

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT2025152 OCTOBER 30, 2025

Pharmacy updates approved by Drug Utilization Review Board October 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 Oct. 17, 2025, meeting.

PSQC PA enhancement

The IHCP has enhanced its automated PA system to update the criteria for the Targeted Immunomodulators prior authorization. These PA changes will be effective for PA requests submitted on or after Jan. 1, 2026. 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.



PA changes

PA criteria for Agents for Thrombocytopenia and Related Conditions and Vykat XR were established and approved by the DUR Board. PA criteria for Agents for Thrombocytopenia and Related conditions and Vykat XR apply to the fee-for-service (FFS) benefit only. These PA changes will be effective for PA requests submitted on or after Jan. 1, 2026. The PA criteria are posted on the *Pharmacy Prior Authorization Criteria and Forms* webpage on the [Optum Rx Indiana Medicaid website](#).

Changes to the SUPDL

Changes to the SUPDL were made at the Oct. 17, 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 Jan. 1, 2026.

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

Drug class	Drug	SUPDL status
Topical Anti-Inflammatory Agents – NSAIDs	diclofenac epolamine patch	Update step therapy to the following: <ul style="list-style-type: none">Requires physician documentation indicating oral medications are unsuitable for use AND trial and failure of diclofenac 1% gel and diclofenac 2% topical solution, OR medical justification for use over preferred agents
	diclofenac 2% topical solution	Preferred (previously nonpreferred)
	Pennsaid 2% (diclofenac) topical solution	Nonpreferred (previously preferred)

Changes to the Preferred Brand Drug List

Changes to the Preferred Brand Drug List were made at the Oct. 17, 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 Jan. 1, 2026.

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

Name of medication	Preferred Brand Drug List status
Harvoni (ledipasvir/sofosbuvir)	Remove from Preferred Brand Drug List
Nascobal (cyanocobalamin)	Remove from Preferred Brand Drug List
Pennsaid 2% (diclofenac) solution	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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