

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT202664 APRIL 30, 2026

Pharmacy updates approved by Drug Utilization Review Board April 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 Drugs List as approved by the Drug Utilization Review (DUR) Board at its April 17, 2026, meeting.



PSQC PA enhancement

The IHCP has enhanced its automated PA system to update the criteria for Antiepileptic Agents, Hemophilia Prophylaxis Agents and Opioid Overutilization PA with QL prior authorization. These PA changes will be effective for PA requests submitted on or after July 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 Amyloid Beta-Directed Antibodies, Antiviral Monoclonal Antibodies (Synagis), Complement Inhibitor Agents, Fentanyl, GLP-1 RA/GIP RA/Combination Agents PA with QL, Growth Hormone, Hemophilia B Gene Therapy, Muscular Dystrophy Agents, Narcolepsy Agents, Non-Drug Specific PA, Phenylketonuria Agents, Testosterones and Zycubo were established and approved by the DUR Board. PA criteria for Amyloid Beta-Directed Antibodies, Antiviral Monoclonal Antibodies (Synagis), Complement Inhibitor Agents, Hemophilia B Gene Therapy, Muscular Dystrophy Agents, Non-Drug Specific PA, Phenylketonuria Agents and Zycubo apply to the fee-for-service (FFS) benefit only. These PA changes will be effective for PA requests submitted on or after July 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 April 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 July 1, 2026.

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

Drug class	Drug	SUPDL status
Agents for the Treatment of Opioid Use Disorder or Overdose	buprenorphine/naloxone sublingual films	Remove age and quantity limits from SUPDL; captured in Generic Medically Necessary (GMN) PA

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

Drug class	Drug	SUPDL status
Antiemetic/Antivertigo Agents	doxylamine/pyridoxine oral tabs	Remove quantity limits from SUPDL; captured in GMN PA
Antiseizure Agents	Epitol (carbamazepine)	Remove from SUPDL
	lamotrigine IR/ODT starter kit	Remove quantity limit from SUPDL; captured in GMN PA
	pregabalin solution	Remove quantity limit from SUPDL; captured in GMN PA
	Qudexy XR (topiramate) brand only	Remove from SUPDL
	Subvenite (lamotrigine) IR starter kit	Remove quantity limit (QL) from SUPDL; captured in Brand Medically Necessary (BMN) PA
	Subvenite (lamotrigine) oral suspension	Nonpreferred (previously neutral); add the following step therapy (ST): <ul style="list-style-type: none"> ST – Must be 2 years or older and less than 12 years of age OR 12 years of age or older and unable to swallow tablets
	topiramate ER capsule (generic Trokendi XR)	Remove quantity limit from SUPDL; captured in GMN PA
	topiramate soln (generic Eprontia)	Remove quantity limit from SUPDL; captured in GMN PA
Mental Health Agents: Alzheimer's and Dementia Agents	Adlarity (donepezil) patches	Remove from SUPDL; remove from Mental Health Medication and Utilization Edits List
	memantine/donepezil	Remove step therapy from SUPDL; captured in GMN PA
	Namenda XR (memantine) capsules brand only	Remove from SUPDL; remove from Mental Health Medication and Utilization Edits List
Mental Health Agents: Antidepressant Agents	fluvoxamine 25 mg tablet	Update quantity limit to the following: <ul style="list-style-type: none"> QL – 2 tablets/day
	fluvoxamine 50 mg tablet	Update quantity limit to the following: <ul style="list-style-type: none"> QL – 2 tablets/day
	milnacipran tab/titration pack	Nonpreferred (previously preferred)

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

Drug class	Drug	SUPDL status
Mental Health Agents: Antipsychotic and Antimanic Agents	Haldol (haloperidol decanoate) injection brand only	Remove from SUPDL; remove from Mental Health Medication and Utilization Edits List
	Vraylar (cariprazine)	Update age limit (AL) for all strengths; add the following quantity limits to new strengths: <ul style="list-style-type: none"> • AL – 10 years of age and older • QL for 0.5 mg capsule – 2 capsules/day • QL for 0.75 mg capsule – 2 capsules/day
	Zyprexa Zydis (olanzapine) ODT brand only	Remove from SUPDL; remove from Mental Health Medication and Utilization Edits List
Mental Health Agents: Stimulants	lisdexamfetamine chewable	Remove step therapy from SUPDL; captured in GMN PA
	Procentra (dextroamphetamine) oral solution	Update step therapy to the following: <ul style="list-style-type: none"> • ST – Must be 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
Narcotics	Actiq (fentanyl) lozenge on a handle brand and generic	Remove from SUPDL
	Fentora (fentanyl) buccal tablet brand and generic	Remove from SUPDL
	tapentadol IR and ER	Nonpreferred (previously neutral)
Skeletal Muscle Relaxants	cyclobenzaprine ER (caps)	Remove step therapy from SUPDL; captured in GMN PA
	Ontralfy (tizanidine) oral solution	Nonpreferred (previously neutral); add the following step therapy: <ul style="list-style-type: none"> • ST – Must be unable to swallow tablets
Growth Hormones	Yuviwel (navepegritide)	Nonpreferred (previously neutral)
SGLT Inhibitors and Combinations	Qtern (dapagliflozin/saxagliptin)	Remove from SUPDL
Testosterones	Undecatrex (testosterone undecanoate)	Remove from SUPDL

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

Drug class	Drug	SUPDL status
Direct Oral Anticoagulants	rivaroxaban 2.5 mg tablet	Remove QL from SUPDL; captured in GMN PA
	rivaroxaban suspension	Remove QL and ST from SUPDL; captured in GMN PA
Hemophilia Prophylaxis Agents	Alhemo (concizumab-mtci)	Nonpreferred (previously neutral)
	Hemlibra (emicizumab)	Preferred (previously neutral)
	Hympavzi (marstacimab-hncq)	Nonpreferred (previously neutral)
	Qtilfia (fitusiran)	Nonpreferred (previously neutral)
Platelet Aggregation Inhibitors	ticagrelor	Remove QL from SUPDL; captured in GMN PA
Topical Post-Herpetic Neuralgia Agents	ZTlido (lidocaine) 1.8% patch	Nonpreferred (previously preferred)
Bronchodilator Agents – Beta Adrenergics and Anticholinergic Combinations	ipratropium HFA	Nonpreferred (previously preferred)
Ulcerative Colitis Agents	Azulfidine	Preferred (previously nonpreferred)
	Azulfidine EN	Preferred (previously nonpreferred)
	sulfasalazine	Nonpreferred (previously preferred)
	sulfasalazine DR	Nonpreferred (previously preferred)
Miotics-Intraocular Pressure Reducers	bimatoprost 0.01%	Nonpreferred (previously preferred)
Bronchodilator Agents – Beta Adrenergic and Anticholinergic Combinations	umeclidinium inhalation powder	Nonpreferred (previously preferred)

Changes to the Preferred Brand Drug List

Changes to the Preferred Brand Drug List were made at the April 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 July 1, 2026.

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

Name of medication	Preferred Brand Drug List status
Atrovent HFA (ipratropium) aerosol solution	Add to Preferred Brand Drug List
Azulfidine/Azulfidine EN (sulfasalazine) tablet	Add to Preferred Brand Drug List
Colestid (colestipol) granules/tablet	Add to Preferred Brand Drug List

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

Name of medication	Preferred Brand Drug List status
Cortef (hydrocortisone) tablets	Add to Preferred Brand Drug List
Cytomel (liothyronine) tablets	Add to Preferred Brand Drug List
Incruse Ellipta (umeclidinium) inhalation powder	Add to Preferred Brand Drug List
Lumigan (bimatoprost) 0.01% ophthalmic solution	Add to Preferred Brand Drug List
Savella (milnacipran) titration pack/tablets	Add to Preferred Brand Drug List
Vfend (voriconazole) 40 mg/mL oral suspension	Add to Preferred Brand Drug List
Zyvox (linezolid) 100 mg/5 mL oral suspension	Add to Preferred Brand Drug List
Banzel (rufinamide) 200 mg tablet	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 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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