution	Nonpreferred (previously neutral); add the following ST: • ST – Must be 6 years of age or older and less than 12 years of age OR 12 years of age or older and unable to swallow capsule formulation (as supported by chart documentation)
	Atoncy (atomoxetine) oral solution	Nonpreferred (previously neutral); add the following ST: • ST – Must be 6 years of age or older and less than 12 years of age OR 12 years of age or older and unable to swallow capsule formulation (as supported by chart documentation)
Mental Health: Stimulants	Arynta (lisdexamfetamine) oral solution	Nonpreferred (previously neutral); add the following ST: • ST – Must provide medical justification for use over Vyvanse chewable tablets
	methylphenidate XR-ODT (generic Cotempla XR-ODT)	Remove ST; captured in GMN criteria
Insulins – Rapid Acting	Humalog KwikPen 200 units/mL	Preferred (previously nonpreferred); add the following ST: • ST – Member requires >/= 100 units/day of insulin and prescriber is an endocrinologist OR member requires >/= 100 units/day of insulin and member is not using concomitantly with any insulin delivery device OR prescriber has submitted medical justification for use
DPP-4 Inhibitors and Combinations Agents	sitagliptin (generic Januvia)	Nonpreferred (previously preferred); remove ST; captured in GMN criteria
	sitagliptin/metformin (generic Janumet)	Nonpreferred (previously preferred); remove ST; captured in GMN criteria
Urinary Tract Antispasmodic/Anti-Incontinence Agents	mirabegron granules (generic Myrbetriq)	Remove ST; captured in GMN criteria

Changes to the Preferred Brand Drug List

Changes to the Preferred Brand Drug List were made at the July 17, 2026, DUR Board meeting. See Table 2 for a summary of Preferred Brand Drug List changes, effective for FFS and managed care claims with DOS on or after Oct. 1, 2026.

Table 2 – Updates to Preferred Brand Drug List, effective for FFS and managed care claims with DOS on or after Oct. 1, 2026

Name of medication	Preferred Brand Drug List status
Cotempla XR-ODT (methylphenidate XR-ODT)	Add to Preferred Brand Drug List
Janumet (sitagliptin/metformin)	Add to Preferred Brand Drug List
Januvia (sitagliptin)	Add to Preferred Brand Drug List
Myrbetriq (mirabegron) granules	Add to Preferred Brand Drug List
Xeljanz (tofacitinib) IR tablets	Add to Preferred Brand Drug List
Xeljanz (tofacitinib) oral solution	Add to Preferred Brand Drug List
Emtriva (emtricitabine) capsules	Remove from Preferred Brand Drug List
Rectiv (nitroglycerin) ointment	Remove from Preferred Brand Drug List

For more information

The PSQC criteria, 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. 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 organizations (MCOs) establish and publish PA criteria within the managed care delivery system. Questions about managed care PA should be directed to the member's MCO.

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