

Ohio Medicaid

Pharmacy Policy Updates

June 2024

The following policies are effective July 1, 2024



AT CARESOURCE, 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, pharmacy, and reimbursement policies, so you know what to expect.

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

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 containing the policy location.

FIND OUR POLICIES ONLINE

To access all CareSource policies, visit [CareSource.com](https://www.caresource.com) > Providers > Tools & Resources > [Provider Policies](#). Select your plan and state, then Pharmacy, Reimbursement, or Administrative. 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)	7/1/2024	OHIO MEDICAID	NEW POLICY
REBLOZYL (LUSPATERCEPT-AAMT)	7/1/2024	OHIO MEDICAID	REVISED POLICY
GIVLAARI (GIVOSIRAN)	7/1/2024	OHIO MEDICAID	REVISED POLICY
PANHEMATIN (HEMIN FOR INJECTION)	7/1/2024	OHIO MEDICAID	REVISED POLICY
ADAKVEO (CRIZANLIZUMAB-TMCA)	7/1/2024	OHIO MEDICAID	REVISED POLICY
ALDURAZYME (LARONIDASE)	7/1/2024	OHIO MEDICAID	REVISED POLICY
ELAPRASE (IDURSULFASE)	7/1/2024	OHIO MEDICAID	REVISED POLICY
MEPSEVII (VESTRONIDASE ALFA-VJBK)	7/1/2024	OHIO MEDICAID	REVISED POLICY
NAGLAZYME (GALSULFASE)	7/1/2024	OHIO MEDICAID	REVISED POLICY

PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
VIMIZIM (ELOSULFASE ALFA)	7/1/2024	OHIO MEDICAID	REVISED POLICY
BENLYSTA (BELIMUMAB)	7/1/2024	OHIO MEDICAID	REVISED POLICY
SAPHNELO (ANIFROLUMAB)	7/1/2024	OHIO MEDICAID	REVISED POLICY
TROGARZO (IBALIZUMAB-UIYK)	7/1/2024	OHIO MEDICAID	REVISED POLICY
SUNLENCA (LENACAPAVIR)	7/1/2024	OHIO MEDICAID	REVISED POLICY
OXLUMO (LUMASIRAN)	7/1/2024	OHIO MEDICAID	REVISED POLICY
RIVFLOZA (NEDOSIRAN)	7/1/2024	OHIO MEDICAID	REVISED POLICY
IMMUNE GLOBULIN	7/1/2024	OHIO MEDICAID	REVISED POLICY

PHARMACY POLICY UPDATES

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INFLIXIMAB (AVSOLA, INFLECTRA, REMICADE, RENFLEXIS, ZYMFENTRA)	7/1/2024	OHIO MEDICAID	REVISED POLICY
DURYSTA (BIMATOPROST)	7/1/2024	OHIO MEDICAID	REVISED POLICY
TRASTUZUMAB (HERCEPTIN, HERZUMA, KANJINTI, OGIVRI, ONTRUZANT, TRAZIMERA)	7/1/2024	OHIO MEDICAID	NEW POLICY
BEVACIZUMAB (ALYMSYS AVASTIN MVASI ZIRABEV ALYMSYS VAGZELMA)	7/1/2024	OHIO MEDICAID	REVISED POLICY