

Indiana Medicaid

Pharmacy Policy Updates

January 2023

The following policies are effective January 1, 2023



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
BERINERT (C1 ESTERASE INHIBITOR (HUMAN)) IV	1/1/2023	INDIANA MEDICAID	REVISED POLICY
RUCONEST (C1 ESTERASE INHIBITOR (RECOMBINANT)) IV	1/1/2023	INDIANA MEDICAID	REVISED POLICY
FIRAZYR OR SAJAZIR (ICATIBANT) SUBQ	1/1/2023	INDIANA MEDICAID	NEW POLICY
KALBITOR (ECALLANTIDE) SUBQ	1/1/2023	INDIANA MEDICAID	REVISED POLICY
CINRYZE (C1 ESTERASE INHIBITOR (HUMAN)) IV	1/1/2023	INDIANA MEDICAID	REVISED POLICY
HAEGARDA (C1 ESTERASE INHIBITOR (HUMAN)) SUBQ	1/1/2023	INDIANA MEDICAID	REVISED POLICY
TAKHZYRO (LANADELUMAB-FLYO) SUBQ	1/1/2023	INDIANA MEDICAID	REVISED POLICY
ORLADEYO (BEROTRALSTAT)	1/1/2023	INDIANA MEDICAID	REVISED POLICY
INTERFERONS FOR MULTIPLE SCLEROSIS: AVONEX, BETASERON, EXTAVIA, PLEGRIDY, REBIF	1/1/2023	INDIANA MEDICAID	REVISED POLICY

IN-MED-P-1045664; Issue Date: 1/1/2023

OMPP Approval Date: 1/19/2022

PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
VUMERITY (DIROXIMEL FUMARATE)	1/1/2023	INDIANA MEDICAID	REVISED POLICY
BAFIERTAM (MONOMETHYL FUMARATE)	1/1/2023	INDIANA MEDICAID	REVISED POLICY
LEMTRADA (ALEMTUZUMAB)	1/1/2023	INDIANA MEDICAID	REVISED POLICY
NOVANTRONE (MITOXANTRONE)	1/1/2023	INDIANA MEDICAID	REVISED POLICY
MAVENCLAD (CLADRIBINE)	1/1/2023	INDIANA MEDICAID	REVISED POLICY
OCREVUS (OCRELIZUMAB)	1/1/2023	INDIANA MEDICAID	REVISED POLICY
KESIMPTA (OFATUMUMAB)	1/1/2023	INDIANA MEDICAID	REVISED POLICY
RITUXAN (RITUXIMAB)	1/1/2023	INDIANA MEDICAID	REVISED POLICY
TYSABRI (NATALIZUMAB)	1/1/2023	INDIANA MEDICAID	REVISED POLICY

IN-MED-P-1045664; Issue Date: 1/1/2023

OMPP Approval Date: 1/19/2022

PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
DALFAMPRIDINE (GENERIC FOR AMPYRA) TABLETS	1/1/2023	INDIANA MEDICAID	REVISED POLICY
ENTYVIO (VEDOLIZUMAB)	1/1/2023	INDIANA MEDICAID	REVISED POLICY
SKYRIZI (RISANKIZUMAB- RZAA)	1/1/2023	INDIANA MEDICAID	REVISED POLICY
EVRYSDI (RISDIPLAM)	1/1/2023	INDIANA MEDICAID	REVISED POLICY
MYFEMBREE (RELUGOLIX, ESTRADIOL, AND NORETHINDRONE ACETATE)	1/1/2023	INDIANA MEDICAID	REVISED POLICY
ORILISSA (ELAGOLIX)	1/1/2023	INDIANA MEDICAID	REVISED POLICY
VIGABATRIN (GENERIC FOR SABRIL), VIGADRONE	1/1/2023	INDIANA MEDICAID	REVISED POLICY
FILGRASTIM (NEUPOGEN, ZARXIO, NIVESTYM, RELEUKO)	1/1/2023	INDIANA MEDICAID	NEW POLICY
BEOVU (BROLUCIZUMAB)	1/1/2023	INDIANA MEDICAID	REVISED POLICY

IN-MED-P-1045664; Issue Date: 1/1/2023

OMPP Approval Date: 1/19/2022

PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
DUPIXENT (DUPILUMAB)	1/1/2023	INDIANA MEDICAID	REVISED POLICY
EMGALITY (GALCANEZUMAB-GNLM)	1/1/2023	INDIANA MEDICAID	REVISED POLICY
KRYSTEXXA (PEGLOTICASE)	1/1/2023	INDIANA MEDICAID	REVISED POLICY
OLUMIANT (BARICITINIB)	1/1/2023	INDIANA MEDICAID	REVISED POLICY
ULTOMIRIS (RAVULIZUMAB-CWVZ)	1/1/2023	INDIANA MEDICAID	REVISED POLICY
BENLYSTA (BELIMUMAB)	1/1/2023	INDIANA MEDICAID	REVISED POLICY
SAPHNELO (ANIFROLUMAB-FNIA)	1/1/2023	INDIANA MEDICAID	REVISED POLICY
LUPKYNIS (VOCLOSPORIN)	1/1/2023	INDIANA MEDICAID	REVISED POLICY
SYNAGIS (PALIVIZUMAB)	1/1/2023	INDIANA MEDICAID	REVISED POLICY

IN-MED-P-1045664; Issue Date: 1/1/2023

OMPP Approval Date: 1/19/2022

PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
STELARA (USTEKINUMAB)	1/1/2023	INDIANA MEDICAID	REVISED POLICY
AIMOVIG (ERENUMAB-AOOE)	1/1/2023	INDIANA MEDICAID	REVISED POLICY