

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT202684 MAY 28, 2026

Pharmacy updates approved by Drug Utilization Review Board May 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 May 15, 2026, meeting.



PSQC PA enhancement

The IHCP has enhanced its automated PA system to update the criteria for Pulmonary Antihypertensives prior authorization. These PA changes will be effective for PA requests submitted on or after Aug. 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 Metabolic Disorders, Agents for the Treatment of Cystic Fibrosis, Egrifta PA, and Non-SUPDL Agents PA and ST were established and approved by the DUR Board. PA criteria for Agents for Metabolic Disorders, Egrifta PA, and 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 Aug. 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 May 15, 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 Aug. 1, 2026.

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

Drug class	Drug	SUPDL status
Antimigraine Preparations	Elyxyb (topiramate) oral solution	Nonpreferred (previously preferred)
Angiotensin Receptor Blockers	azilsartan tablets	Nonpreferred (previously preferred)
Platelet Aggregation Inhibitors	Brilinta (ticagrelor)	Nonpreferred (previously preferred)
	ticagrelor	Preferred (previously nonpreferred)

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

Drug class	Drug	SUPDL status
Pulmonary Antihypertensives	bosentan dispersible tablet	Preferred (previously nonpreferred)
	Tracleer (bosentan) dispersible tablet	Nonpreferred (previously preferred)

Changes to the Preferred Brand Drug List

Changes to the Preferred Brand Drug List were made at the May 15, 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 Aug. 1, 2026.

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

Name of medication	Preferred Brand Drug List status
Edarbi (azilsartan medoxomil) tablets	Add to Preferred Brand Drug List
Brilinta (ticagrelor) tablets	Remove from Preferred Brand Drug List
Tracleer (bosentan) tablet for suspension	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 MCO 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.

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.

