

Indiana Medicaid

# *Pharmacy Policy Updates*

May 2026

*The following policies are effective July 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
<a href="#">340B DRUG PRICING</a>	07/01/2026	INDIANA MEDICAID	ARCHIVED POLICY
<a href="#">ADZYNMA (ADAMTS13, RECOMBINANT-KRHN)</a>	07/01/2026	INDIANA MEDICAID	REVISED POLICY
<a href="#">AFLIBERCEPT (EYLEA, EYLEA HD, PAVBLU)</a>	07/01/2026	INDIANA MEDICAID	REVISED POLICY
<a href="#">AQVESME (MITAPIVAT)</a>	07/01/2026	INDIANA MEDICAID	NEW POLICY
<a href="#">CABLIVI (CAPLACIZUMAB-YHDP)</a>	07/01/2026	INDIANA MEDICAID	REVISED POLICY
<a href="#">CYTOGAM (CYTOMEGALOVIRUS IMMUNE GLOBULIN)</a>	07/01/2026	INDIANA MEDICAID	ANNUAL REVIEW; NO CLINICAL UPDATES
<a href="#">DOJOLVI (TRihePTANOIN)</a>	07/01/2026	INDIANA MEDICAID	ANNUAL REVIEW; NO CLINICAL UPDATES
<a href="#">EXDENSUR (DEPEMOKIMAB-ULAA)</a>	07/01/2026	INDIANA MEDICAID	NEW POLICY

## PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
<a href="#">KUVAN (SAPROPTERIN)</a>	07/01/2026	INDIANA MEDICAID	ARCHIVED POLICY
<a href="#">KYGEVI (DOXECITINE AND DOXRIBTIMINE)</a>	07/01/2026	INDIANA MEDICAID	NEW POLICY
<a href="#">LEROCHOL (LERODALCIBEP-LIGA)</a>	07/01/2026	INDIANA MEDICAID	NEW POLICY
<a href="#">MYQORZO (AFICAMTEN)</a>	07/01/2026	INDIANA MEDICAID	NEW POLICY
<a href="#">NOCDURNA (DESMOPRESSIN ACETATE)</a>	07/01/2026	INDIANA MEDICAID	REVISED POLICY
<a href="#">NULIBRY (FOSDENOPTERIN)</a>	07/01/2026	INDIANA MEDICAID	REVISED POLICY
<a href="#">PROCYSBI AND CYSTAGON (CYSTEAMINE BITARTRATE); CYSTARAN AND CYSTADROPS (CYSTEAMINE HYDROCHLORIDE SOLUTION)</a>	07/01/2026	INDIANA MEDICAID	REVISED POLICY

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POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
<a href="#">REDEMPLO (PLOZASIRAN)</a>	07/01/2026	INDIANA MEDICAID	NEW POLICY
<a href="#">RITUXIMAB (RITUXAN, TRUXIMA, RUXIENCE, RIABNI)</a>	07/01/2026	INDIANA MEDICAID	REVISED POLICY
<a href="#">SUCRAID (SACROSIDASE)</a>	07/01/2026	INDIANA MEDICAID	REVISED POLICY
<a href="#">UPLIZNA (INEBILIZUMAB-CDON)</a>	07/01/2026	INDIANA MEDICAID	REVISED POLICY
<a href="#">WASKYRA (ETUVETIDIGENE AUTOTEMCEL)</a>	07/01/2026	INDIANA MEDICAID	NEW POLICY