

# IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS    BT202625    FEBRUARY 26, 2026

## Pharmacy updates approved by Drug Utilization Review Board February 2026

The Indiana Health Coverage Programs (IHCP) announces updates to the prior authorization (PA) criteria, Statewide Uniform Preferred Drug List (SUPDL), Over-the-Counter (OTC) Drug Formulary and Preferred Brand Drug List as approved by the Drug Utilization Review (DUR) Board at its Feb. 20, 2026, meeting.



### PA changes

PA criteria for Daybue, GLP-1 RA/GIP RA/Combination Agents PA with QL, Immunoglobulin A Nephropathy (IgAN) Agents, Non-SUPDL Agents PA and Step Therapy, and Phosphodiesterase Inhibitors for Pulmonary-Related Disorders were established and approved by the DUR Board. PA criteria for Daybue, Immunoglobulin A Nephropathy (IgAN) Agents, Non-SUPDL Agents PA and Step Therapy, and Phosphodiesterase Inhibitors for Pulmonary-Related Disorders apply to the fee-for-service (FFS) benefit only. These PA changes will be effective for PA requests submitted on or after May 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](http://in.gov/medicaid/providers).

### Changes to the SUPDL

Changes to the SUPDL were made at the Feb. 20, 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 May 1, 2026.

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

Drug class	Drug	SUPDL status
Beta Adrenergics and Corticosteroids	Trelegy Ellipta (fluticasone/umeclidinium/vilanterol)	Update step therapy for asthma indication to the following: <ul style="list-style-type: none"><li>• ST – Must have tried and failed a beta adrenergic/corticosteroid combination inhaler for at least 90 days of the past 120 days</li></ul>
Macrolides	erythromycin capsule	Remove from SUPDL
	erythromycin tablet	Preferred (previously nonpreferred)
Ophthalmic Antibiotics	besifloxacin ophthalmic suspension	Nonpreferred (previously preferred)

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

Drug class	Drug	SUPDL status
Ophthalmic Antibiotics/Corticosteroid Combinations	loteprednol/tobramycin	Nonpreferred (previously preferred)
Mental Health Agents: Stimulants	Daytrana (methylphenidate) patches methylphenidate patches	Nonpreferred (previously preferred) Preferred (previously nonpreferred)

### OTC Drug Formulary

Changes to the OTC Drug Formulary were made at the Feb. 20, 2026, DUR Board meeting. See Table 2 for a summary of OTC Drug Formulary changes, effective for FFS and managed care claims with DOS on or after May 1, 2026.

*Table 2 – OTC Drug Formulary changes, effective for FFS and managed care claims with DOS on or after May 1, 2026*

Category	Product	Status/criteria
Topical Analgesics	capsaicin 0.075% cream	Remove from coverage

### Changes to the Preferred Brand Drug List

Changes to the Preferred Brand Drug List were made at the Feb. 20, 2026, DUR Board meeting. See Table 3 for a summary of Preferred Brand Drug List changes, effective for FFS and managed care claims with DOS on or after May 1, 2026.

*Table 3 – Updates to Preferred Brand Drug List, effective for FFS and managed care claims with DOS on or after May 1, 2026*

Name of medication	Preferred Brand Drug List status
Besivance (besifloxacin) ophthalmic suspension	Add to Preferred Brand Drug List
Teflaro (ceftaroline) injection	Add to Preferred Brand Drug List
Zylet (loteprednol/tobramycin)	Add to Preferred Brand Drug List
Daytrana (methylphenidate) patches	Remove from Preferred Brand Drug List

### For more information

The PA criteria, SUPDL, OTC Drug Formulary 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.

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](http://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](http://in.gov/medicaid/providers).

