Ohio Medicaid

Pharmacy Policy Updates

September 2024

The following policies are effective October 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
ACTHAR GEL (REPOSITORY CORTICOTROPIN INJECTION)	OCT. 1, 2024	OHIO MEDICAID	REVISED POLICY
BEQVEZ (FIDANACOGENE ELAPARVOVEC-DZKT)	OCT. 1, 2024	OHIO MEDICAID	NEW POLICY
BRINEURA (CERLIPONASE ALFA)	OCT. 1, 2024	OHIO MEDICAID	REVISED POLICY
FENSOLVI (LEUPROLIDE ACETATE)	OCT. 1, 2024	OHIO MEDICAID	REVISED POLICY
KANUMA (SEBELIPASE ALFA)	OCT. 1, 2024	OHIO MEDICAID	REVISED POLICY
LAMZEDE (VELMANASE ALFA-TYCV)	OCT. 1, 2024	OHIO MEDICAID	REVISED POLICY
LENMELDY (ATIDARSAGENE AUTOTEMCEL)	OCT. 1, 2024	OHIO MEDICAID	NEW POLICY
LEQVIO (INCLISIRAN)	OCT. 1, 2024	OHIO MEDICAID	REVISED POLICY

PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
LUXTURNA (VORETIGENE NEPARVOVEC-RZYL)	OCT. 1, 2024	OHIO MEDICAID	REVISED POLICY
MEDICAL BENEFIT MEDICATIONS	OCT. 1, 2024	OHIO MEDICAID	NEW POLICY
OXLUMO (LUMASIRAN)	OCT. 1, 2024	OHIO MEDICAID	REVISED POLICY
PROLIA (DENOSUMAB)	OCT. 1, 2024	OHIO MEDICAID	REVISED POLICY
RIVFLOZA (NEDOSIRAN)	OCT. 1, 2024	OHIO MEDICAID	REVISED POLICY
RYPLAZIM (PLASMINOGEN, HUMAN-TVMH)	OCT. 1, 2024	OHIO MEDICAID	REVISED POLICY
SOLIRIS (ECULIZUMAB)	OCT. 1, 2024	OHIO MEDICAID	REVISED POLICY
SPEVIGO (SPESOLIMAB-SBZO)	OCT. 1, 2024	OHIO MEDICAID	REVISED POLICY

PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
SUPPRELIN LA (HISTRELIN ACETATE)	OCT. 1, 2024	OHIO MEDICAID	REVISED POLICY
TRIPTODUR (TRIPTORELIN)	OCT. 1, 2024	OHIO MEDICAID	REVISED POLICY
ULTOMIRIS (RAVULIZUMAB-CWVZ)	OCT. 1, 2024	OHIO MEDICAID	REVISED POLICY
UPLIZNA (INEBILIZUMAB-CDON)	OCT. 1, 2024	OHIO MEDICAID	REVISED POLICY
VYEPTI (EPTINEZUMAB-JJMR)	OCT. 1, 2024	OHIO MEDICAID	REVISED POLICY
XENPOZYME (OLIPUDASE ALFA-RPCP)	OCT. 1, 2024	OHIO MEDICAID	REVISED POLICY