Ohio Medicaid

Pharmacy Policy Updates

June 2025

The following policies are effective July 1, 2025

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
ABECMA (IDECABTAGENE VICLEUCEL)	07/01/2025	OHIO MEDICAID	REVISED POLICY
AUCATZYL (OBECABTAGENE AUTOLEUCEL)	07/01/2025	OHIO MEDICAID	NEW POLICY
BREYANZI (LISOCABTAGENE MARALEUCEL)	07/01/2025	OHIO MEDICAID	REVISED POLICY
CARVYKTI (CILTACABTAGENE AUTOLEUCEL)	07/01/2025	OHIO MEDICAID	REVISED POLICY
SOMATOSTATIN ANALOGS (INJECTABLE; FIRST GENERATION): SANDOSTATIN (OCTREOTIDE), SANDOSTATIN LAR (OCTREOTIDE), SOMATULINE DEPOT (LANREOTIDE), BYNFEZIA PEN (OCTREOTIDE)	07/01/2025	OHIO MEDICAID	REVISED POLICY
KRYSTEXXA (PEGLOTICASE)	07/01/2025	OHIO MEDICAID	REVISED POLICY
KYMRIAH (TISAGENLECLEUCEL)	07/01/2025	OHIO MEDICAID	REVISED POLICY

PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
LEQEMBI (LECANEMAB)	07/01/2025	OHIO MEDICAID	REVISED POLICY
MACI (AUTOLOGOUS CULTURED CHONDROCYTES)	07/01/2025	OHIO MEDICAID	REVISED POLICY
PREVYMIS (LETERMOVIR)	07/01/2025	OHIO MEDICAID	NEW POLICY
SPRAVATO (ESKETAMINE)	07/01/2025	OHIO MEDICAID	REVISED POLICY
TECARTUS (BREXUCABTAGENE AUTOLEUCEL)	07/01/2025	OHIO MEDICAID	REVISED POLICY
TZIELD (TEPLIZUMAB-MZWV)	07/01/2025	OHIO MEDICAID	REVISED POLICY
YESCARTA (AXICABTAGENE CILOLEUCEL)	07/01/2025	OHIO MEDICAID	REVISED POLICY
ALPHA1-PROTEINASE INHIBITOR (ARALAST NP, GLASSIA, PROLASTIN C, ZEMAIRA [HUMAN])	07/01/2025	OHIO MEDICAID	REVISED POLICY

PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
RADICAVA (EDARAVONE INJECTION); RADICAVA ORS (EDARAVONE ORAL SUSPENSION)	07/01/2025	OHIO MEDICAID	REVISED POLICY
ONPATTRO (PATISIRAN)	07/01/2025	OHIO MEDICAID	REVISED POLICY
TEPEZZA (TEPROTUMUMAB-TRBW)	07/01/2025	OHIO MEDICAID	REVISED POLICY
CORTROPHIN GEL (CORTICOTROPIN)	07/01/2025	OHIO MEDICAID	REVISED POLICY
ZINPLAVA (BEZLOTOXUMAB)	07/01/2025	OHIO MEDICAID	REVISED POLICY
SYFOVRE (PEGCETACOPLAN)	07/01/2025	OHIO MEDICAID	REVISED POLICY
QALSODY (TOFERSEN)	07/01/2025	OHIO MEDICAID	REVISED POLICY
GAMASTAN (IMMUNE GLOBULIN (HUMAN))	07/01/2025	OHIO MEDICAID	REVISED POLICY
REBYOTA (FECAL MICROBIOTA, LIVE - JSLM)	07/01/2025	OHIO MEDICAID	REVISED POLICY
ENJAYMO (SUTIMLIMAB)	07/01/2025	OHIO MEDICAID	REVISED POLICY