IHCP bulletin

INDIANA HEALTH COVERAGE PROGRAMS

BT2025112 JULY 31, 2025

Pharmacy updates approved by Drug Utilization Review Board July 2025

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 18, 2025, meeting.



PSQC PA enhancement

The IHCP has enhanced its automated PA system to update the criteria for Opioid Overutilization PA with QL, Pulmonary

Antihypertensives PA and Targeted Immunomodulators Prior Authorizations. PA changes for Opioid Overutilization PA with QL and Pulmonary Antihypertensives PA will be effective for PA requests submitted on or after Oct. 1, 2025. Changes for Targeted Immunomodulators Prior Authorization will be effective on Sept. 1, 2025. 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 Non-SUPDL Agents PA and ST, GLP-1 RA/GIP RA/Combination Agents PA with QL, and Yorvipath were established and approved by the DUR Board. PA criteria for Non-SUPDL Agents PA and ST and Yorvipath apply to the fee-for-service (FFS) benefit only. These PA changes will be effective for PA requests submitted on or after Oct.1, 2025. 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: Effective Sept. 1, 2025

Changes to the SUPDL were made at the July 18, 2025, DUR Board meeting. See Table 1 for a summary of SUPDL changes, effective for FFS and managed care claims with DOS on Sept. 1, 2025.

Table 1 – SUPDL changes, effective for FFS and managed care DOS on Sept. 1, 2025

Drug class	Drug	SUPDL status
Targeted Immunomodulator	s Cosentyx (ustekinumab)	Nonpreferred one-step (previously preferred one-step)
	Siliq (brodalumab)	Nonpreferred one-step (previously preferred one-step)

Changes to the SUPDL: Effective Oct. 1, 2025

BT2025112

Changes to the SUPDL were made at the July 18, 2025, DUR Board meeting. See Table 2 for a summary of SUPDL changes, effective for FFS and managed care claims with DOS on or after Oct. 1, 2025.

Table 2 – SUPDL changes, effective for FFS and managed care DOS on or after Oct. 1, 2025

Drug class	Drug	SUPDL status
Direct Oral Anticoagulants	dabigatran capsule	Preferred (previously nonpreferred)
	Pradaxa capsule	Nonpreferred (previously preferred)

Changes to the Preferred Brand Drug List

Changes to the Preferred Brand Drug List were made at the July 18, 2025, 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 Oct.1, 2025.

Table 3 – Updates to Preferred Brand Drug List, effective for FFS and managed care DOS on or after Oct. 1, 2025

Name of medication	Preferred Brand Drug List status
Eprontia (topiramate)	Add to Preferred Brand Drug List
Pradaxa (dabigatran)	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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