

Ohio Medicaid

Pharmacy Policy Updates

December 2024

The following policies are effective January 1, 2025



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
BENLYSTA (BELIMUMAB)	JANUARY 1, 2025	OHIO MEDICAID	REVISED POLICY
BOTOX (ONABOTULINUMTOXINA)	JANUARY 1, 2025	OHIO MEDICAID	REVISED POLICY
BRINEURA (CERLIPONASE ALFA)	JANUARY 1, 2025	OHIO MEDICAID	REVISED POLICY
BYLVAY (ODEVIXIBAT)	JANUARY 1, 2025	OHIO MEDICAID	NEW POLICY
IMMUNE GLOBULIN (IVIG AND SCIG): INTRAVENOUS (IVIG): ALYGLO, ASCENIV, BIVIGAM, FLEBOGAMMA DIF, GAMMAGARD LIQUID, GAMMAGARD S/D, GAMMAKED, GAMMAPLEX, GAMUNEX-C, OCTAGAM, PANZYGA, PRIVIGEN, YIMMUGO SUBCUTANEOUS (SCIG): CUTAQUIG, CUVITRU, HIZENTRA, HYQVIA, XEMBIFY	JANUARY 1, 2025	OHIO MEDICAID	REVISED POLICY

PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
INFLIXIMAB (AVSOLA, INFLECTRA, REMICADE, RENFLEXIS, ZYMFENTRA)	JANUARY 1, 2025	OHIO MEDICAID	REVISED POLICY
KISUNLA (DONANEMAB)	JANUARY 1, 2025	OHIO MEDICAID	NEW POLICY
LIVMARLI (MARALIXIBAT)	JANUARY 1, 2025	OHIO MEDICAID	NEW POLICY
LUPRON DEPOT AND LUPRON DEPOT-PED (LEUPROLIDE ACETATE)	JANUARY 1, 2025	OHIO MEDICAID	NEW POLICY
OZURDEX (DEXAMETHASONE)	JANUARY 1, 2025	OHIO MEDICAID	REVISED POLICY
PIASKY (CROVALIMAB-AKKZ)	JANUARY 1, 2025	OHIO MEDICAID	NEW POLICY
SCENESSE (AFAMELANOTIDE)	JANUARY 1, 2025	OHIO MEDICAID	REVISED POLICY
SIMPONI ARIA (GOLIMUMAB)	JANUARY 1, 2025	OHIO MEDICAID	REVISED POLICY
SPRAVATO (ESKETAMINE)	JANUARY 1, 2025	OHIO MEDICAID	REVISED POLICY

PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
VYVGART (EFGARTIGIMOD ALFA-FCAB) AND VYVGART HYTRULO (EFGARTIGIMOD ALFA AND HYALURONIDASE-QVFC)	JANUARY 1, 2025	OHIO MEDICAID	REVISED POLICY
XGEVA (DENOSUMAB)	JANUARY 1, 2025	OHIO MEDICAID	REVISED POLICY