Ohio Medicaid

Pharmacy Policy Updates

December 2023

The following policies are effective Dec. 1, 2023 & Jan. 1, 2024

CareSource™

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** > 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
ENZYME REPLACEMENT THERAPY (ERT) FOR GAUCHER DISEASE	1/1/2024	OHIO MEDICAID	REVISED POLICY
LAMZEDE (VELMANASE ALFA-TYCV)	1/1/2024	OHIO MEDICAID	NEW POLICY
MACUGEN (PEGAPTANIB)	1/1/2024	OHIO MEDICAID	ARCHIVED POLICY
EYLEA (AFLIBERCEPT)	1/1/2024	OHIO MEDICAID	REVISED POLICY
RANIBIZUMAB (LUCENTIS, BYOOVIZ, CIMERLI)	1/1/2024	OHIO MEDICAID	REVISED POLICY
SUSVIMO (RANIBIZUMAB)	1/1/2024	OHIO MEDICAID	REVISED POLICY
SYFOVRE (PEGCETACOPLAN)	1/1/2024	OHIO MEDICAID	NEW POLICY
TEPEZZA (TEPROTUMUMAB-TRBW)	1/1/2024	OHIO MEDICAID	REVISED POLICY
QALSODY (TOFERSEN)	1/1/2024	OHIO MEDICAID	NEW POLICY

PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
AMVUTTRA (VUTRISIRAN)	1/1/2024	OHIO MEDICAID	REVISED POLICY
ONPATTRO (PATISIRAN)	1/1/2024	OHIO MEDICAID	REVISED POLICY
IMMUNE GLOBULIN (IVIG AND SCIG)	1/1/2024	OHIO MEDICAID	REVISED POLICY
GAMASTAN (IMMUNE GLOBULIN (HUMAN))	1/1/2024	OHIO MEDICAID	NEW POLICY
ZINPLAVA (BEZLOTOXUMAB)	1/1/2024	OHIO MEDICAID	NEW POLICY
REBYOTA (FECAL MICROBIOTA, LIVE - JSLM)	1/1/2024	OHIO MEDICAID	REVISED POLICY
APRETUDE (CABOTEGRAVIR EXTENDED-RELEASE)	1/1/2024	OHIO MEDICAID	REVISED POLICY
JESDUVROQ (DAPRODUSTAT)	1/1/2024	OHIO MEDICAID	NEW POLICY
EVKEEZA (EVINACUMAB-DGNB)	1/1/2024	OHIO MEDICAID	REVISED POLICY

PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
ENJAYMO (SUTIMLIMAB)	1/1/2024	OHIO MEDICAID	REVISED POLICY
HEMOPHILIA AND OTHER CLOTTING DISORDERS	1/1/2024	OHIO MEDICAID	REVISED POLICY
CORTROPHIN GEL (CORTICOTROPIN)	1/1/2024	OHIO MEDICAID	REVISED POLICY
VABYSMO (FARICIMAB-SVOA)	1/1/2024	OHIO MEDICAID	NEW POLICY
ENZYME REPLACEMENT THERAPY (ERT) FOR GAUCHER DISEASE	1/1/2024	OHIO MEDICAID	REVISED POLICY
SYNAGIS	12/1/2023	OHIO MEDICAID	REVISED POLICY