

IHCP *bulletin*

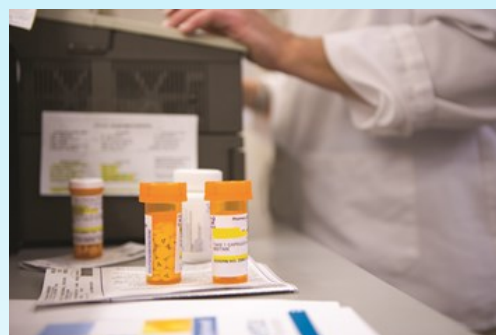
INDIANA HEALTH COVERAGE PROGRAMS BT202572 MAY 29, 2025

Pharmacy updates approved by Drug Utilization Review Board May 2025

The Indiana Health Coverage Programs (IHCP) announces updates to the Point of Sale Quick Check (PSQC) automated prior authorization (PA) system, PA criteria, mental health utilization edits, Statewide Uniform Preferred Drug List (SUPDL), and Preferred Brand Drug List as approved by the Drug Utilization Review (DUR) Board at its May 16, 2025, meeting. The IHCP announces confirmation of the updates posted in *IHCP Bulletins* [BT202538](#), [BT202544](#) and [BT202559](#) as approved by the DUR Board at its May 16, 2025, meeting.

PSQC PA enhancement

The IHCP has enhanced its automated PA system to update the criteria for Clonidine-Guanfacine, Opioid Overutilization PA with QL and Proton Pump Inhibitor prior authorizations. These PA changes will be effective for PA requests submitted on or after July 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](#) page at in.gov/medicaid/providers.



PA changes

PA criteria for Complement Inhibitor Agents, GLP-1 RA/GIP RA/Combination Agents PA with QL, Movement Disorders, Narcolepsy Agents, Non-SUPDL Agents PA and ST, Presbyopia Agents, Testosterones, and Transthyretin Impacting Agents were established and approved by the DUR Board. PA criteria for Complement Inhibitor Agents, Non-SUPDL Agents PA and ST, and Transthyretin Impacting Agents apply to the fee-for-service (FFS) benefit only. The PA criteria are posted on the *Pharmacy Prior Authorization Criteria and Forms* page on the [Optum Rx Indiana Medicaid website](#).

Mental health utilization edits

Utilization edits for mental health medications are reviewed quarterly by the Mental Health Quality Advisory Committee (MHQAC). The DUR Board approved updates to the utilization edits listed in Table 1 at the May 16, 2025, meeting. These updates are effective for FFS claims with dates of service (DOS) on or after July 1, 2025, and managed care claims with DOS on or after July 15, 2025.

Table 1 – Updates to utilization edits, effective for FFS DOS on or after July 1, 2025, and managed care DOS on or after July 15, 2025

Name and strength of medication	Utilization edit
Raldesy HCl (trazodone) oral soln 50 mg/5 mL	60 mL/day
Spravato (esketamine) dose kit 56 mg nasal spray	8 kits in month 1; 4 kits/month thereafter, age 18 years and older; must use concurrently with antidepressant if utilizing for depressive symptoms with major depressive disorder with acute suicidal ideation or behavior

Table 1 – Updates to utilization edits, effective for FFS DOS on or after July 1, 2025, and managed care DOS on or after July 15, 2025 (Continued)

Name and strength of medication	Utilization edit
Spravato (esketamine) dose kit 84 mg nasal spray	8 (previously 7) kits in month 1; 4 kits/month thereafter, age 18 years and older; must use concurrently with antidepressant if utilizing for depressive symptoms with major depressive disorder with acute suicidal ideation or behavior
Zunveyl (benzgalantamine) 5 mg tablet	2/day
Zunveyl (benzgalantamine) 10 mg tablet	2/day
Zunveyl (benzgalantamine) 15 mg tablet	2/day

Changes to the PDL

Changes to the SUPDL were made at the May 16, 2025, DUR Board meeting. See Table 2 for a summary of SUPDL changes. SUPDL changes will be effective for FFS claims with DOS on or after July 1, 2025, and managed care claims with DOS on or after July 15, 2025.

Table 2 – SUPDL changes, effective for FFS DOS on or after July 1, 2025, and managed care DOS on or after July 15, 2025

Drug class	Drug	PDL status
Gastroprotective Agents	naproxen/esomeprazole	Nonpreferred (previously preferred)
Movement Disorder Agents	Austedo (deutetrabenazine) IR titration kit	Remove from SUPDL
Skeletal Muscle Relaxants	Lorzone (chlorzoxazone) brand only	Remove from SUPDL
Smoking Deterrent Agents	varenicline	Add the following quantity limit for therapy pack: <ul style="list-style-type: none"> • QL – 1 pack/ 90 days
Acne Agents	BP (benzoyl peroxide) 4.25% cleanser	Remove from SUPDL
	Myorisan (isotretinoin) brand only	Remove from SUPDL
Bone Resorption Inhibitors	ibandronate tablet	Preferred (previously nonpreferred)
GLP-1 Receptor Agonists and Combinations	exenatide (generic Byetta)	Nonpreferred (previously preferred)
	Wegovy (semaglutide)	Nonpreferred (previously neutral)
	Zepbound (tirzepatide)	Preferred (previously neutral)
Insulins – Intermediate Acting	Insulin aspart (70/30) (Novolog Mix ABA) FlexPen and vial	Preferred (previously nonpreferred)
	Novolog Mix 70/30 (insulin aspart protamine/insulin aspart) FlexPen and vial	Nonpreferred (previously preferred)
Insulins – Rapid Acting	Fiasp (insulin aspart) cartridge, FlexTouch, and vial	Preferred (previously nonpreferred)
	Humalog (insulin lispro) vial	Nonpreferred (previously preferred)
	insulin lispro vial	Preferred (previously nonpreferred)
Insulins – Long Acting	insulin glargine 100 unit/mL (manufacturer: Winthrop – pen and vial)	Remove from SUPDL

Table 2 – SUPDL changes, effective for FFS DOS on or after July 1, 2025, and managed care DOS on or after July 15, 2025 (Continued)

Drug class	Drug	PDL status
Miscellaneous Oral Antidiabetic Agents	glipizide/metformin	Remove step therapy
	glyburide/metformin	Remove step therapy
	pioglitazone	Remove step therapy
	Glumetza (metformin) ER - modified release	Nonpreferred (previously preferred)
	metformin ER modified release (generic Glumetza)	Preferred (previously nonpreferred)
Testosterones	Azmiro (testosterone cypionate)	Nonpreferred (previously neutral)
	testosterone 1% (50 mg)/5 gm gel packets	Preferred (previously nonpreferred)
<i>H. Pylori</i> Agents	Helidac (bismuth subsalicylate/metronidazole/tetracycline)	Remove from SUPDL
Proton Pump Inhibitors	Aciphex (rabeprazole) brand only	Remove from SUPDL
Ulcerative Colitis Agents	Ortikos (budesonide)	Remove from SUPDL
BPH Agents	Avodart (dutasteride) brand only	Remove from SUPDL
	Entadfi (finasteride/tadalafil)	Remove from SUPDL
Urinary Tract Antispasmodic/Anti-Incontinence Agents	Gemtesa (vibegron)	Update step therapy to the following: <ul style="list-style-type: none"> ST – Member must have tried and failed Myrbetriq (mirabegron) or prescriber has provided medical justification for the use of Gemtesa over Myrbetriq (mirabegron)
	tolterodine IR and ER	Preferred (previously nonpreferred)
Platelet Aggregation Inhibitors	Durlaza (aspirin)	Remove from SUPDL
	Zontivity (vorapaxar)	Remove from SUPDL
Miotics – Intraocular Pressure Reducers	metipranolol	Remove from SUPDL
	Simbrinza (brinzolamide/brimonidine)	Preferred (previously nonpreferred)
	Timoptic-XE (timolol maleate) brand only	Remove from SUPDL
Ophthalmic Anti-Inflammatory Agents	Prolensa (bromfenac) 0.07% solution	Preferred (previously nonpreferred) – will remain on Preferred Brand Drug List
Ophthalmic Mast Cell Stabilizers	Alocril (nedocromil)	Remove from SUPDL
	Alomide (lodoxamide)	Remove from SUPDL
	cromolyn	Neutral (previously preferred) Remove “Ophthalmic Mast Cell Stabilizers” class from review and SUPDL
Topical Antiparasitics	lindane shampoo	Remove from SUPDL
Topical Post-Herpetic Neuralgia Agents	Synera (lidocaine/tetracaine)	Remove from SUPDL

Changes to the Preferred Brand Drug List

Changes to the Preferred Brand Drug List were made at the May 16, 2025, DUR Board meeting. See Table 3 for a summary of Preferred Brand Drug List changes. Preferred Brand Drug List changes will be effective for FFS claims with DOS on or after July 1, 2025, and managed care claims with DOS on or after July 15, 2025.

Table 3 – Updates to Preferred Brand Drug List, effective for FFS DOS on or after July 1, 2025, and managed care DOS on or after July 15, 2025

Name of medication	Preferred Brand Drug List Status
MetroCream (metronidazole) 0.75% cream	Add to Preferred Brand Drug List
Mirvaso (brimonidine) 0.33% gel	Add to Preferred Brand Drug List
Glumetza (metformin) ER modified release tablets	Remove from Preferred Brand Drug List
Prostin VR (alprostadil) injection	Remove from Preferred Brand Drug List
Qudexy (topiramate) XR sprinkle capsules	Remove from Preferred Brand Drug List

For more information

The PSQC criteria, PA criteria, mental health utilization edits, SUPDL and Preferred Brand Drug List can be found on the [OptumRx 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.

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.

