CareSource®

PHARMACY POLICY STATEMENT
Indiana Medicaid

DRUG NAME	Kalydeco (ivacaftor)
BILLING CODE	Must use valid NDC code
███████████████	
COVERAGE REQUIREMENTS	Please see Indiana Fee-For-Service website

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

DATE	ACTION/DESCRIPTION
06/12/2017	New policy for Kalydeco created. Not covered diagnosis added.
05/01/2018	CareSource coverage removed—product is now carved out.

Effective date: 05/01/2018
Revised date: 05/01/2018