Indiana Medicaid

Pharmacy Policy Updates

July 2024

The following policies are effective Aug. 1, 2024

CareSource™

AT CARESOURCE, WE LISTEN TO OUR PROVIDERS, AND WE STREAMLINE OUR BUSINESS PRACTICES TO MAKE IT EASIER FOR YOU TO WORK WITH US.

We have worked to create a predictable cycle for releasing administrative, pharmacy, and reimbursement policies, so you know what to expect.
Check back each month for a consolidated network notification of policy updates from CareSource.

HOW TO USE THIS NETWORK NOTIFICATION

- Reference the list of policy updates.
- Note the effective date and impacted plans for each policy.
- Click the hyperlinked policy title to open the webpage containing the policy location.

FIND OUR POLICIES ONLINE

To access all CareSource policies, visit **CareSource.com** > Providers > Tools & Resources > Provider Policies. Select your plan and state, then Pharmacy, Reimbursement, or Administrative. Each policy page has an archive where you can find previous versions of policies.

IN-MED-P-2953913; Issue Date: 07/01/2024 OMPP Approval Date: 1/19/2022

PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
FABHALTA (IPTACOPAN)	8/1/2024	INDIANA MEDICAID	NEW POLICY
ADZYNMA (ADAMTS13, RECOMBINANT-KRHN)	8/1/2024	INDIANA MEDICAID	NEW POLICY
GIVLAARI (GIVOSIRAN)	8/1/2024	INDIANA MEDICAID	REVISED POLICY
PANHEMATIN (HEMIN FOR INJECTION)	8/1/2024	INDIANA MEDICAID	REVISED POLICY
ALDURAZYME (LARONIDASE)	8/1/2024	INDIANA MEDICAID	REVISED POLICY
ELAPRASE (IDURSULFASE)	8/1/2024	INDIANA MEDICAID	REVISED POLICY
MEPSEVII (VESTRONIDASE ALFA-VJBK)	8/1/2024	INDIANA MEDICAID	REVISED POLICY

IN-MED-P-2953913; Issue Date: 07/01/2024

OMPP Approval Date: 1/19/2022

PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
NAGLAZYME (GALSULFASE)	8/1/2024	INDIANA MEDICAID	REVISED POLICY
VIMIZIM (ELOSULFASE ALFA)	8/1/2024	INDIANA MEDICAID	REVISED POLICY
BENLYSTA (BELIMUMAB)	8/1/2024	INDIANA MEDICAID	REVISED POLICY
SAPHNELO (ANIFROLUMAB)	8/1/2024	INDIANA MEDICAID	REVISED POLICY
TROGARZO (IBALIZUMAB-UIYK)	8/1/2024	INDIANA MEDICAID	REVISED POLICY
RUKOBIA (FOSTEMSAVIR)	8/1/2024	INDIANA MEDICAID	REVISED POLICY
SUNLENCA (LENACAPAVIR)	8/1/2024	INDIANA MEDICAID	REVISED POLICY
FILSUVEZ (BIRCH TRITERPENES)	8/1/2024	INDIANA MEDICAID	NEW POLICY
WAINUA (EPLONTERSEN)	8/1/2024	INDIANA MEDICAID	NEW POLICY

IN-MED-P-2953913; Issue Date: 07/01/2024 OMPP Approval Date: 1/19/2022

PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
TEGSEDI (INOTERSEN)	8/1/2024	INDIANA MEDICAID	REVISED POLICY
OXLUMO (LUMASIRAN)	8/1/2024	INDIANA MEDICAID	REVISED POLICY
RIVFLOZA (NEDOSIRAN)	8/1/2024	INDIANA MEDICAID	REVISED POLICY
IMMUNE GLOBULIN	8/1/2024	INDIANA MEDICAID	REVISED POLICY
OGSIVEO (NIROGACESTAT)	8/1/2024	INDIANA MEDICAID	NEW POLICY
TRASTUZUMAB (HERCEPTIN, HERZUMA, KANJINTI, OGIVRI, ONTRUZANT, TRAZIMERA)	8/1/2024	INDIANA MEDICAID	NEW POLICY
LUPKYNIS (VOCLOSPORIN)	8/1/2024	INDIANA MEDICAID	REVISED POLICY
DURYSTA (BIMATOPROST)	8/1/2024	INDIANA MEDICAID	REVISED POLICY

IN-MED-P-2953913; Issue Date: 07/01/2024

OMPP Approval Date: 1/19/2022