

Indiana Medicaid

Pharmacy Policy Updates

December 2024

The following policies are effective January 1, 2025



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](https://www.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.

PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
BENLYSTA (BELIMUMAB)	01/01/2025	INDIANA MEDICAID	REVISED POLICY
BOTOX (ONABOTULINUMTOXINA)	01/01/2025	INDIANA MEDICAID	REVISED POLICY
BRINEURA (CERLIPONASE ALFA)	01/01/2025	INDIANA MEDICAID	REVISED POLICY
BYLVAY (ODEVIXIBAT)	01/01/2025	INDIANA MEDICAID	REVISED POLICY
ENSPRYNG (SATRALIZUMAB-MWGE)	01/01/2025	INDIANA MEDICAID	REVISED POLICY
IQIRVO (ELAFIBRANOR)	01/01/2025	INDIANA MEDICAID	NEW POLICY
JOENJA (LENIOLISIB)	01/01/2025	INDIANA MEDICAID	REVISED POLICY
KANUMA (SEBELIPASE ALFA)	01/01/2025	INDIANA MEDICAID	REVISED POLICY
KISUNLA (DONANEMAB)	01/01/2025	INDIANA MEDICAID	NEW POLICY

IN-MED-P-3457770; Issue Date: 12/01/2024

OMPP Approval Date: 1/19/2022

PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
LAMZEDE (VELMANASE ALFA-TYCV)	01/01/2025	INDIANA MEDICAID	REVISED POLICY
LIVMARLI (MARALIXIBAT)	01/01/2025	INDIANA MEDICAID	REVISED POLICY
MEDICAL NECESSITY – OFF LABEL	01/01/2025	INDIANA MEDICAID	REVISED POLICY
MEDICAL NECESSITY FOR DAW	01/01/2025	INDIANA MEDICAID	REVISED POLICY
MEDICAL NECESSITY FOR NEUTRAL MEDICATIONS	01/01/2025	INDIANA MEDICAID	REVISED POLICY
MULTI-INGREDIENT COMPOUND POLICY	01/01/2025	INDIANA MEDICAID	REVISED POLICY
OXLUMO (LUMASIRAN)	01/01/2025	INDIANA MEDICAID	REVISED POLICY
OZURDEX (DEXAMETHASONE)	01/01/2025	INDIANA MEDICAID	REVISED POLICY
PALYNZIQ (PEGVALIASE-PQPZ)	01/01/2025	INDIANA MEDICAID	REVISED POLICY

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PYRUKYND (MITAPIVAT)	01/01/2025	INDIANA MEDICAID	NEW POLICY
REZUROCK (BELUMOSUDIL)	01/01/2025	INDIANA MEDICAID	REVISED POLICY
RIVFLOZA (NEDOSIRAN)	01/01/2025	INDIANA MEDICAID	REVISED POLICY
RYPLAZIM (PLASMINOGEN, HUMAN-TVMH)	01/01/2025	INDIANA MEDICAID	NEW POLICY
SCENESSE (AFAMELANOTIDE)	01/01/2025	INDIANA MEDICAID	REVISED POLICY
SINGLE DOSE VIAL – CLAIMS MODIFIERS	01/01/2025	INDIANA MEDICAID	REVISED POLICY
UPLIZNA (INEBILIZUMAB-CDON)	01/01/2025	INDIANA MEDICAID	REVISED POLICY
VOYDEYA (DANICOPAN)	01/01/2025	INDIANA MEDICAID	NEW POLICY

PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
VYVGART (EFGARTIGIMOD ALFA-FCAB) AND VYVGART HYTRULO (EFGARTIGIMOD ALFA AND HYALURONIDASE-QVFC)	01/01/2025	INDIANA MEDICAID	REVISED POLICY
XENPOZYME (OLIPUDASE ALFA-RPCP)	01/01/2025	INDIANA MEDICAID	REVISED POLICY
XOLREMDI (MAVORIXAFOR)	01/01/2025	INDIANA MEDICAID	NEW POLICY
ZOKINVY (LONAFARNIB)	01/01/2025	INDIANA MEDICAID	REVISED POLICY