

# IHCP *bulletin*

## Pharmacy updates approved by Drug Utilization Review Board December 2024

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 Dec. 20, 2024, meeting. The IHCP announces confirmation of the updates posted in *IHCP Bulletin* [BT2024189](#) as approved by the DUR Board at its Dec. 20, 2024, meeting.

### PA changes

PA criteria for Daybue and Non-SUPDL Agents PA and Step Therapy were established and approved by the DUR Board. PA criteria for Daybue and Non-SUPDL Agents PA and Step Therapy apply to the fee-for-service (FFS) benefit. These PA changes will be effective for PA requests submitted on or after Feb. 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](http://in.gov/medicaid/providers).



### Changes to the SUPDL

Changes to the SUPDL were made at the Dec. 20, 2024, DUR Board meeting. See Table 1 for a summary of SUPDL changes. SUPDL changes will be effective for FFS claims with dates of service (DOS) on or after Feb. 1, 2025, and managed care claims with DOS on or after Feb. 15, 2025.

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

Drug class	Drug	SUPDL status
Miotics – Intraocular Pressure Reducers	timolol hemihydrate 0.5% ophth soln	Nonpreferred (previously preferred)

### Changes to the Preferred Brand Drug List

Changes to the Preferred Brand Drug List were made at the Dec. 20, 2024, DUR Board meeting. See Table 2 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 Feb. 1, 2025, and managed care claims with DOS on or after Feb. 15, 2025.

*Table 2 – Updates to Preferred Brand Drug List, effective for FFS DOS on or after Feb. 1, 2025, and managed care DOS on or after Feb. 15, 2025*

Name of medication	Preferred Brand Drug List status
Betimol 0.5% (timolol) ophth soln	Add to 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. 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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