



PHARMACY POLICY STATEMENT Indiana Medicaid

DRUG NAME	Amondys 45 (casimersen)
BILLING CODE	N/A
BENEFIT TYPE	Carved out to FFS (fee-for-service) benefit
SITE OF SERVICE ALLOWED	N/A
COVERAGE REQUIREMENTS	Please see Indiana Fee-For-Service website

Amondys 45 (casimersen) is a product that is carved out from managed care Medicaid benefits and is included in the Indiana Medicaid Fee-For-Service (FFS) program. Requests for coverage of this product must be submitted directly to OptumRx for review.

DATE	ACTION/DESCRIPTION
03/01/2021	Statement regarding the carved-out status created.

Effective date: 03/01/2021
Revised date: 03/01/2021