

Mississippi Medicaid

Pharmacy Policy Updates

June 2026

The following policies are effective July 1, 2026





Network Notification

AT TRUECARE, 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, medical, pharmacy and reimbursement policies, so you know what to expect. Pharmacy policies included on this network notice apply to drugs billed on the medical benefit.

Check back each month for a consolidated network notification of policy updates from TrueCare.

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 with the full policy.

FIND OUR POLICIES ONLINE

To access all TrueCare policies, visit <MSTrueCare.com> > Providers > Tools & Resources > [Provider Policies](#). Select your plan and the type of policy. Each policy page has an archive where you can find previous versions of policies.

PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
ADZYNMA (ADAMTS13, RECOMBINANT-KRHN)	07/01/2026	TRUECARE MISSISSIPPI MEDICAID	REVISED POLICY
AFLIBERCEPT (EYLEA, EYLEA HD, PAVBLU)	07/01/2026	TRUECARE MISSISSIPPI MEDICAID	REVISED POLICY
CYTOGAM (CYTOMEGALOVIRUS IMMUNE GLOBULIN)	07/01/2026	TRUECARE MISSISSIPPI MEDICAID	ANNUAL REVIEW; NO CLINICAL UPDATES
EXDENSUR (DEPEMOKIMAB-ULAA)	07/01/2026	TRUECARE MISSISSIPPI MEDICAID	NEW POLICY
HEMOPHILIA AND OTHER CLOTTING DISORDERS	07/01/2026	TRUECARE MISSISSIPPI MEDICAID	REVISED POLICY
MEDICAL BENEFIT MEDICATIONS	07/01/2026	TRUECARE MISSISSIPPI MEDICAID	ANNUAL REVIEW; NO CLINICAL UPDATES

PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
<u>NULIBRY (FOSDENOPTERIN)</u>	07/01/2026	TRUECARE MISSISSIPPI MEDICAID	REVISED POLICY
<u>ONCOLOGY REGIMENS</u>	07/01/2026	TRUECARE MISSISSIPPI MEDICAID	REVISED POLICY
<u>REBLOZYL (LUSPATERCEPT- AAMT)</u>	07/01/2026	TRUECARE MISSISSIPPI MEDICAID	REVISED POLICY
<u>RITUXIMAB (RITUXAN, TRUXIMA, RUXIENCE, RIABNI)</u>	07/01/2026	TRUECARE MISSISSIPPI MEDICAID	REVISED POLICY
<u>SPINRAZA (NUSINERSEN)</u>	07/01/2026	TRUECARE MISSISSIPPI MEDICAID	REVISED POLICY
<u>UPLIZNA (INEBILIZUMAB-CDON)</u>	07/01/2026	TRUECARE MISSISSIPPI MEDICAID	REVISED POLICY

PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
WASKYRA (ETUVETIDIGENE AUTOTEMCEL)	07/01/2026	TRUECARE MISSISSIPPI MEDICAID	NEW POLICY
ZOLGENSMA (ONASEMNOGENE ABEPARVOVEC-XIOI)	07/01/2026	TRUECARE MISSISSIPPI MEDICAID	REVISED POLICY