



Administrative Policy Statement  
**INDIANA MARKETPLACE PLANS**

Policy Name	Policy Number	Date Effective
-------------	---------------	----------------

## A. Subject

CareSource uses a Marketplace Formulary Drug List (i.e., Marketplace Formulary) that is established, reviewed and approved by the CareSource Pharmacy and Therapeutics (P&T) Committee and applicable state and federal regulatory agencies. Drugs on the Marketplace Formulary are classified as explained in the Member's Evidence of Coverage (EOC) into tiers including: Preventive, Preferred, Non-preferred, and/or Specialty. The Marketplace Formulary is reviewed routinely for addition or deletion of drugs and for tier selection of formulary drugs.

Drugs may be removed from the Marketplace Formulary when the brand drug becomes generically available, is withdrawn by a manufacturer, or when it is no longer as safe, efficacious f&2e5P(i)1.5 (xo7

Medical Necessity for Non-Formulary Medications  
Indiana

4. The Marketplace Formulary Drug(s) is/are expected to cause an adverse effect based on submitted documentation and medical history.

#### E. Conditions of Coverage

NDC  
HCPCS  
CPT

If a Non-Formulary Drug is approved for coverage, it will be processed at the member's appropriate Non-Preferred Drug or Non-Preferred Specialty Drug cost share as explained on the member's EOC.

**AUTHORIZATION PERIOD:** through the end of the member's plan year.

#### F. Related Policies/Rules

Medical Necessity - Off Label, Approved Orphan and Compassionate Use Drugs

Other drug-specific policies may apply.

#### G. Review/Revision History

DATES	ACTION
-------	--------