

# IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS    BT2025134    SEPTEMBER 30, 2025

## Pharmacy updates approved by Drug Utilization Review Board September 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 Sept. 19, 2025, meeting.

### PSQC PA enhancement

The IHCP has enhanced its automated PA system to update the criteria for Multiple Sclerosis PA. These PA changes will be effective for PA requests submitted on or after Dec. 1, 2025. The PA criteria are posted on the *Pharmacy Prior Authorization Criteria and Forms* webpage on the Optum Rx Indiana Medicaid website, accessible from the [Pharmacy Services](#) webpage at [in.gov/medicaid/providers](https://in.gov/medicaid/providers).



### PA changes

PA criteria for Amyloid-Beta-Directed Antibodies, Complement Inhibitor Agents, Cushing's Syndrome Agents, GLP-1 RA/GIP RA/Combination Agents PA with QL, Non-SUPDL Agents PA and Step Therapy, Phenylketonuria Agents, and Thrombopoietin Receptor Agonist Agents were established and approved by the DUR Board. PA criteria for Amyloid-Beta-Directed Antibodies, Complement Inhibitor Agents, Cushing's Syndrome Agents, Non-SUPDL Agents PA and Step Therapy, Phenylketonuria Agents, and Thrombopoietin Receptor Agonist Agents apply to the fee-for-service (FFS) benefit only. These PA changes will be effective for PA requests submitted on or after Dec. 1, 2025. The PA criteria are posted on the *Pharmacy Prior Authorization Criteria and Forms* webpage on the [OptumRx Indiana Medicaid website](#).

### Changes to the SUPDL

Changes to the SUPDL were made at the Sept. 19, 2025, 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 Dec. 1, 2025.

*Table 1 – SUPDL changes, effective for FFS and managed care claims with DOS on or after Dec. 1, 2025*

Drug class	Drug	SUPDL status
Multiple Sclerosis	Ampyra (dalfampridine) – brand only	Nonpreferred (previously preferred)
Pulmonary Antihypertensives	bosentan dispersible tablet – generic only	Nonpreferred (previously preferred)

**Changes to the Preferred Brand Drug List**

Changes to the Preferred Brand Drug List were made at the Sept. 19, 2025, 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 Dec. 1, 2025.

*Table 2 – Updates to Preferred Brand Drug List, effective for FFS and managed care claims with DOS on or after Dec. 1, 2025*

Name of medication	Preferred Brand Drug List status
Adzenys XR (amphetamine) ODT tablet	Add to Preferred Brand Drug List
Tracleer (bosentan) dispersible tablet	Add to Preferred Brand Drug List
Venofer (iron sucrose)	Add to Preferred Brand Drug List
Cloderm (clocortolone) cream	Remove from Preferred Brand Drug List
Motegrity (prucalopride) 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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