IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT2026144 AUGUST 27, 2026

Pharmacy updates approved by Drug Utilization Review Board August 2026

The Indiana Health Coverage Programs (IHCP) announces updates to the prior authorization (PA) criteria, Statewide Uniform Preferred Drug List (SUPDL) and Preferred Brand Drug List, as approved by the Drug Utilization Review (DUR) Board at its Aug. 21, 2026, meeting.

PA changes

PA criteria for Amyloid Beta-Directed Antibodies, Hepcludex, Immunoglobulin A Nephropathy (IgAN) Agents, Non-Drug-Specific PA, Non-SUPDL Agents PA and Step Therapy, and PCSK9 Inhibitors and Select Lipotropics were established and approved by the DUR Board. PA criteria for Amyloid Beta-Directed Antibodies, Hepcludex, Immunoglobulin A Nephropathy (IgAN) Agents, Non-Drug Specific PA, and Non-SUPDL Agents PA and Step Therapy apply to the fee-for-service (FFS) benefit only. These PA changes will be effective for PA requests submitted on or after Nov. 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.

Changes to the SUPDL

Changes to the SUPDL were made at the Aug. 21, 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 Nov. 1, 2026.

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

Name and strength of medication	Utilization edit	SUPDL status
Antivirals – Influenza and COVID-19	Xocova (ensitrelvir)	Nonpreferred (previously neutral); add the following age and quantity limits: • AL – 12 years of age or older • QL – 1 therapy pack every 30 days
Ulcerative Colitis Agents	mesalamine ER (generic Pentasa) 250 mg capsule	Nonpreferred (previously preferred)
SGLT Inhibitors and Combinations	Farxiga (dapagliflozin)	Nonpreferred (previously preferred)
	dapagliflozin (Farxiga ABA)	Preferred (previously nonpreferred)
Miotics-Intraocular Pressure Reducers	Cosopt PF (dorzolamide/timolol)	Preferred (previously nonpreferred)
	dorzolamide/timolol PF	Nonpreferred (previously preferred)

Changes to the Preferred Brand Drug List

Changes to the Preferred Brand Drug List were made at the Aug. 21, 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 Nov. 1, 2026.

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

Name of medication	Preferred Brand Drug List status
Cosopt PF (dorzolamide/timolol)	Add to Preferred Brand Drug List
Janumet XR (sitagliptin/metformin)	Add to Preferred Brand Drug List
Nuedexta (dextromethorphan/quinidine)	Add to Preferred Brand Drug List
Pentasa ER (mesalamine) 250 mg capsule	Add to Preferred Brand Drug List
Rhofade (oxymetazoline)	Add to Preferred Brand Drug List
Farxiga (dapagliflozin)	Remove from Preferred Brand Drug List
Fycompa (perampanel) tablet and suspension	Remove from Preferred Brand Drug List
Ravicti (glycerol phenylbutyrate)	Remove from Preferred Brand Drug List
Zituvio (sitagliptin)	Remove from Preferred Brand Drug List
Zituvimet (sitagliptin/metformin)	Remove from Preferred Brand Drug List

For more information

The 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.

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