Indiana Medicaid **Revision**

Pharmacy Policy Updates

September 2026

The following policies are effective November 1, 2026

This notification is a revision to the network notification posted on September 1, 2026. Updates are in red font.

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
ALPHA1-PROTEINASE INHIBITOR (ARALAST NP, GLASSIA, PROLASTIN C, ZEMAIRA [HUMAN])	11/1/2026	INDIANA MEDICAID	REVISED POLICY
ALDURAZYME (LARONIDASE)	11/1/2026	INDIANA MEDICAID	ANNUAL REVIEW; NO UPDATES
AQVESME (MITAPIVAT)	11/1/2026	INDIANA MEDICAID	NEW POLICY
AVLAYAH (TIVIDENOFUSP ALFA-EKNM)	11/1/2026	INDIANA MEDICAID	NEW POLICY
ELAPRASE (IDURSULFASE)	11/1/2026	INDIANA MEDICAID	REVISED POLICY
~~IMCIVREE (SETMELANOTIDE)~~	~~11/1/2026~~	~~INDIANA MEDICAID~~	~~REVISED POLICY~~
IMMUNE GLOBULIN (IVIG AND SCIG)	11/1/2026	INDIANA MEDICAID	REVISED POLICY
IQIRVO (ELAFIBRANOR)	11/1/2026	INDIANA MEDICAID	ANNUAL REVIEW; NO CLINICAL UPDATES

IN-MED-P-6070603a; Issue Date: 09/01/2026

OMPP Approval Date: 1/19/2022

PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
KANUMA (SEBELIPASE ALFA)	11/1/2026	INDIANA MEDICAID	REVISED POLICY
LEROCHOL (LERODALCIBEP-LIGA)	11/1/2026	INDIANA MEDICAID	REVISED POLICY
LIVDELZI (SELADELPAR)	11/1/2026	INDIANA MEDICAID	ANNUAL REVIEW; NO CLINICAL UPDATES
LOARGYS (PEGZILARGINASE-NBLN)	11/1/2026	INDIANA MEDICAID	NEW POLICY
MEPSEVII (VESTRONIDASE ALFA-VJBK)	11/1/2026	INDIANA MEDICAID	ANNUAL REVIEW; NO CLINICAL UPDATES
MYCAPSSA (OCTREOTIDE)	11/1/2026	INDIANA MEDICAID	ARCHIVED POLICY
NAGLAZYME (GALSULFASE)	11/1/2026	INDIANA MEDICAID	ANNUAL REVIEW; NO CLINICAL UPDATES
ONCOLOGY REGIMENS	11/1/2026	INDIANA MEDICAID	REVISED POLICY

IN-MED-P-6070603a; Issue Date: 09/01/2026

OMPP Approval Date: 1/19/2022

PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
VIMIZIM (ELOSULFASE ALFA)	11/1/2026	INDIANA MEDICAID	REVISED POLICY
VYVGART (EFGARTIGIMOD ALFA-FCAB) AND VYVGART HYTRULO (EFGARTIGIMOD ALFA AND HYALURONIDASE-QVFC)	11/1/2026	INDIANA MEDICAID	REVISED POLICY

IN-MED-P-6070603a; Issue Date: 09/01/2026

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