



NETWORK *Notification*

Notice Date: July 1, 2025
To: Indiana Medicaid Providers
From: CareSource
Subject: Topiramate Compounds Prior Authorization Change
Effective Date: August 15, 2025

Summary

Effective August 15, topiramate tablets in compounded products require prior authorization review. This change supports members' access to clinically appropriate and cost-effective medication options.

Impact

This decision may affect members receiving compounded products containing topiramate. Affected members may need to transition to commercially available alternatives or seek prior authorization review. We are reaching out to members who use these products, and their providers, to tell them about these changes.

Importance

Please review your patients' treatment plans and discuss options with them. We encourage you to support your patients through this transition.

Questions?

Contact Provider Services at **1-844-607-2831**. We are open Monday through Friday, 8 a.m. to 8 p.m. Eastern Time (ET)/7 a.m. to 7 p.m. Central Time (CT).

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OMPP Template Approved: 12/8/2022