CareSource | NETWORK Notification

Notice Date: November 1, 2026
To: CareSource Indiana Medicaid Providers
From: CareSource
Subject: November 2026 Pharmacy Policy Updates
Effective Date: January 1, 2027

Summary
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 pharmacy 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.
- Evaluate whether the policy is new or revised and determine whether its implementation or any revisions affect prior authorization requirements.
- Click the hyperlinked policy title to open the webpage with the full policy.

Find Our Policies Online

To access all CareSource policies, visit **CareSource.com** > Providers > Tools & Resources > Provider Policies. Select your plan and state, then *Administrative, Pharmacy,* or *Reimbursement*. Each revised policy has a previous version that can be referenced on the corresponding archived policy webpage.

Pharmacy Policy Updates

Policy Name & Number	Policy Type	Plan	Effective Date	New or Revised Policy	Impacts to Prior Authorization
Aflibercept (Eylea, Eylea HD, Pavblu)	PHARMACY	INDIANA MEDICAID	01/01/2027	REVISED	NO
Cuvrior (trientine tetrahydrochloride)	PHARMACY	INDIANA MEDICAID	01/01/2027	REVISED	NO
Enjaymo (sutimlimab)	PHARMACY	INDIANA MEDICAID	01/01/2027	REVISED	NO
Enzyme Replacement Therapy (ERT) for Gaucher Disease: Cerezyme (imiglucerase), Elelyso (taliglucerase alfa),	PHARMACY	INDIANA MEDICAID	01/01/2027	REVISED	NO

Vpriv (velaglucerase alfa)					
Givlaari (givosiran)	PHARMACY	INDIANA MEDICAID	01/01/2027	REVISED	NO
Hepcludex (bulevirtide-gmod)	PHARMACY	INDIANA MEDICAID	01/01/2027	FOLLOWS OMPP CRITERIA	NO
Injectable Prostacyclins for Pulmonary Arterial Hypertension: Veletri (epoprostenol), Remodulin (treprostinil)	PHARMACY	INDIANA MEDICAID	01/01/2027	NEW	NO
Jakafi, Jakafi XR (ruxolitinib)	PHARMACY	INDIANA MEDICAID	01/01/2027	REVISED	NO
Niktimvo (axatilimab)	PHARMACY	INDIANA MEDICAID	01/01/2027	REVISED	NO
Ogsiveo (nirogacestat)	PHARMACY	INDIANA MEDICAID	01/01/2027	REVISED	NO
Panhematin (hemin for injection)	PHARMACY	INDIANA MEDICAID	01/01/2027	REVISED	NO
Pyrukynd (mitapivat)	PHARMACY	INDIANA MEDICAID	01/01/2027	ANNUAL REVIEW	NO
Rezurock (belumosudil)	PHARMACY	INDIANA MEDICAID	01/01/2027	REVISED	NO
Saphnelo (anifrolumab-fnia)	PHARMACY	INDIANA MEDICAID	01/01/2027	REVISED	NO
Strensiq (asfotase alfa)	PHARMACY	INDIANA MEDICAID	01/01/2027	REVISED	NO
Tepezza (teprotumumab-trbw)	PHARMACY	INDIANA MEDICAID	01/01/2027	REVISED	NO
Vabysmo (faricimab-svoa)	PHARMACY	INDIANA MEDICAID	01/01/2027	REVISED	NO
Visudyne (verteporfin)	PHARMACY	INDIANA MEDICAID	01/01/2027	ARCHIVED	NO
Waskyra (etuvetidigene autotemcel)	PHARMACY	INDIANA MEDICAID	01/01/2027	NEW	NO
Xalkori (crizotinib)	PHARMACY	INDIANA MEDICAID	01/01/2027	REVISED	NO