

Indiana Medicaid

Pharmacy Policy Updates

March 2026

The following policies are effective May 1, 2026



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
BENLYSTA (BELIMUMAB)	05/01/2026	INDIANA MEDICAID	REVISED POLICY
BERINERT (C1 ESTERASE INHIBITOR (HUMAN))	05/01/2026	INDIANA MEDICAID	ANNUAL REVIEW; NO UPDATES
BRINSUPRI (BRENSOCATIB)	05/01/2026	INDIANA MEDICAID	NEW POLICY
ESBRIET (PIRFENIDONE)	05/01/2026	INDIANA MEDICAID	ANNUAL REVIEW; NO UPDATES
FORZINITY (ELAMIPRETIDE)	05/01/2026	INDIANA MEDICAID	NEW POLICY
GAZYVA (OBINUTUZUMAB)	05/01/2026	INDIANA MEDICAID	NEW POLICY
IMMUNE GLOBULIN (IVIG AND SCIG)	05/01/2026	INDIANA MEDICAID	REVISED POLICY
JASCAYD (NERANDOMILAST)	05/01/2026	INDIANA MEDICAID	NEW POLICY
KALBITOR (ECALLANTIDE)	05/01/2026	INDIANA MEDICAID	ANNUAL REVIEW; NO UPDATES

IN-MED-P-1045664; Issue Date: 03/01/2026

OMPP Approval Date: 1/19/2022

PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
KOSELUGO (SELUMETINIB)	05/01/2026	INDIANA MEDICAID	REVISED POLICY
LUPKYNIS (VOCLOSPORIN)	05/01/2026	INDIANA MEDICAID	REVISED POLICY
NITISINONE (ORFADIN, NITYR, HARLIKU)	05/01/2026	INDIANA MEDICAID	REVISED POLICY
NOVANTRONE (MITOXANTRONE)	05/01/2026	INDIANA MEDICAID	ANNUAL REVIEW; NO UPDATES
NPLATE (ROMIPLOSTIM)	05/01/2026	INDIANA MEDICAID	REVISED POLICY
OFEV (NINTEDANIB)	05/01/2026	INDIANA MEDICAID	ANNUAL REVIEW; NO UPDATES
OXLUMO (LUMASIRAN)	05/01/2026	INDIANA MEDICAID	ANNUAL REVIEW; NO UPDATES
PAPZIMEOS (IMADENOVEC-DRBA)	05/01/2026	INDIANA MEDICAID	NEW POLICY
QALSODY (TOFERSEN)	05/01/2026	INDIANA MEDICAID	REVISED POLICY

IN-MED-P-1045664; Issue Date: 03/01/2026

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PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
RUCONEST (C1 ESTERASE INHIBITOR (RECOMBINANT))	05/01/2026	INDIANA MEDICAID	ANNUAL REVIEW; NO UPDATES
SAPHNELO (ANIFROLUMAB-FNIA)	05/01/2026	INDIANA MEDICAID	REVISED POLICY