

Indiana Medicaid

# *Pharmacy Policy Updates*

March 2024

*The following policies are effective April 1, 2024*



## 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
<a href="#"><u>IZERVAY (AVACINCAPTAD PEGOL)</u></a>	4/1/2024	INDIANA MEDICAID	NEW POLICY
<a href="#"><u>EYLEA AND EYLEA HD (AFLIBERCEPT)</u></a>	4/1/2024	INDIANA MEDICAID	REVISED POLICY
<a href="#"><u>VISUDYNE (VERTEPORFIN)</u></a>	4/1/2024	INDIANA MEDICAID	NEW POLICY
<a href="#"><u>XIPERE (TRIAMCINOLONE)</u></a>	4/1/2024	INDIANA MEDICAID	REVISED POLICY
<a href="#"><u>RETISERT (FLUOCINOLONE ACETONIDE)</u></a>	4/1/2024	INDIANA MEDICAID	REVISED POLICY
<a href="#"><u>YUTIQ (FLUOCINOLONE ACETONIDE)</u></a>	4/1/2024	INDIANA MEDICAID	REVISED POLICY
<a href="#"><u>ILUVIEN (FLUOCINOLONE ACETONIDE)</u></a>	4/1/2024	INDIANA MEDICAID	REVISED POLICY
<a href="#"><u>OZURDEX (DEXAMETHASONE)</u></a>	4/1/2024	INDIANA MEDICAID	REVISED POLICY
<a href="#"><u>VABYSMO (FARICIMAB-SVOA)</u></a>	4/1/2024	INDIANA MEDICAID	REVISED POLICY

IN-MED-P-2761650; Issue Date: 4/1/2024

OMPP Approval Date: 1/19/2022

## PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
<a href="#">MACRILEN (MACIMORELIN)</a>	4/1/2024	INDIANA MEDICAID	REVISED POLICY
<a href="#">MYALEPT (METRELEPTIN)</a>	4/1/2024	INDIANA MEDICAID	NEW POLICY
<a href="#">KOSELUGO (SELUMETINIB)</a>	4/1/2024	INDIANA MEDICAID	REVISED POLICY
<a href="#">XALKORI (CRIZOTINIB)</a>	4/1/2024	INDIANA MEDICAID	NEW POLICY
<a href="#">RIVFLOZA (NEDOSIRAN)</a>	4/1/2024	INDIANA MEDICAID	NEW POLICY
<a href="#">OXLUMO (LUMASIRAN)</a>	4/1/2024	INDIANA MEDICAID	REVISED POLICY
<a href="#">JYNARQUE (TOLVAPTAN)</a>	4/1/2024	INDIANA MEDICAID	REVISED POLICY
<a href="#">MYOBLOC (RIMABOTULINUMTOXINB)</a>	4/1/2024	INDIANA MEDICAID	REVISED POLICY

## PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
<a href="#">DYSPORT (ABOBOTULINUMTOXINA)</a>	4/1/2024	INDIANA MEDICAID	REVISED POLICY
<a href="#">XEOMIN (INCOBOTULINUMTOXINA)</a>	4/1/2024	INDIANA MEDICAID	REVISED POLICY
<a href="#">BOTOX (ONABOTULINUMTOXINA)</a>	4/1/2024	INDIANA MEDICAID	REVISED POLICY
<a href="#">ZILBRYSQ (ZILUCOPLAN)</a>	4/1/2024	INDIANA MEDICAID	NEW POLICY
<a href="#">POMBILTI (CIPAGLUCOSIDASE ALFA-ATGA) AND OPFOLDA (MIGLUSTAT)</a>	4/1/2024	INDIANA MEDICAID	NEW POLICY
<a href="#">LUMIZYME (ALGLUCOSIDASE ALFA)</a>	4/1/2024	INDIANA MEDICAID	REVISED POLICY
<a href="#">NEXVIAZYME (AVALGLUCOSIDASE ALFA-NGP)</a>	4/1/2024	INDIANA MEDICAID	REVISED POLICY
<a href="#">VELSIPITY (ETRASIMOD)</a>	4/1/2024	INDIANA MEDICAID	NEW POLICY

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POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
<a href="#">OMVOH (MIRIKIZUMAB-MRKZ)</a>	4/1/2024	INDIANA MEDICAID	NEW POLICY
<a href="#">EMPAVELI (PEGCETACOPLAN)</a>	4/1/2024	INDIANA MEDICAID	REVISED POLICY
<a href="#">GAMIFANT (EMAPALUMAB-LZSG)</a>	4/1/2024	INDIANA MEDICAID	REVISED POLICY
<a href="#">SOHONOS (PALOVAROTENE)</a>	4/1/2024	INDIANA MEDICAID	NEW POLICY
<a href="#">VEOPOZ (POZELIMAB)</a>	4/1/2024	INDIANA MEDICAID	NEW POLICY
<a href="#">RITUXUMAB (RITUXAN*, TRUXIMA, RUXIENCE, RIABNI)</a>	4/1/2024	INDIANA MEDICAID	REVISED POLICY
<a href="#">BEVACIZUMAB (ALYMSYS, AVASTIN, MVASI, ZIRABEV, ALYMSYS, VEGZELMA)</a>	4/1/2024	INDIANA MEDICAID	REVISED POLICY