Indiana Medicaid

Pharmacy Policy Updates

January 2026

The following policies are effective January 1, 2026

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
ANDEMBRY (GARADACIMAB-GXII)	01/01/2026	INDIANA MEDICAID	NEW POLICY
APRETUDE (CABOTEGRAVIR EXTENDED-RELEASE)	01/01/2026	INDIANA MEDICAID	REVISED POLICY
BERINERT (C1 ESTERASE INHIBITOR (HUMAN))	01/01/2026	INDIANA MEDICAID	REVISED POLICY
CINRYZE (C1 ESTERASE INHIBITOR (HUMAN))	01/01/2026	INDIANA MEDICAID	REVISED POLICY
EKTERLY (SEBETRALSTAT)	01/01/2026	INDIANA MEDICAID	NEW POLICY
FIRAZYR OR SAJAZIR (ICATIBANT)	01/01/2026	INDIANA MEDICAID	REVISED POLICY
GAMIFANT (EMAPALUMAB-LZSG)	01/01/2026	INDIANA MEDICAID	REVISED POLICY
HAEGARDA (C1 ESTERASE INHIBITOR (HUMAN))	01/01/2026	INDIANA MEDICAID	REVISED POLICY

IN-MED-P-4937600; Issue Date: 01/01/2026

OMPP Approval Date: 1/19/2022

PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
IMMUNE GLOBULIN (IVIG AND SCIG)	01/01/2026	INDIANA MEDICAID	REVISED POLICY
KALBITOR (ECALLANTIDE)	01/01/2026	INDIANA MEDICAID	REVISED POLICY
NITISINONE (ORFADIN, NITYR, HARLIKU)	01/01/2026	INDIANA MEDICAID	REVISED POLICY
NOVANTRONE (MITOXANTRONE)	01/01/2026	INDIANA MEDICAID	REVISED POLICY
ORLADEYO (BEROTRALSTAT)	01/01/2026	INDIANA MEDICAID	REVISED POLICY
OXLUMO (LUMASIRAN)	01/01/2026	INDIANA MEDICAID	REVISED POLICY
QALSODY (TOFERSEN)	01/01/2026	INDIANA MEDICAID	REVISED POLICY
RADICAVA (EDARAVONE INJECTION); RADICAVA ORS (EDARAVONE ORAL SUSPENSION)	01/01/2026	INDIANA MEDICAID	REVISED POLICY

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PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
RIVFLOZA (NEDOSIRAN)	01/01/2026	INDIANA MEDICAID	REVISED POLICY
RUCONEST (C1 ESTERASE INHIBITOR (RECOMBINANT))	01/01/2026	INDIANA MEDICAID	REVISED POLICY
SYLVANT (SILTUXIMAB)	01/01/2026	INDIANA MEDICAID	NEW POLICY
TAKHZYRO (LANADELUMAB-FLYO)	01/01/2026	INDIANA MEDICAID	REVISED POLICY
TAVALISSE (FOSTAMATINIB DISODIUM HEXAHYDRATE)	01/01/2026	INDIANA MEDICAID	REVISED POLICY
YEZTUGO (LENACAPAVIR)	01/01/2026	INDIANA MEDICAID	NEW POLICY
YUTIQ (FLUOCINOLONE ACETONIDE)	01/01/2026	INDIANA MEDICAID	ARCHIVED POLICY

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