

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT2024189 NOVEMBER 26, 2024

Pharmacy updates approved by Drug Utilization Review Board November 2024

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), Over-the-Counter (OTC) Drug Formulary, OTC Supplements Formulary, and Preferred Brand Drug List as approved, ad interim, by the Office of Medicaid Policy and Planning until the next meeting of the Drug Utilization Review (DUR) Board.

PSQC PA enhancement

The IHCP has enhanced its automated PA system to update the criteria for Antiseizure Agents, Clonidine/Guanfacine, GLP-1 RA/GIP RA/Combination Agents PA with quantity limit (QL), Opioid Overutilization PA with QL, and Topical Immunomodulator Agents prior authorizations.

These PA changes will be effective for PA requests submitted on or after Jan. 1, 2025. The PA criteria are posted on the *Pharmacy Prior Authorization Criteria and Forms* page on the on the Optum Rx Indiana

Medicaid website, accessible from the [Pharmacy Services](#) page at in.gov/medicaid/providers.



PA changes

Changes to the PA criteria for Growth Hormones, Movement Disorder Agents, Non-SUPDL Agents PA and Step Therapy (ST), Testosterones, and Uterine Disorder Agents will be effective for PA requests submitted on or after Jan. 1, 2025. PA criteria for Non-SUPDL Agents PA and ST may 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

Changes to the utilization edits for mental health medications are effective for FFS claims with dates of service (DOS) on or after Jan. 1, 2025, and managed care claims with DOS on or after Jan. 15, 2025. See Table 1 for a summary of mental health medication utilization edit changes.

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

Name and strength of medication	Utilization edit
Onyda XR (clonidine HCL ER) suspension 0.1 mg/mL	4 mL/day; age under 12 years or unable to swallow tablet formulation; PA required for concurrent use with guanfacine

Changes to the SUPDL

Changes to the SUPDL will be effective for FFS claims with DOS on or after Jan. 1, 2025, and managed care claims with DOS on or after Jan. 15, 2025. See Table 2 for a summary of SUPDL changes.

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

Drug class	Drug	SUPDL status
Agents for the Treatment of Opioid Use Disorder or Overdose	Rextovy (naloxone) nasal spray	Preferred
Antiemetic/Antivertigo Agents	Focinvez (fosaprepitant)	Nonpreferred; add the following quantity limit: <ul style="list-style-type: none"> • QL – 2 vials/Rx
	ondansetron 16 mg ODT	Nonpreferred; add the following quantity limit: <ul style="list-style-type: none"> • QL – 3 tablets/30 days
	Posfrea (palonosetron)	Nonpreferred; add the following quantity limit and step therapy: <ul style="list-style-type: none"> • QL – 1 vial/Rx • ST – Must have previous trial of generic palonosetron within the past 90 days AND provide medical justification for use of Posfrea over generic palonosetron injection
Antiseizure Agents	Diastat (diazepam) rectal	Remove from SUPDL
	diazepam rectal	Add the following quantity limit: <ul style="list-style-type: none"> • QL – 10 doses/30 days
	Libervant (diazepam) buccal film	Nonpreferred; add the following quantity limit <ul style="list-style-type: none"> • QL – 10 doses/30 days
	Nayzilam (midazolam) nasal spray	Add the following quantity limit: <ul style="list-style-type: none"> • QL – 10 doses/30 days
	Valtoco (diazepam) nasal spray	Add the following quantity limit: <ul style="list-style-type: none"> • QL – 10 doses/30 days
	Vigafyde (vigabatrin) oral solution	Nonpreferred
Movement Disorder Agents	Ingrezza (valbenazine) sprinkle capsules	Preferred
Narcotics	Nucynta IR/ER (tapentadol) tablets	Remove from SUPDL
	Qdolo (tramadol) solution	Nonpreferred
	Xtampza ER (oxycodone) capsules	Remove from SUPDL
Skeletal Muscle Relaxants	Tanlor (methocarbamol)	Nonpreferred

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

Drug class	Drug	SUPDL status
Acne Agents	Avita 0.025% (tretinoin) cream and gel	Remove from SUPDL
	Akief (trifarotene)	Nonpreferred
	Clindacin 1% (clindamycin) swab	Nonpreferred (previously preferred)
	Differin 0.1% (adapalene) cream	Preferred
	Differin 0.3% (adapalene) gel	Preferred
	Differin (adapalene) lotion	Nonpreferred
	Finacea (azelaic acid) foam	Neutral (previously preferred)
	Twynéo (tretinoin and benzoyl peroxide)	Nonpreferred; add the following step therapy: <ul style="list-style-type: none"> • ST – Trial and failure of concomitant use of individual components for at least 30 days AND rationale for use over separate individual components
Antipsoriatics	tazarotene 0.05% cream	Nonpreferred
Anaphylaxis Agents	Neffy (epinephrine) intranasal	Nonpreferred
	Symjepi (epinephrine)	Remove from SUPDL
DPP-4 Inhibitors and Combination Agents	alogliptin, saxagliptin, Zituvo (sitagliptin)	Update step therapy to the following: <ul style="list-style-type: none"> • ST – Must have tried a preferred agent for 90 of the past 120 days or provide medical justification for use
	alogliptin/metformin, saxagliptin/metformin ER, Zituvimet (sitagliptin free base/metformin)	Update step therapy to the following: <ul style="list-style-type: none"> • ST – Must have tried a preferred combination agent for 90 of the past 120 days or provide medical justification for use
	alogliptin/pioglitazone	Update step therapy to the following: <ul style="list-style-type: none"> • ST – Must have tried and failed combination therapy with preferred agents of the same classes for 90 of the past 120 days or provide medical justification for use
	Januvia (sitagliptin), Tradjenta (linagliptin), Janumet/Janumet XR (sitagliptin/metformin), Jentadueto/Jentadueto XR (linagliptin/metformin)	Update step therapy to the following: <ul style="list-style-type: none"> • ST – Must have tried metformin for 90 of the past 120 days or provide medical justification for use

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

Drug class	Drug	SUPDL status
DPP-4 Inhibitors and Combination Agents (Continued)	sitagliptin (authorized generic Zituvio)	Nonpreferred; add the following step therapy: <ul style="list-style-type: none"> ST – Must have tried a preferred agent for 90 of the past 120 days or provide medical justification for use
	sitagliptin free base/metformin (authorized generic Zituvimet)	Nonpreferred; add the following step therapy: <ul style="list-style-type: none"> ST – Must have tried a preferred combination agent for 90 of the past 120 days or provide medical justification for use
	Zituvimet XR (sitagliptin free base/metformin)	Nonpreferred; add the following step therapy: <ul style="list-style-type: none"> ST – Must have tried a preferred combination agent for 90 of the past 120 days or provide medical justification for use
GLP-1 Receptor Agonists and Combinations	liraglutide (authorized generic Victoza)	Nonpreferred
Growth Hormones	Saizen (somatropin)	Remove from SUPDL
	Sogroya (somapacitan)	Preferred (previously nonpreferred)
Insulins – Intermediate Acting	Humalog Mix 75/25 (insulin lispro protamine/insulin lispro) KwikPen and vial	Nonpreferred (previously preferred)
	Humulin N (insulin NPH) KwikPen	Nonpreferred (previously preferred)
	insulin lispro protamine/insulin lispro KwikPen	Preferred (previously nonpreferred)
	Novolog Mix 70/30 (insulin aspart protamine/insulin aspart) ReliOn FlexPen and vial	Nonpreferred (previously preferred)
Insulins – Rapid Acting	Apidra (insulin glulisine)	Nonpreferred (previously preferred); allow continuation of therapy for those with history of agent within the past 90 days
	Apidra (insulin glulisine) SoloStar	Nonpreferred (previously preferred); allow continuation of therapy for those with history of agent within the past 90 days
	insulin lispro KwikPen and Jr. KwikPen	Preferred (previously nonpreferred)
	Humalog (insulin lispro) KwikPen and Jr. KwikPen	Nonpreferred (previously preferred)
Insulin – Long Acting	insulin degludec FlexTouch and vial	Nonpreferred (previously preferred)
	Tresiba (insulin degludec) FlexTouch and vial	Preferred (previously nonpreferred)

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

Drug class	Drug	SUPDL status
Miscellaneous Oral Antidiabetic Agents	Glynase (glyburide)	Remove from SUPDL
	pioglitazone	Update quantity limit to the following: <ul style="list-style-type: none"> • QL – 1 tablet/day
SGLT Inhibitors and Combinations	Brenzavvy (bexagliflozin)	Remove from SUPDL
	Invokana (canagliflozin)	Nonpreferred (previously preferred); allow continuation of therapy for those with history of agent within the past 90 days
	Invokamet (canagliflozin/metformin)	Nonpreferred (previously preferred); allow continuation of therapy for those with history of agent within the past 90 days
Testosterones	Undecatrex (testosterone undecanoate)	Nonpreferred
Estrogen and Related Agents	Angeliq (drospirenone/estradiol)	Preferred (previously nonpreferred)
	Climara Pro (estradiol/levonorgestrel)	Preferred (previously nonpreferred)
	Combipatch (estradiol/norethindrone)	Preferred (previously nonpreferred)
	Myfembree (relugolix/estradiol/norethindrone)	Preferred (previously nonpreferred)
H. Pylori Agents	Voquezna Triple Pak (vonoprazan/amoxicillin/clarithromycin)	Preferred (previously nonpreferred)
Leukocyte Stimulants	Fulphila (pegfilgrastim-jmdb)	Preferred (previously nonpreferred)
	Nyvepria (pegfilgrastim-apgf)	Nonpreferred (previously preferred)
Ophthalmic Antihistamines	olopatadine (Rx)	Remove from SUPDL
Ophthalmic Anti-Inflammatory Agents	Flarex 0.1% (fluorometholone) ophthalmic suspension	Preferred (previously nonpreferred)
	Nevanac 0.1% (nepafenac) ophthalmic suspension	Preferred (previously nonpreferred)
Otic Preparations	Dermotic Oil (fluocinolone acetonide)	Nonpreferred (previously preferred)
	fluocinolone acetonide oil	Preferred (previously nonpreferred)
Topical Anti-Inflammatory Agents – NSAIDs	Flector (diclofenac epolamine) patch	Remove from SUPDL
	Licart (diclofenac epolamine) ER patch	Remove from SUPDL

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

Drug class	Drug	SUPDL status
Topical Immunomodulators	Eucrisa (crisaborole)	Preferred (previously nonpreferred)
	Opzelura (ruxolitinib)	Preferred (previously nonpreferred)
	Zoryve 0.15% (roflumilast) cream	Nonpreferred
Topical Post-Herpetic Neuralgia Agents	Lidotral 4.88% (lidocaine) patch	Nonpreferred; add the following quantity limit: <ul style="list-style-type: none"> • QL – 3 boxes/30 days
	ZTlido 1.8% (lidocaine) patch	Preferred (previously nonpreferred); add the following step therapy: <ul style="list-style-type: none"> • ST – Must have previous trial of at least 30 days of therapy with preferred lidocaine 5% patches

OTC Drug Formulary

Changes to the OTC Drug Formulary will be effective for FFS claims with DOS on or after Jan. 1, 2025, and managed care claims with DOS on or after Jan. 15, 2025. See Table 3 for a summary of OTC Drug Formulary changes.

Table 3 – Changes to the OTC Drug Formulary, effective for DOS on or after Jan. 1, 2025, and managed care DOS on or after Jan. 15, 2025

Category	Product	Status/criteria
Antacids	calcium carbonate/magnesium hydroxide suspension	Remove from coverage
Anti-Flatulents	simethicone 40 mg/0.6 mL drops	Remove from coverage
Anti-Hemorrhoidals	dibucaine 1% perianal ointment	Remove from coverage
Compounding Agents	zinc oxide 20% ointment	Covered product
Cough and Cold Products	diphenhydramine 12.5 mg/5 mL elixir	Remove from coverage
	guaifenesin 1200 mg ER 12HR	Covered product; add the following age limit: <ul style="list-style-type: none"> • AL – 12 years and older
Eye Products	olopatadine 0.1% ophthalmic solution	Covered product; add the following age limit: <ul style="list-style-type: none"> • AL – 2 years and older
	olopatadine 0.2% ophthalmic solution	Covered product; add the following age limit: <ul style="list-style-type: none"> • AL – 2 years and older

Table 3 – Changes to the OTC Drug Formulary, effective for DOS on or after Jan. 1, 2025, and managed care DOS on or after Jan. 15, 2025 (Continued)

Category	Product	Status/criteria
Gastro-intestinal products	docusate sodium 50 mg capsule	Remove from coverage
	docusate sodium 60 mg/15 mL syrup	Remove from coverage
	psyllium mucilloid powder	Remove from coverage
	psyllium mucilloid powder packet	Remove from coverage
	witch hazel cleansing pads	Covered product
Genitourinary	phenazopyridine 95 mg tablet	Covered product; add the following age and quantity limits: <ul style="list-style-type: none"> • AL – 12 years and older • QL – 30 tablets/60 days
H2 Antagonists	cimetidine 200 mg tablet	Remove from coverage
Topical Analgesics	capsaicin 0.025% cream	Remove from coverage
Topical Products	adapalene 0.1% gel	Covered product; add the following age limit: <ul style="list-style-type: none"> • AL – 12 years and older
	ammonium lactate 12% lotion	Remove from coverage
	benzoyl peroxide 5% wash	Remove age limit
	miconazole nitrate 2% spray	Remove from coverage
	permethrin 1% lotion	Remove from coverage
Vaginal Agents	miconazole 200 mg suppository	Remove from coverage

OTC Supplements Formulary

Changes to the OTC Supplements Formulary will be effective for FFS claims with DOS on or after Jan. 1, 2025, and managed care claims with DOS on or after Jan. 15, 2025. See Table 4 for a summary of OTC Supplements Formulary changes.

Table 4 – Changes to the OTC Supplements Formulary, effective for DOS on or after Jan. 1, 2025, and managed care DOS on or after Jan. 15, 2025

Category	Product	Status/criteria
Laxatives	methylcellulose powder laxative	Covered product
	psyllium powder	Covered product
	wheat dextrin powder	Covered product

Changes to the Preferred Brand Drug List

Changes to the Preferred Brand Drug List will be effective for FFS claims with DOS on or after Jan. 1, 2025, and managed care claims with DOS on or after Jan. 15, 2025. See Table 5 for a summary of Preferred Brand Drug List changes.

Table 5 – Updates to Preferred Brand Drug List, effective for FFS DOS on or after Jan. 1, 2025, and managed care DOS on or after Jan. 15, 2025

Name of medication	Preferred Brand Drug List status
Differin 0.1% (adapalene) cream	Add to Preferred Brand Drug List
Differin 0.3% (adapalene) gel	Add to Preferred Brand Drug List
Pred Forte 1% (prednisolone) suspension	Remove from Preferred Brand Drug List

For more information

The PSQC criteria, PA criteria, mental health utilization edits, SUPDL, OTC Drug Formulary, OTC Supplements 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. Questions about PA specific to FFS physician-administered drugs should be directed to Acentra Health Customer Service at 866-725-9991.

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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