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SUPDL Frequently Asked Questions

What is the Statewide Uniform Preferred Drug List (SUPDL)?
The SUPDL is a list of preferred products in the drug classes that make-up the fee-for-service (FFS) preferred drug list (PDL) that all Indiana Health Coverage Programs (IHCP) prescription drug benefits plans will use starting July 5, 2023.

What is changing for who and when?
Beginning July 5, 2023, all managed care plans will align with the FFS program; covering the same preferred and nonpreferred drugs, maintaining the same clinical criteria requirements and using the same format for prior authorization (PA) submission for medications listed on the FFS PDL. Products not listed on the FFS PDL will not be included with the SUPDL alignment initiative at this time.

Why is this change occurring?
The goal of this initiative is to improve provider and member experience through enhanced and simplified medication access across all IHCP prescription drug benefits as well as decrease overall prescription drug expenditures.

How does this change affect drugs that are not included on the FFS PDL?
SUPDL implementation will not affect products in drug classes not listed on the FFS PDL. Agents in drug classes not included on the FFS PDL are considered neutral, meaning they have not been assigned a preference status. Each managed care plan will continue to use their own clinical criteria and coverage policies for these neutral agents. Additionally, mental health-related medications have preferred status through all IHCP drug benefit programs and therefore will not be affected by SUPDL implementation.

How will drugs not included in the SUPDL be handled?
Covered outpatient drugs per United States Code 42 USC 1396r-8 not included on the SUPDL will remain covered for IHCP members. These agents may be subject to clinical criteria and prior authorization requirements as specified by the IHCP plan in which the member is enrolled.

Can managed care plans list drugs not on the SUPDL as preferred or nonpreferred?
Yes, managed care plans will continue to use their own clinical criteria and coverage policies for products that are not part of the SUPDL.

How does this change affect physician administered drugs?
The SUPDL only includes agents within the pharmacy benefit that are dispensed and billed by a pharmacy. At this time, the SUPDL will not apply to drugs, including physician administered drugs (PADs) administered and billed on a medical claim. PADs billed through the medical benefit will continue to be managed by each IHCP plan using their plan-specific clinical criteria and coverage policies.

How does this change affect the OTC Drug, Pharmacy Supplements, and Contraceptive Formularies?
Unrelated to the SUPDL program, managed care plans are already obligated to align their formularies with the FFS programs formularies. Only products, listed on the SUPDL, are subject to changes resulting from implementation of the SUPDL program. Information about OTC Drug, Pharmacy Supplements, and Contraceptive Formularies can be found by selecting the link in the Preferred Products drop down menu on the Optum Rx Indiana Medicaid FFS website accessible from the Pharmacy Services page at in.gov/medicaid/providers.

How does this change affect carved-out drug coverage?
Changes resulting from implementation of the SUPDL will not impact how drugs, carved-out of the managed care benefits, are covered. Carved-out drugs, listed on the SUPDL, are subject to changes to preference status recommended by the Therapeutics Committee and approved by the DUR Board. Carved-out drug claims for managed care enrolled members will continue to be submitted to the FFS benefits. Information about carved-out drugs can be found by selecting the Carved-out Drug Benefits link, under *QUICK LINKS*, on the Optum Rx Indiana Medicaid FFS website accessible from the Pharmacy Services page at in.gov/medicaid/providers.

If I have an approved drug prior authorization for a member and the drug is nonpreferred on the SUPDL, will I need to submit another prior authorization request?
Prior authorizations (PAs) for nonpreferred products approved before SUPDL implementation will remain in place for the duration of the PA approval period. Additional criteria may be required during the reauthorization process after the current PA expires.

Will the process to obtain a prior authorization change?
No. The prior authorization (PA) process will not change. Each IHCP plan will continue to process claims for their members. Prescribing providers should continue to submit PA requests to the member's plan, or through Optum Rx if the member is covered through the FFS pharmacy benefit. IHCP will allow electronic and fax submissions for PA requests.

If I need to obtain a prior authorization, how long does that process take?
Once submitted, the member's drug benefit plan will respond to a drug prior authorization request within 24 hours to inform you if the request is approved, denied, or if more information is needed.

Will managed care plans use different prior authorization criteria for nonpreferred drugs on the SUPDL?
No, the managed care plans will maintain the same clinical criteria requirements and use the same format for prior authorization submission as the FFS program.

How is a drug selected for inclusion on the SUDPL?
The Office of Medicaid Policy and Planning (OMPP) will direct SUPDL development and maintenance, utilizing the assistance of the FFS pharmacy benefit manager, Optum Rx. The Therapeutics Committee will review the SUPDL, including corresponding prior authorization criteria, and provide their recommendations. The Drug Utilization Review (DUR) Board will review SUPDL recommendations from the Therapeutics Committee as they have previously for the individual FFS and managed care PDLs. The DUR Board will then vote on any updates to the SUPDL.

How often will drugs, or drug classes, be reviewed and changes made to the SUPDL?
The Therapeutics Committee meets four times a year, reviewing each drug class twice yearly. The Therapeutics Committee will make recommendations to the DUR Board after each of the four meetings. The DUR Board meets monthly and has the ability to make updates during each meeting.

How will new drugs to market be handled?
The SUPDL will update on a continuous basis. Drugs that are new-to-market and meet Center for Medicare and Medicaid Services (CMS) outpatient drug requirements will be covered. Drugs that fall into one of the classes listed on the SUPDL will be designated as neutral until reviewed by the Therapeutics Committee and voted on by the DUR Board. Drug classes may be added to or removed from the SUPDL as determined by the Committee and Board.

Where can I find more information about the Therapeutics Committee and DUR Board meetings?
The schedule for review of therapeutic classes, including clinical data submission and rebate bid submission due dates, can be found by selecting the Boards and Committees tab, then Therapeutics Committee on the Optum Rx Indiana Medicaid FFS website accessible from the Pharmacy Services page at in.gov/medicaid/providers.

Notices of the DUR Board meetings and meeting agendas are posted on the FSSA website at in.gov/fssa. Click FSSA Calendar on the left side of the page under the Resources heading to access the events calendar.

SUPDL Preferred Products for Top Drug Classes per Claim Count*

DRUG CLASS	PREFERRED PRODUCTS
Antihistamine-Decongestant Combinations/2nd Generation Antihistamines	***All preferred OTC agents are covered for pediatric patients; only OTC cetirizine and loratadine tabs are covered for adults*** - Cetirizine OTC tabs - Fexofenadine OTC tabs - Levocetirizine Rx tabs - Loratadine OTC tabs - Loratadine OTC RDT tabs ***Combinations*** - Loratadine/pseudoephedrine 12-hour OTC tabs - Loratadine/pseudoephedrine 24-hour OTC tabs ***Liquid Formulation*** - Cetirizine 1 mg/ml OTC and RX syrup; - Loratadine 1 mg/1ml OTC syrup - Levocetirizine Rx oral solution ST- trial of loratadine solution or cetirizine syrup
Antiseizure Agents	***All generic agents are preferred unless specified below*** - Carbatrol - Celontin - Depakote Sprinkle - Diastat rectal - Dilantin suspension/capsule/chew - Felbatol - Gabitril - Lamictal chew - Lyrica - Nayzilam - Neurontin tablet/capsule - Oxtellar XR - Qudexy XR - Tegretol IR/XR/suspension - Trileptal suspension - Valtoco
Respiratory Beta Adrenergics and Corticosteroids	- Advair HFA - Advair Diskus - Dulera - Symbicort - Trelegy Ellipta
Bronchodilator Agents- Beta Adrenergic and Anticholinergic	***Short-Acting*** - Atrovent HFA - Combivent Respimat - ipratropium solution

	- ipratropium/albuterol solution ***Long-Acting*** - Spiriva - Anoro Ellipta - Incruse Ellipta - Stiolto Respimat
Calcium Channel Blockers	***Dihydropyridine*** - Amlodipine - Felodipine ER - Nifedipine (short-acting) - Nifedipine ER ***Non-Dihydropyridine*** - Calan SR - Diltiazem (long-acting formulations) - Diltiazem (non-time released) - Nimodipine - Verapamil (long-acting formulations) - Verapamil (non-time released) ***Liquid Formulation*** - Norliqva
Direct oral anticoagulants	- Xarelto - Eliquis - Pradaxa
GLP-1 Receptor Antagonists and combinations	***GLP-1 RA*** - Byetta - Ozempic - Trulicity - Victoza ***GIP/GLP-1 RA*** N/A ***Combination Agents*** - Soliqua
HMG CoA Reductase Inhibitors	- Atorvastatin - Lovastatin - Pravastatin - Rosuvastatin - Simvastatin
Insulins ***Intermediate Acting***	- Insulin aspart (70/30) - Humalog Mix 50/50 - Humalog Mix 75/25 - Humulin N - Humulin 50/50 - Humulin 70/30

	- Novolin N - Novolin 70/30 - Novolog Mix 70/30 - Novolog ReliOn 70/30 - ReliOn N vials only - ReliOn 70/30 vials only
Insulins ***Rapid Acting***	- Apidra - Apidra SoloStar - Humalog - Novolog (except ReliOn)
Insulins ***Short Acting***	- Humulin - Novolin R - ReliOn R vials only
Insulins ***Long Acting***	- Insulin glargine (Winthrop) - Lantus - Levemir - Tresiba (ST – trial of Lantus or Levemir)
Narcotics	***Short Acting*** - Buprenorphine injection - Codeine/acetaminophen - Codeine sulfate - Codeine/butalbital/acetaminophen/ caffeine - Codeine/butalbital/aspirin/caffeine - Hydrocodone/acetaminophen - Hydrocodone/ibuprofen - Hydromorphone - Levorphanol - Meperidine - Morphine - Nalbuphine - Oxycodone - Oxycodone/acetaminophen - Oxycodone/aspirin - Pentazocine/naloxone - Butorphanol - Nucynta - Tramadol - Tramadol/acetaminophen ***Long Acting*** - Butrans - Fentanyl patches - Morphine ER tab (MS Contin) - Nucynta ER
Oral inhaled glucocorticoids	- Arnuity Ellipta - Asmanex - Asmanex HFA - Flovent Diskus

	- Flovent HFA - Pulmicort Flexhaler - QVAR Redihaler - budesonide inhalation suspension age 3 and younger
Proton Pump Inhibitors	- Omeprazole capsules - Dexilant capsules - Esomeprazole capsules - Pantoprazole tablets ***Oral Solutions*** - Nexium packets - Protonix packets
SGLT2 inhibitors and combinations	***SGLT2-I*** - Farxiga - Jardiance - Invokana ***SGLT2-I & metformin combination*** - Invokamet - Synjardy - Xigduo XR ***SGLT2-I & DPP4-I combination*** N/A ***SGLT2-I, DPP4-I, & metformin combination*** N/A
Skeletal Muscle Relaxants	- Baclofen - Chlorzoxazone - Cyclobenzaprine IR (tabs) - Methocarbamol - Orphenadrine citrate - Tizanidine tablets ***Granules/Liquid Formulation*** - Baclofen 5 mg/5 mL solution

* This list is accurate as of 05/18/2023. For an up-to-date, complete list of preferred products as well as agent specific age edits, quantity limits, and step-through therapies, please reference the *Preferred Drug List* page that can be accessed on the Optum Rx Indiana Medicaid website, accessible from the *Pharmacy Services* page at in.gov/medicaid/providers

Indiana Medicaid Preferred Brand Drug List
Please access the Indiana Medicaid Preferred Brand Drug List for products that require brand name product dispensing despite availability of a generic alternative. The *Preferred Brand Drug List* page can be accessed on the Optum Rx Indiana Medicaid website, accessible from the Pharmacy Services page at in.gov/Medicaid/providers