# STATE UNIFORM PDL FAQ's

**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?**

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 being made?**

The goal of this initiative is to improve provider and member experience through enhanced and simplified medication access across all IHCP prescription drug benefits without increasing overall prescription drug expenditures. State Medicaid programs primarily use PDLs as a cost-saving measure. If there is more than one manufacturer of a drug in a drug class, the manufacturers may compete to have their drug listed as preferred on a PDL by offering supplemental rebates to the state.

**How does this affect Continuity of Care if a member has a PA for a prescription?**

Members with a paid claim prior to July 1, 2023, for a nonpreferred drug, may continue to receive coverage for the drug up to 90 days following SUPDL implementation to allow time to transition to a preferred drug on the SUPDL. Providers are encouraged to submit a PA request, during this time, if continuation of therapy for the nonpreferred drug is medically justified over the preferred.

**How are drugs chosen for the SUPDL (Statewide Uniform Preferred Drug List)**

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.

**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. 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 includes agents within the pharmacy and medical benefit. that are dispensed and billed by a pharmacy. At this time, the SUPDL will 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 if not listed inside the SUPDL and 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.

**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 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 by OMPP Pharmacy. 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.

# Questions you may receive from members:

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**What if a drug I need is not on the list?**

We will contact your health care provider if you need to change to a preferred medication on the SUPDL. You can fill your current medication for up to 90 days after July 5, 2023. This gives your provider time to make the change or request a prior authorization. Talk with your health care provider about how the SUPDL may impact your medications.

**What if I go to another MCE?**

Members with a paid claim prior to July 1, 2023, for a nonpreferred drug, may continue to receive coverage for the drug up to 90 days following SUPDL implementation to allow time to transition to a preferred drug on the SUPDL.

**What is a prior authorization and how do I get one if I need it?**

A Prior Authorization (PA) is an authorization from MHS to provide services designated as requiring approval prior to treatment and/or payment. Your doctor will work with MHS and complete this form on your behalf.

**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.

**Are there drugs that are being added or taken off the PDL?**

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 can make updates during each meeting.

**Statewide Uniform Preferred Drug List (SUPDL)**