

Indiana Medicaid

Pharmacy Policy Updates

October 2022

The following policies are effective October 1, 2022



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.

PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
ZTALMY (GANAXOLONE)	10/1/2022	INDIANA MEDICAID	NEW POLICY
DIACOMIT (STIRIPENTOL)	10/1/2022	INDIANA MEDICAID	REVISED POLICY
EPIDIOLEX (CANNABIDIOL)	10/1/2022	INDIANA MEDICAID	REVISED POLICY
FINTEPLA (FENFLURAMINE)	10/1/2022	INDIANA MEDICAID	REVISED POLICY
RECORLEV (LEVOKETOCONAZOLE)	10/1/2022	INDIANA MEDICAID	NEW POLICY
ISTURISA (OSILODROSTAT)	10/1/2022	INDIANA MEDICAID	REVISED POLICY
KORLYM (MIFEPRISTONE)	10/1/2022	INDIANA MEDICAID	REVISED POLICY
SIGNIFOR, SIGNIFOR LAR (PASIREOTIDE)	10/1/2022	INDIANA MEDICAID	REVISED POLICY

PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
SOMAVERT (PEGVISOMANT)	10/1/2022	INDIANA MEDICAID	REVISED POLICY
MYCAPSSA (OCTREOTIDE)	10/1/2022	INDIANA MEDICAID	REVISED POLICY
SOMATOSTATIN ANALOGS	10/1/2022	INDIANA MEDICAID	REVISED POLICY
XERMELO (TELOTRISTAT ETHYL)	10/1/2022	INDIANA MEDICAID	REVISED POLICY
HYALURONIC ACID VISCOSUPPLEMENTS	10/1/2022	INDIANA MEDICAID	NEW POLICY
MACI (AUTOLOGOUS CULTURED CHONDROCYTES)	10/1/2022	INDIANA MEDICAID	REVISED POLICY
EVENITY (ROMOSUZUMAB)	10/1/2022	INDIANA MEDICAID	REVISED POLICY
TYMLOS (ABALOPARATIDE)	10/1/2022	INDIANA MEDICAID	REVISED POLICY

PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
FORTEO (TERIPARATIDE)	10/1/2022	INDIANA MEDICAID	REVISED POLICY
PROLIA (DENOSUMAB)	10/1/2022	INDIANA MEDICAID	REVISED POLICY
STRENSIQ (ASFOTASE ALFA)	10/1/2022	INDIANA MEDICAID	REVISED POLICY
ESBRIET (PIRFENIDONE)	10/1/2022	INDIANA MEDICAID	REVISED POLICY
OFEV (NINTEDANIB)	10/1/2022	INDIANA MEDICAID	REVISED POLICY
PULMOZYME (DORNASE ALFA INHALATION SOLUTION)	10/1/2022	INDIANA MEDICAID	REVISED POLICY
BRONCHITOL (MANNITOL)	10/1/2022	INDIANA MEDICAID	REVISED POLICY
TOBI, TOBI PODHALER (TOBRAMYCIN INHALATION SOLUTION)	10/1/2022	INDIANA MEDICAID	REVISED POLICY

IN-MED-P-1045664; Issue Date: 10/01/2022

OMPP Approval Date: 1/19/2022

PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
BETHKIS (TOBRAMYCIN INHALATION SOLUTION)	10/1/2022	INDIANA MEDICAID	REVISED POLICY
KITABIS PAK (TOBRAMYCIN INHALATION SOLUTION)	10/1/2022	INDIANA MEDICAID	REVISED POLICY
CAYSTON (AZTREONAM INHALATION SOLUTION)	10/1/2022	INDIANA MEDICAID	REVISED POLICY
TROGARZO (IBALIZUMAB-UIYK)	10/1/2022	INDIANA MEDICAID	REVISED POLICY
RUKOBA (FOSTEMSAVIR)	10/1/2022	INDIANA MEDICAID	REVISED POLICY
VABYSMO (FARICIMAB-SVOA)	10/1/2022	INDIANA MEDICAID	NEW POLICY
ULTOMIRIS (RAVULIZUMAB-CWVZ)	10/1/2022	INDIANA MEDICAID	REVISED POLICY
ACTEMRA (TOCILIZUMAB)	10/1/2022	INDIANA MEDICAID	REVISED POLICY

PHARMACY POLICY UPDATES

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NEXVIAZYME (AVALGLUCOSIDASE ALFA-NGP)	10/1/2022	INDIANA MEDICAID	REVISED POLICY
OXLUMO (LUMASIRAN)	10/1/2022	INDIANA MEDICAID	REVISED POLICY
ZULRESSO (BREXANOLONE)	10/1/2022	INDIANA MEDICAID	REVISED POLICY
KORSUVA (DIFELIKEFALIN)	10/1/2022	INDIANA MEDICAID	REVISED POLICY
XENLETA (LEFAMULIN)	10/1/2022	INDIANA MEDICAID	REVISED POLICY
RINVOQ (UPADACITINIB)	10/1/2022	INDIANA MEDICAID	REVISED POLICY
STANDARD MEDICAL BILLING GUIDANCE	7/22/2022	INDIANA MEDICAID	NEW POLICY