

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT202597 JULY 1, 2025

Coverage added for inhaled agent for cystic fibrosis Pulmozyme (J7639) under the IHCP medical benefit

Effective for dates of service (DOS) on or after Aug. 1, 2025, the Indiana Health Coverage Programs (IHCP) is adding coverage to the medical benefit for dornase alfa (Pulmozyme), an inhaled agent used for the treatment of cystic fibrosis. Medical providers will use Healthcare Common Procedure Coding System (HCPCS) procedure code J7639 to bill for Pulmozyme (see Table 1).

Pulmozyme will continue to be available through the pharmacy benefit. Coverage of Pulmozyme under the medical benefit will be subject to the same prior authorization (PA) criteria as applied under the pharmacy benefit.

PA criteria for Pulmozyme are as follows:

- Initial authorization
 - ⇒ Must meet the following:
 - ◆ Member is 5 years of age or older and meets both of the following:
 - ◆ Diagnosis of cystic fibrosis
 - ◆ Prescribed by, or in consultation with, a pulmonologist or infectious disease specialist, or cystic fibrosis specialist
- Reauthorization
 - ⇒ Must meet the following:
 - ◆ History of the requested agent within the past 365 days



The PA criteria are available in the Cystic Fibrosis Inhaled Agents PA Criteria document, available on the *Pharmacy Prior Authorization Criteria and Forms* page of the [Indiana Medicaid Fee-for-Service Pharmacy Benefit website](#).

IHCP coverage for this drug applies to both managed care and fee-for-service (FFS) delivery systems.

Table 1 – Newly covered procedure code for Pulmozyme, effective for DOS on or after Aug. 1, 2025

Procedure code	Code description	Program coverage	PA required	NDC required	Special billing information
J7639	Dornase alfa, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per milligram	Covered under Traditional Medicaid and other IHCP programs that include full Indiana Medicaid State Plan benefits; the service may not be covered under IHCP plans with limited benefits	Yes* *Criteria for inhaled agents for cystic fibrosis	Yes	Max fee: \$56.19

This change will be reflected in the August update of the Professional Fee Schedule and Outpatient Fee Schedule, accessible from the [IHCP Fee Schedules](#) webpage at in.gov/medicaid/providers.

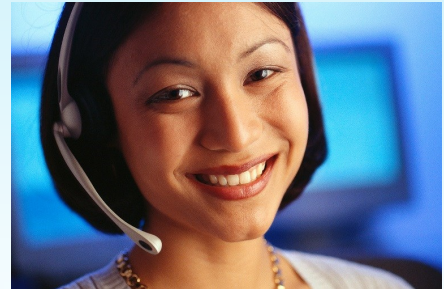
All claims for these drugs must include the National Drug Code (NDC). This code will be added to *Procedure Codes That Require National Drug Codes (NDCs)*, accessible from the [Code Sets](#) webpage at in.gov/medicaid/providers.

For more information

Questions about PA specific to FFS physician-administered drugs should be directed to Acentra Health Customer Service at 866-725-9991.

Questions about FFS billing and reimbursement under the medical benefit should be directed to Gainwell Technologies Customer Assistance at 800-457-4584 or your [Provider Relations consultant](#). For questions regarding FFS pharmacy billing or reimbursement or about the Statewide Uniform Preferred Drug List (SUPDL), please contact Optum Rx at 855-577-6317.

Within the managed care delivery system, individual managed care entities (MCEs) establish and publish their own billing and reimbursement requirements. Questions about managed care billing and reimbursement should be directed to the MCE with which the member is enrolled.



QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at 800-457-4584.

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