Indiana Medicaid

Pharmacy Policy Updates

August 2025

The following policies are effective October 1, 2025

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
AMVUTTRA (VUTRISIRAN)	10/01/2025	INDIANA MEDICAID	REVISED POLICY
APRETUDE (CABOTEGRAVIR EXTENDED-RELEASE)	10/01/2025	INDIANA MEDICAID	REVISED POLICY
CERDELGA (ELIGLUSTAT)	10/01/2025	INDIANA MEDICAID	NO CLINICAL CRITERIA UPDATES
CTEXLI (CHENODIOL)	10/01/2025	INDIANA MEDICAID	NEW POLICY
ENZYME REPLACEMENT THERAPY (ERT) FOR FABRY DISEASE: FABRAZYME (AGALSIDASE BETA) AND ELFABRIO (PEGUNIGALSIDASE ALFAIWXJ)	10/01/2025	INDIANA MEDICAID	NO CLINICAL CRITERIA UPDATES
ENZYME REPLACEMENT THERAPY (ERT) FOR GAUCHER DISEASE: CEREZYME (IMIGLUCERASE), ELELYSO (TALIGLUCERASE ALFA), VPRIV (VELAGLUCERASE ALFA)	10/01/2025	INDIANA MEDICAID	NEW POLICY

IN-MED-P-4271904; Issue Date: 10/01/2025 OMPP Approval Date: 1/19/2022

PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
GALAFOLD (MIGALASTAT)	10/01/2025	INDIANA MEDICAID	REVISED POLICY
GOMEKLI (MIRDAMETINIB)	10/01/2025	INDIANA MEDICAID	NEW POLICY
ILUVIEN (FLUOCINOLONE ACETONIDE)	10/01/2025	INDIANA MEDICAID	REVISED POLICY
IMAAVY (NIPOCALIMAB-AAHU)	10/01/2025	INDIANA MEDICAID	NEW POLICY
IZERVAY (AVACINCAPTAD PEGOL)	10/01/2025	INDIANA MEDICAID	REVISED POLICY
KOSELUGO (SELUMETINIB)	10/01/2025	INDIANA MEDICAID	REVISED POLICY
LIVMARLI (MARALIXIBAT)	10/01/2025	INDIANA MEDICAID	REVISED POLICY
MYCAPSSA (OCTREOTIDE)	10/01/2025	INDIANA MEDICAID	REVISED POLICY
ONPATTRO (PATISIRAN)	10/01/2025	INDIANA MEDICAID	ARCHIVED POLICY; FOLLOWS FEE FOR SERVICE PRIOR AUTHORIZATION CRITERIA

IN-MED-P-4271904; Issue Date: 10/01/2025 OMPP Approval Date: 1/19/2022

PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
OZURDEX (DEXAMETHASONE)	10/01/2025	INDIANA MEDICAID	REVISED POLICY
RETISERT (FLUOCINOLONE ACETONIDE)	10/01/2025	INDIANA MEDICAID	NO CLINICAL CRITERIA UPDATES
ROMVIMZA (VIMSELTINIB)	10/01/2025	INDIANA MEDICAID	NEW POLICY
RYSTIGGO (ROZANOLIXIZUMAB-NOLI)	10/01/2025	INDIANA MEDICAID	REVISED POLICY
ECULIZUMAB (SOLIRIS, EPYSQLI, BKEMV)	10/01/2025	INDIANA MEDICAID	REVISED POLICY
SOMAVERT (PEGVISOMANT)	10/01/2025	INDIANA MEDICAID	REVISED POLICY
SUSVIMO (RANIBIZUMAB)	10/01/2025	INDIANA MEDICAID	REVISED POLICY
SYFOVRE (PEGCETACOPLAN)	10/01/2025	INDIANA MEDICAID	NO CLINICAL CRITERIA UPDATES
TEZRULY (TERAZOSIN)	10/01/2025	INDIANA MEDICAID	FOLLOWS FEE FOR SERVICE PRIOR AUTHORIZATION CRITERIA

IN-MED-P-4271904; Issue Date: 10/01/2025 OMPP Approval Date: 1/19/2022

PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
TURALIO (PEXIDARTINIB)	10/01/2025	INDIANA MEDICAID	REVISED POLICY
UPLIZNA (INEBILIZUMAB-CDON)	10/01/2025	INDIANA MEDICAID	REVISED POLICY
VAFSEO (VADADUSTAT)	10/01/2025	INDIANA MEDICAID	NEW POLICY
VANRAFIA (ATRASENTAN)	10/01/2025	INDIANA MEDICAID	NEW POLICY
VYVGART (EFGARTIGIMOD ALFA-FCAB) AND VYVGART HYTRULO (EFGARTIGIMOD ALFA AND HYALURONIDASE-QVFC)	10/01/2025	INDIANA MEDICAID	REVISED POLICY
VYKAT XR (DIAZOXIDE CHOLINE)	10/01/2025	INDIANA MEDICAID	NEW POLICY
WAINUA (EPLONTERSEN)	10/01/2025	INDIANA MEDICAID	ARCHIVED POLICY; FOLLOWS FEE FOR SERVICE PRIOR AUTHORIZATION CRITERIA
XIPERE (TRIAMCINOLONE)	10/01/2025	INDIANA MEDICAID	NO CLINICAL CRITERIA UPDATES

IN-MED-P-4271904; Issue Date: 10/01/2025 OMPP Approval Date: 1/19/2022

PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
YUTIQ (FLUOCINOLONE ACETONIDE)	10/01/2025	INDIANA MEDICAID	NO CLINICAL CRITERIA UPDATES
ZILBRYSQ (ZILUCOPLAN)	10/01/2025	INDIANA MEDICAID	REVISED POLICY

IN-MED-P-4271904; Issue Date: 10/01/2025

OMPP Approval Date: 1/19/2022