Mississippi Medicaid

# *Pharmacy Policy Updates*

## September 2026

*The following policies are effective October 1, 2026*

TRUECARE

# TRUECARE™ | 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 |
|---|---|---|---|
| ALDURAZYME (LARONIDASE) | 10/1/2026 | TRUECARE MISSISSIPPI MEDICAID | ANNUAL REVIEW; NO UPDATES |
| AVLAYAH (TIVIDENOFUSP ALFA-EKNM) | 10/1/2026 | TRUECARE MISSISSIPPI MEDICAID | NEW POLICY |
| ELAPRASE (IDURSULFASE) | 10/1/2026 | TRUECARE MISSISSIPPI MEDICAID | REVISED POLICY |
| KANUMA (SEBELIPASE ALFA) | 10/1/2026 | TRUECARE MISSISSIPPI MEDICAID | REVISED POLICY |
| LOARGYS (PEGZILARGINASE-NBLN) | 10/1/2026 | TRUECARE MISSISSIPPI MEDICAID | NEW POLICY |
| MEPSEVII (VESTRONIDASE ALFA-VJBK) | 10/1/2026 | TRUECARE MISSISSIPPI MEDICAID | ANNUAL REVIEW; NO UPDATES |

# PHARMACY POLICY UPDATES

| POLICY NAME | EFFECTIVE DATE | PLAN | IMPACT |
|---|---|---|---|
| NAGLAZYME (GALSULFASE) | 10/1/2026 | TRUECARE MISSISSIPPI MEDICAID | ANNUAL REVIEW; NO UPDATES |
| VIMIZIM (ELOSULFASE ALFA) | 10/1/2026 | TRUECARE MISSISSIPPI MEDICAID | ANNUAL REVIEW; NO UPDATES |
| VYVGART (EFGARTIGIMOD ALFA-FCAB) AND VYVGART HYTRULO (EFGARTIGIMOD ALFA AND HYALURONIDASE-QVFC) | 10/1/2026 | TRUECARE MISSISSIPPI MEDICAID | REVISED POLICY |
| YARTEMLEA (NARSOPLIMAB-WUUG) | 10/1/2026 | TRUECARE MISSISSIPPI MEDICAID | NEW POLICY |
| ZYNTEGLO (BETIBEGLOGENE AUTOTEMCEL) | 10/1/2026 | TRUECARE MISSISSIPPI MEDICAID | REVISED POLICY |