

IHCP bulletin

INDIANA HEALTH COVERAGE PROGRAMS

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Pharmacy updates approved by Drug Utilization Review Board January 2026

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), Over-the-Counter (OTC) Drug Formulary and Preferred Brand Drugs List as approved by the Drug Utilization Review (DUR) Board at its Jan.16, 2026, meeting.

PSQC PA enhancement

The IHCP has enhanced its automated PA system to update the criteria for Antimigraine, Clonidine-Guanfacine, Multiple Sclerosis, Pulmonary Antihypertensives, Respiratory and Allergy Biologics, Somatostatin Analogs, and Targeted Immunomodulators prior authorizations. These PA changes will be effective for PA requests submitted on or after April 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.

PA changes

PA criteria for Epidermolysis Bullosa Agents, Non-Drug-Specific PA, Non-SUPDL Agents PA and Step Therapy (ST), PCSK9 Inhibitors and Select Lipotropics, Spravato, and Transthyretin Impacting Agents were established and approved by the DUR Board. PA criteria for Epidermolysis Bullosa Agents, Non-SUPDL Agents PA and ST, and Transthyretin Impacting Agents apply to the fee-for-service (FFS) benefit only. These PA changes will be effective for PA requests submitted on or after April 1, 2026. 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

Changes to the SUPDL were made at the Jan. 16, 2026, DUR Board meeting. See Table 1 for a summary of SUPDL changes, effective for FFS and managed care claims with DOS on or after April 1, 2026.

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

Drug class	Drug	SUPDL status
Antihistamine-Decongestant Combinations/2 nd Generation Antihistamines	Claritin (desloratadine) 0.5 mg/mL Rx syrup desloratadine 0.5 mg/mL solution	Remove from SUPDL; remove quantity limit and step therapy Nonpreferred (previously neutral); add the following quantity limit and step therapy: <ul style="list-style-type: none">• QL – 10 mL/day• ST – Must have trial of both cetirizine and loratadine within the past 90 days

Table 1 – SUPDL changes, effective for FFS and managed care claims with DOS on or after April 1, 2026 (Continued)

Drug class	Drug	SUPDL status
Antihistamine-Decongestant Combinations/2 nd Generation Antihistamines (Continued)	fexofenadine 30 mg/5 mL suspension	Preferred (previously covered only under OTC Drug Formulary); add the following age limit, quantity limit, and step therapy: <ul style="list-style-type: none"> • AL – Under 12 years of age or unable to swallow tablet formulation, max age 18 years • QL – 30 mL/day • ST – Must have trial of both cetirizine solution (Rx or OTC) and loratadine solution (OTC) within the past 90 days
	levocetirizine RX oral solution	Update step therapy to the following: <ul style="list-style-type: none"> • ST – Must have trial of both cetirizine solution (Rx or OTC) and loratadine solution (OTC) within the past 90 days
Beta Adrenergics and Corticosteroids	Breztri Aerosphere (budesonide/glycopyrrolate/ formoterol)	Update step therapy to the following: <ul style="list-style-type: none"> • ST – Member must have tried and failed Anoro Ellipta therapy for at least 90 days of the past 120 days
	fluticasone/salmeterol Respclick (Airduo Respclick ABA) – All strengths	Nonpreferred (previously preferred)
	Trelegy Ellipta (fluticasone/ umeclidinium/ vilanterol)	Nonpreferred (previously preferred)
Beta Agonists – Short Acting	Proair Digihaler (albuterol)	Remove from SUPDL
Leukotriene Receptor Antagonists	Singulair (montelukast) 4 mg granules brand only	Remove from SUPDL
Nasal Antihistamines/Nasal Anti-Inflammatory Steroids	azelastine/fluticasone nasal spray	Nonpreferred (previously preferred)
	Zetonna (ciclesonide) nasal spray	Remove from SUPDL
Oral Inhaled Glucocorticoids	ArmonAir Digihaler (fluticasone)	Remove from SUPDL
Pulmonary Antihypertensives	Liqrev (sildenafil) oral suspension	Remove from SUPDL
	Revatio (sildenafil) suspension brand only	Remove from SUPDL
	Ventavis (iloprost)	Remove from SUPDL
Systemic Antifungals	Diflucan (fluconazole) tablet brand only	Remove from SUPDL
	Noxafil (posaconazole) tablet brand only	Remove from SUPDL
ACE Inhibitors	Altace (ramipril) brand only	Remove from SUPDL

Table 1 – SUPDL changes, effective for FFS and managed care claims with DOS on or after April 1, 2026 (Continued)

Drug class	Drug	SUPDL status
Angiotensin Receptor Blockers	Arbli (losartan) suspension	Nonpreferred (previously neutral); add the following step therapy: <ul style="list-style-type: none"> • ST – Member must be unable to swallow tablets
Lipotropics	Lovaza (omega – 3 fatty acids) brand only	Remove from SUPDL
Antimigraine Preparations	sumatriptan/naproxen	Add the following step therapy: <ul style="list-style-type: none"> • ST – Member must have tried and failed one preferred rizatriptan and one preferred sumatriptan product (supported by claims history or chart documentation) and medical justification for use of naproxen/sumatriptan
	Symbravo (meloxicam/rizatriptan)	Update step therapy to the following: <ul style="list-style-type: none"> • ST – Member must have tried and failed naproxen/sumatriptan (supported by claims history or chart documentation) and medical justification for use of Symbravo
	Treximet (sumatriptan/naproxen) brand only	Remove from SUPDL; remove quantity limit
Multiple Sclerosis	Copaxone (glatiramer) 40 mg/mL injection solution	Nonpreferred (previously preferred)
	Extavia (interferon beta-1b)	Remove from SUPDL
	glatiramer 40 mg/mL	Preferred (previously nonpreferred)
	Glatopa 40 mg/mL	Preferred (previously nonpreferred)
	Tyruko (natalizumab-sztn)	Nonpreferred (previously neutral)
Targeted Immunomodulators	Actemra (tocilizumab)	Nonpreferred (previously preferred)
	Avtozma (tocilizumab-anoh)	Nonpreferred (previously preferred)
	Rhapsido (remibrutinib)	Nonpreferred (previously neutral)
Otic Antibiotics	ciprofloxacin/hydrocortisone otic suspension	Nonpreferred (previously preferred)
Topical Antiparasitics	Natroba (spinosad)	Preferred (previously nonpreferred)

OTC Drug Formulary

Changes to the OTC Drug Formulary will be effective for FFS and managed care claims with DOS on or after April 1, 2026. See Table 2 for a summary of OTC Drug Formulary changes.

Table 2 – OTC Drug Formulary changes, effective for FFS and managed care DOS on or after April 1, 2026

Category	Product	Status/criteria
Non-Sedating Antihistamines	fexofenadine 30 mg/5 mL suspension	Update quantity limit to the following: • QL – 30 mL/day

Changes to the Preferred Brand Drug List

Changes to the Preferred Brand Drug List were made at the Jan. 16, 2026, 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 and managed care claims with DOS on or after April 1, 2026.

Table 3 – Updates to Preferred Brand Drug List, effective for FFS and managed care DOS on or after April 1, 2026

Name of medication	Preferred Brand Drug List status
Cipro HC (ciprofloxacin/hydrocortisone) otic suspension	Add to Preferred Brand Drug List
Dymista (azelastine/fluticasone)	Add to Preferred Brand Drug List
Mavenclad (cladribine) tablet	Add to Preferred Brand Drug List
Spritam (levetiracetam ODT) tablet	Add to Preferred Brand Drug List
Bethkis (tobramycin) neb solution	Remove from Preferred Brand Drug List
Copaxone (glatiramer) 40 mg/mL injection solution	Remove from Preferred Brand Drug List
Hetlioz (tasimelteon) capsule	Remove from Preferred Brand Drug List
Xarelto (rivaroxaban) 2.5 mg tablet	Remove from Preferred Brand Drug List

For more information

The PSQC criteria, PA criteria, SUPDL, OTC Drug Formulary 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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