

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT2026184 OCTOBER 29, 2026

Pharmacy updates approved by Drug Utilization Review Board October 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), Preferred Brand Drug List and Preferred Human Immunodeficiency Virus (HIV) Agents List, as approved by the Drug Utilization Review (DUR) Board at its Oct. 16, 2026, meeting.



PSQC PA enhancement

The IHCP has enhanced its automated PA system to update the criteria for Antipsychotic Therapy PA with QL, Antiseizure Agents, Hemophilia Prophylaxis Agents, Opioid Overutilization PA with QL, Pulmonary Antihypertensives, Sedative Hypnotics/Benzodiazepine PA with QL, Somatostatin Analogs, SSRIs and SNRIs Duplicate Therapy PA with QL, Stimulants Therapy PA with QL, and Topical Immunomodulator Agents prior authorization. These PA changes will be effective for PA requests submitted on or after Jan.1, 2027. 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 Bone Resorption Inhibitors, Dronabinol PA with QL, GLP-1 Receptor Agonists and Combinations, Growth Hormones, Menopausal Symptom Suppressants, 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 Jan.1, 2027. 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 Oct. 16, 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 Jan.1, 2027.

Table 1 – SUPDL changes, effective for FFS and managed care claims with DOS on or after Jan.1, 2027

Drug class	Drug	SUPDL status
Agents for the Treatment of Opioid Use Disorder or Overdose	Rezenopy (naloxone)	Nonpreferred (currently neutral); add to <i>Agents for Opioid Overdose</i> subcategory
	Zimhi (naloxone)	Remove from SUPDL

Table 1 – SUPDL changes, effective for FFS and managed care claims with DOS on or after Jan.1, 2027 (Continued)

Drug class	Drug	SUPDL status
Antiemetic/Antivertigo Agents	Akynzeo (netupitant/palonosetron)	Add the following quantity limit (QL): <ul style="list-style-type: none"> QL – 1 box/Rx
	Anzemet (dolasetron) oral tabs	Update step therapy (ST) to state the following: <ul style="list-style-type: none"> ST – Must have previous trial and failure of ondansetron – any formulation OR provide medical justification for use of the requested agent over ondansetron
	granisetron tablet	Add the following QL and update ST: <ul style="list-style-type: none"> QL – 2 tabs/day ST – Must have previous trial and failure of ondansetron – any formulation OR provide medical justification for use of the requested agent over ondansetron
	granisetron solution for injection	Update ST to state the following: <ul style="list-style-type: none"> ST – Must have previous trial and failure of ondansetron – any formulation OR provide medical justification for use of the requested agent over ondansetron
	Granisol (granisetron) 2 mg/10 mL oral solution	Nonpreferred (currently neutral); add the following QL and ST: <ul style="list-style-type: none"> QL – 10 mL/day ST – Must have previous trial and failure of ondansetron oral solution OR provide medical justification for use of the requested agent over ondansetron oral solution
	Nereus (tradipitant)	Nonpreferred (currently neutral); add the following age limit (AL), QL and ST: <ul style="list-style-type: none"> AL – 18 years of age or older QL – 180 capsules/365 days ST – Must have previous trial of dimenhydrinate, meclizine and transdermal scopolamine patches AND provide medical justification for use of the requested agent over wimenhydrinate, meclizine

Table 1 – SUPDL changes, effective for FFS and managed care claims with DOS on or after Jan.1, 2027 (Continued)

Drug class	Drug	SUPDL status
Antiemetic/Antivertigo Agents (Continued)	palonosetron injection	Update ST to state the following: <ul style="list-style-type: none"> ST – Must have previous trial and failure of ondansetron – any formulation OR provide medical justification for use of the requested agent over ondansetron
	Sancuso (granisetron) transdermal system	Add the following QL: <ul style="list-style-type: none"> QL – 4 patches/28 days
	Sustol (granisetron) ER subcut injections	Add the following QL: <ul style="list-style-type: none"> QL – 4 injections/28 days
Antiseizure Agents	Relgaabi (gabapentin)	Nonpreferred (currently preferred)
	Vigpoder (vigabatrin) powder pack 500 mg branded generic only	Remove from SUPDL
Mental Health Agents: Alzheimer's and Dementia Agents	ergoloid mesylate	Remove from SUPDL
Mental Health Agents: Anti-Anxiety and Related Disorders	Bucapsol (buspirone) 5 mg capsule	Add the following QL: <ul style="list-style-type: none"> QL – 3 capsules/day
	buspirone 2.5 mg and 12.5 mg tablets	Add the following QL: <ul style="list-style-type: none"> QL – 3 tablets/day
Mental Health Agents: Antidepressant Agents	Auvelity (dextromethorphan/bupropion) tab/titration pack	Move to <i>Mental Health Agents: Alzheimer's and Dementia Agents</i> drug class
	Cymbalta (duloxetine) brand only	Remove from SUPDL
	duloxetine 80 mg, 90 mg, and 120 mg capsules	Add the following QL: <ul style="list-style-type: none"> QL – 1 capsule/day
	Forfivo XL (bupropion) brand only	Remove from SUPDL
	Paxil (paroxetine) 10 mg/5 mL oral suspension brand only	Remove from SUPDL
	Spravato (esketamine)	Preferred (currently nonpreferred)
	trazodone 25 mg tablet	Add the following QL: <ul style="list-style-type: none"> QL – 2 tablets/day
	trazodone 75 mg tablet	Add the following QL: <ul style="list-style-type: none"> QL – 3 tablets/day

Table 1 – SUPDL changes, effective for FFS and managed care claims with DOS on or after Jan. 1, 2027 (Continued)

Drug class	Drug	SUPDL status
Mental Health: Antipsychotic and Antimanic Agents	aripiprazole ODT/oral solution	Update ST to state the following: <ul style="list-style-type: none"> ST – Must be 6 years of age or older and under 12 years of age OR 12 years of age or older and unable to swallow tablet formulation (as supported by chart documentation); OR history of the requested agent for 90 of the past 120 days
	risperidone ODT/oral solution	Update ST to state the following: <ul style="list-style-type: none"> ST – Must be 5 years of age or older and under 12 years of age OR 12 years of age or older and unable to swallow tablet formulation (as supported by chart documentation); OR history of the requested agent for 90 of the past 120 days
	Symbyax (olanzapine/fluoxetine) brand only	Remove from SUPDL
Mental Health Agents: Insomnia Agents	Halcion (triazolam) brand only	Remove from SUPDL
Mental Health Agents: Non-Stimulant ADHD Agents	Qelbree (viloxazine)	Remove ST
Mental Health Agents: Stimulants	Aptensio XR (methylphenidate) brand only	Remove from SUPDL
	Arynta (lisdexamfetamine) solution	Update ST to state the following: <ul style="list-style-type: none"> ST – Must provide medical justification for use over lisdexamfetamine chewable tablets
	dextroamphetamine oral solution	Update ST to state the following: <ul style="list-style-type: none"> ST – Must be 6 years of age or older and under 12 years of age OR 12 years of age or older and unable to swallow capsule/tablet formulation, as supported by chart documentation
	Jornay PM (methylphenidate)	Update ST to state the following: <ul style="list-style-type: none"> ST – Must have trial and failure of at least one preferred long-acting dexamethylphenidate or methylphenidate product OR medical justification for use of Jornay PM; 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 Jan. 1, 2027 (Continued)

Drug class	Drug	SUPDL status
Mental Health Agents: Stimulants (Continued)	lisdexamfetamine chewable	Preferred (currently nonpreferred); update ST to state the following: <ul style="list-style-type: none"> ST – Must be 6 years of age or older under 12 years of age OR 12 years of age or older and unable to swallow capsule formulation, as supported by chart documentation
	Procentra (dextroamphetamine) oral solution	Update ST to state the following: <ul style="list-style-type: none"> ST – Must be 6 years of age or older and under 12 years of age OR 12 years of age or older and unable to swallow capsule/tablet formulation, as supported by chart documentation AND prescriber has submitted medical justification for use of Procentra over dextroamphetamine oral solution
	Relexxii ER (methylphenidate)	Preferred (currently nonpreferred); add the following ST: <ul style="list-style-type: none"> ST – Must have trial and failure of at least one preferred long-acting dexmethylphenidate or methylphenidate product OR medical justification for use of Relexxii; OR history of the requested agent for 90 of the past 120 days
	Vyvanse (lisdexamfetamine) chewable	Nonpreferred (currently preferred)
Narcotic Antitussive and Combinations	Hydromet (hydrocodone/homatropine) branded generic only	Remove from SUPDL
	Tuxarin ER (codeine/chlorpheniramine)	Remove from SUPDL
Narcotics	tapentadol solution	Nonpreferred (currently neutral)
Skeletal Muscle Relaxants	Atmeksi (methocarbamol) oral suspension	Nonpreferred (currently neutral); add the following ST: <ul style="list-style-type: none"> ST – Must be unable to swallow tablets AND previous trial and failure of preferred baclofen liquid formulation OR medical justification for use
	Lyvispah (baclofen) granules	Remove from SUPDL

Table 1 – SUPDL changes, effective for FFS and managed care claims with DOS on or after Jan. 1, 2027 (Continued)

Drug class	Drug	SUPDL status
Acne Agents	Absorica (isotretinoin) brand only	Preferred (currently nonpreferred)
	clindamycin 1% once daily gel	Nonpreferred (currently preferred)
Anaphylaxis Agents	Auvi-Q (epinephrine) 0.1 mg strength only	Preferred (currently nonpreferred)
Bone Resorption Inhibitors	Enoby (denosumab-qbde)	Preferred (currently nonpreferred)
	Xtrenbo (denosumab-qbde)	Preferred (currently nonpreferred)
DPP-4 Inhibitors and Combination Agents	Onglyza (saxagliptin) brand only	Remove from SUPDL
Growth Hormones	Nutropin AQ (somatropin)	Remove from SUPDL
Insulins – Rapid Acting	Fiasp (insulin aspart)	Nonpreferred (currently preferred); allow continuation of therapy for current utilizers
	Humalog KwikPen and Jr. KwikPen (insulin lispro) 100 unit/mL	Preferred (currently nonpreferred)
	Humalog KwikPen (insulin lispro) 200 unit/mL	Remove ST
Insulins – Short Acting	Afrezza (insulin) oral inhalation	Move to Insulins – <i>Rapid Acting</i> drug class
Insulins – Long Acting	Awikli (insulin icodec-abae)	Nonpreferred (currently neutral); add the following ST: <ul style="list-style-type: none"> ST – Previous trial and failure of insulin glargine (Lantus or Toujeo) AND insulin degludec (Tresiba)
	Basaglar Tempo Pen (insulin glargine)	Remove from SUPDL
	Toujeo/Toujeo Max (insulin glargine)	Preferred (currently nonpreferred)
SGLT Inhibitors and Combinations	dapagliflozin/saxagliptin	Nonpreferred (currently neutral); add under <i>SGLT2-I & DPP4-I combination</i> subcategory; add the following ST: <ul style="list-style-type: none"> ST – Must have tried and failed Glyxambi or combination therapy with preferred agents of the same classes OR provide medical justification for use over preferred agents
Estrogen and Related Agents	Lynkuet (elinzanetant)	Preferred (currently nonpreferred)
	Veozah (fezolinetant)	Preferred (currently nonpreferred)

Table 1 – SUPDL changes, effective for FFS and managed care claims with DOS on or after Jan.1, 2027 (Continued)

Drug class	Drug	SUPDL status
Contraceptives	Gwyn Lo (norgestromin/ethinyl estradiol)	Nonpreferred (currently neutral)
	Kyleena (levonorgestrel)	Nonpreferred (currently preferred)
	Mirena (levonorgestrel)	Nonpreferred (currently preferred)
	Miudella (copper IUD)	Nonpreferred (currently preferred)
	Skyla (levonorgestrel)	Nonpreferred (currently preferred)
H2 Receptor Antagonists	All H2 Receptor Antagonists	Remove existing QLs (where applicable)
	ranitidine tabs	Nonpreferred (currently neutral)
Laxative and Cathartics	Linzess (linaclotide)	Remove ST
BPH Agents	Rapaflo (silodosin) brand only	Remove from SUPDL
Urinary Tract Antispasmodic/Anti-Incontinence Agents	Detrol (tolterodine) brand only	Remove from SUPDL
Blood Factor Agents	Advate (antihemophilic factor, recombinant)	Nonpreferred (currently neutral); add to <i>Factor VIII, Recombinant, 3rd Generation</i> subcategory
	Adynovate (antihemophilic factor, recombinant, pegylated)	Preferred (currently neutral); add to <i>Factor VIII, Extended Half Life</i> subcategory
	Afstyla (antihemophilic factor, recombinant, single chain)	Preferred (currently neutral); add to <i>Factor VIII, Recombinant, 4th Generation</i> subcategory
	Alphanate (antihemophilic factor/von Willebrand factor complex-human)	Preferred (currently neutral); add to <i>Factor VIII, Plasma-Derived, Non-Extended Half Life</i> subcategory
	Alphanine SD (coagulation factor IX – human)	Preferred (currently neutral); add to <i>Factor IX, Plasma-Derived, Non-Extended Half Life</i> subcategory
	Alprolix (coagulation factor IX, recombinant, fc fusion protein)	Preferred (currently neutral); add to <i>Factor IX, Extended Half Life</i> subcategory
	Altuviiio (antihemophilic factor, recombinant, fc-vwf-xten fusion protein)	Preferred (currently neutral); add to <i>Factor VIII, Extended Half Life</i> subcategory
	Balfaxar (prothrombin complex concentrate)	Nonpreferred (currently neutral); add to <i>Prothrombin Complex Concentrates</i> subcategory
	Benefix (coagulation factor IX, recombinant)	Preferred (currently neutral); add to <i>Factor IX, Recombinant, Non-Extended Half Life</i> subcategory

Table 1 – SUPDL changes, effective for FFS and managed care claims with DOS on or after Jan.1, 2027 (Continued)

Drug class	Drug	SUPDL status
Blood Factor Agents (Continued)	Coagadex (coagulation factor X, human)	Preferred (currently neutral); add to <i>Factor X, Plasma Derived</i> subcategory
	Corifact (factor XIII concentrate, human)	Preferred (currently neutral); add to <i>'Factor XIII'</i> subcategory
	Eloctate (antihemophilic factor, recombinant, fc fusion protein)	Nonpreferred (currently neutral); add to <i>Factor VIII, Extended Half Life</i> subcategory
	Esperoct (antihemophilic factor, recombinant, glycopegylated-exei)	Nonpreferred (currently neutral); add to <i>Factor VIII, Extended Half Life</i> subcategory
	Feiba NF (anti-inhibitor coagulant complex)	Preferred (currently neutral); add to <i>Prothrombin Complex Concentrates</i> subcategory
	Fibryga (fibrinogen, human)	Preferred (currently neutral); add to <i>Human Fibrinogen Products</i> subcategory
	Hemofil-M (antihemophilic factor, human)	Nonpreferred (currently neutral); add to <i>Factor VIII, Plasma-Derived, Non-Extended Half Life</i> subcategory
	Humate-P (antihemophilic factor/von Willebrand factor complex, human)	Preferred (currently neutral); add to <i>Factor VIII, Plasma Derived, Non-Extended Half Life</i> subcategory
	Idelvion (coagulation factor IX, recombinant, human)	Nonpreferred (currently neutral); add to <i>Factor IX, Extended Half Life</i> subcategory
	Ixinity (coagulation factor IX, recombinant)	Nonpreferred (currently neutral); add to <i>Factor IX, Recombinant, Non-Extended Half Life</i> subcategory
	Jivi (antihemophilic factor, recombinant, pegylated-aucl)	Nonpreferred (currently neutral); add to <i>Factor VIII, Extended Half Life</i> subcategory
	Kcentra (prothrombin complex concentrate, human)	Preferred (currently neutral); add to <i>Prothrombin Complex Concentrates</i> subcategory
	Koate (antihemophilic factor, human)	Preferred (currently neutral); add to <i>Factor VIII, Plasma Derived, Non-Extended Half Life</i> subcategory
	Kovaltry (antihemophilic factor, recombinant)	Nonpreferred (currently neutral); add to <i>Factor VIII, Recombinant, 3rd Generation</i> subcategory

Table 1 – SUPDL changes, effective for FFS and managed care claims with DOS on or after Jan. 1, 2027 (Continued)

Drug class	Drug	SUPDL status
Blood Factor Agents (Continued)	Novoeight (antihemophilic factor, recombinant)	Preferred (currently neutral); add to <i>Factor VIII, Recombinant, 3rd Generation</i> subcategory
	Novoseven RT (coagulation factor VIIa, recombinant)	Preferred (currently neutral); add to <i>Factor VII</i> subcategory
	Nuwiq (antihemophilic factor, recombinant)	Nonpreferred (currently neutral); add to <i>Factor VIII, Recombinant, 4th Generation</i> subcategory
	Obizur (antihemophilic factor, recombinant, porcine)	Nonpreferred (currently neutral); add to <i>Factor VIII Replacement</i> subcategory; add the following ST: <ul style="list-style-type: none"> ST – Member has developed inhibitory antibodies against human factor VIII products
	Profilnine (factor IX complex)	Preferred (currently neutral); add to <i>Prothrombin Complex Concentrates</i> subcategory
	Rebinyn (coagulation factor IX, recombinant, glycopegylated)	Preferred (currently neutral); add to <i>Factor IX, Extended Half Life</i> subcategory
	Recombinant (antihemophilic factor, recombinant)	Preferred (currently neutral); add to <i>Factor VIII, Recombinant, 1st Generation</i> subcategory
	RiaSTAP (fibrinogen, human)	Nonpreferred (currently neutral); add to <i>Human Fibrinogen Concentrates</i> subcategory
	Rixubis (coagulation factor IX, recombinant)	Nonpreferred (currently neutral); add to <i>Factor IX, Recombinant, Non-Extended Half Life</i> subcategory
	Sevenfact (coagulation factor VIIa, recombinant, human)	Nonpreferred (currently neutral); add to <i>Factor VII</i> subcategory
	Tretten (coagulation factor, XIII a-subunit, recombinant)	Nonpreferred (currently neutral); add to <i>Factor XIII</i> subcategory
	Vonvendi (von Willebrand factor, recombinant)	Preferred (currently neutral); add to <i>Von Willebrand Factor</i> subcategory
	Wilate (von Willebrand factor/coagulation factor VIII complex)	Nonpreferred (currently neutral); add to <i>Factor VIII, Plasma Derived, Non-Extended Half Life</i> subcategory
	Xyntha (antihemophilic factor, recombinant)	Preferred (currently neutral); add to <i>Factor VIII, Recombinant, 3rd Generation</i> subcategory

Table 1 – SUPDL changes, effective for FFS and managed care claims with DOS on or after Jan. 1, 2027 (Continued)

Drug class	Drug	SUPDL status
Blood Factor Agents (Continued)	Xyntha Solufuse (antihemophilic factor, recombinant)	Preferred (currently neutral); add to <i>Factor VIII, Recombinant, 3rd Generation</i> subcategory
Leukocyte Stimulants	Armlupeg (pegfilgrastim)	Nonpreferred (currently neutral); add to <i>Long-Acting</i> subcategory
	Filkri (filgrastim-laha)	Nonpreferred (currently neutral); add to <i>Short-Acting</i> subcategory
Miotics – Intraocular Pressure Reducers	Betoptic-S (betaxolol)	Remove from SUPDL
	Zolymbus (bimatoprost) ophthalmic gel 0.01%	Nonpreferred (currently neutral)
Ophthalmic Anti-Inflammatory Agents	Byqlovi (clobetasol propionate) 0.05% ophthalmic suspension	Nonpreferred (currently neutral); add to Steroids subcategory
Lipotropics	Lipfendra (enlicitide)	Nonpreferred (currently neutral)
Systemic Antifungals	voriconazole suspension	Add the following ST: <ul style="list-style-type: none"> ST – Must have tried and failed all preferred agents (i.e., each preferred chemical entity) or must provide medical justification as to why each preferred agent is not appropriate for use (e.g., infection being treated is not susceptible to preferred agents); must be 12 years of age and under or unable to swallow capsules/tablets

Changes to the Preferred Brand Drug List

Changes to the Preferred Brand Drug List were made at the Oct. 16, 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 Jan. 1, 2027.

Table 2 – Updates to Preferred Brand Drug List, effective for FFS and managed care claims with DOS on or after Jan. 1, 2027

Name of medication	Preferred Brand Drug List status
Absorica (isotretinoin) capsule	Add to Preferred Brand Drug List
Adempas (riociguat) tablet	Add to Preferred Brand Drug List
Vfend (voriconazole) suspension	Remove from Preferred Brand Drug List
Vyvanse (lisdexamfetamine) chewable tablet	Remove from Preferred Brand Drug List

Changes to the Preferred HIV Agents List

Changes to the Preferred HIV Agents List were made at the Oct. 16, 2026, DUR Board meeting. See Table 3 for a summary of Preferred HIV Agents List changes, effective for FFS and managed care claims with DOS on or after Jan. 1, 2027.

Table 3 – Updates to Preferred HIV Agents List, effective for FFS and managed care claims with DOS on or after Jan. 1, 2027

Name of medication	Preferred HIV Agents List status
Delstrigo (doravirine/lamivudine/tenofovir disoproxil)	Add to Preferred HIV Agents List
Genvoya (elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide)	Add to Preferred HIV Agents List
Isentress (raltegravir)	Add to Preferred HIV Agents List
Isentress HD (raltegravir)	Add to Preferred HIV Agents List
Pifeltro (doravirine)	Add to Preferred HIV Agents List
Prezcobix (darunavir/cobicistat)	Add to Preferred HIV Agents List
Stribild (elvitegravir/cobicistat/emtricitabine/tenofovir disoproxil)	Add to Preferred HIV Agents List
Symtuza (darunavir/cobicistat/emtricitabine/tenofovir alafenamide)	Add to Preferred HIV Agents List

For more information

The PSQC criteria, PA criteria, SUPDL, Preferred Brand Drug List and Preferred HIV Agents 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.

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.

