Indiana Medicaid

Pharmacy Policy Updates

July 2022

The following policies are effective July 1, 2022

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.

PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
LEQVIO (INCLISIRAN)	7/1/2022	INDIANA MEDICAID	NEW POLICY
EVKEEZA (EVINACUMAB-DGNB)	7/1/2022	INDIANA MEDICAID	REVISED POLICY
JUXTAPID (LOMITAPIDE)	7/1/2022	INDIANA MEDICAID	REVISED POLICY
BRINEURA (CERLIPONASE ALFA)	7/1/2022	INDIANA MEDICAID	REVISED POLICY
KANUMA (SEBELIPASE AALF)	7/1/2022	INDIANA MEDICAID	REVISED POLICY
TEPEZZA (TEPROTUMUMAB-TRBW)	7/1/2022	INDIANA MEDICAID	REVISED POLICY
FIRDAPSE (AMIFAMPRIDINE)	7/1/2022	INDIANA MEDICAID	REVISED POLICY
VYVGART (EFGARTIGIMOD ALFA-FCAB)	7/1/2022	INDIANA MEDICAID	NEW POLICY

IN-MED-P-1045664; Issue Date: 07/01/2022

OMPP Approval Date: 1/19/2022

PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
RITUXAN (RITUXIMAB)	7/1/2022	INDIANA MEDICAID	REVISED POLICY
XEOMIN	7/1/2022	INDIANA MEDICAID	REVISED POLICY
VOXZOGO (VOSORITIDE)	7/1/2022	INDIANA MEDICAID	NEW POLICY
ORENCIA (ABATACEPT)	7/1/2022	INDIANA MEDICAID	REVISED POLICY
TARPEYO (BUDESONIDE)	7/1/2022	INDIANA MEDICAID	NEW POLICY
TAVNEOS (AVACOPAN)	7/1/2022	INDIANA MEDICAID	NEW POLICY
OTEZLA (APREMILAST)	7/1/2022	INDIANA MEDICAID	REVISED POLICY
APRETUDE (CABOTEGRAVIR)	7/1/2022	INDIANA MEDICAID	NEW POLICY

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PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
LIVTENCITY (MARIBAVIR)	7/1/2022	INDIANA MEDICAID	NEW POLICY
CYTOGAM (CYTOMEGALOVIRUS IMMUNE GLOBULIN)	7/1/2022	INDIANA MEDICAID	NEW POLICY
PREVYMIS (LETERMOVIR)	7/1/2022	INDIANA MEDICAID	NEW POLICY
COVID-19 ADMIN POLICY	7/1/2022	INDIANA MEDICAID	REVISED POLICY

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