Ohio Medicaid

# *Pharmacy Policy Updates*

## September 2025

*The following policies are effective October 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 |
|---|---|---|---|
| ENCELTO (REVAKINAGENE TARORETCEL-LWEY) | 10/01/2025 | OHIO MEDICAID | NEW POLICY |
| IZERVAY (AVACINCAPTAD PEGOL) | 10/01/2025 | OHIO MEDICAID | REVISED POLICY |
| SYFOVRE (PEGCETACOPLAN) | 10/01/2025 | OHIO MEDICAID | REVISED POLICY |
| SUSVIMO (RANIBIZUMAB) | 10/01/2025 | OHIO MEDICAID | REVISED POLICY |
| ILUVIEN (FLUOCINOLONE ACETONIDE) | 10/01/2025 | OHIO MEDICAID | REVISED POLICY |
| YUTIQ (FLUOCINOLONE ACETONIDE) | 10/01/2025 | OHIO MEDICAID | REVISED POLICY |
| RETISERT (FLUOCINOLONE ACETONIDE) | 10/01/2025 | OHIO MEDICAID | REVISED POLICY |
| XIPERE (TRIAMCINOLONE) | 10/01/2025 | OHIO MEDICAID | REVISED POLICY |
| OZURDEX (DEXAMETHASONE) | 10/01/2025 | OHIO MEDICAID | REVISED POLICY |
| ULTOMIRIS (RAVULIZUMAB) | 10/01/2025 | OHIO MEDICAID | REVISED POLICY |

# PHARMACY POLICY UPDATES

| POLICY NAME | EFFECTIVE DATE | PLAN | IMPACT |
|---|---|---|---|
| VYVGART (EFGARTIGIMOD) AND VYVGART HYTRULO (EFGARTIGIMOD AND HYALURONIDASE) | 10/01/2025 | OHIO MEDICAID | REVISED POLICY |
| IMAAVY (NIPOCALIMAB) | 10/01/2025 | OHIO MEDICAID | NEW POLICY |
| RYSTIGGO (ROZANOLIXIZUMAB) | 10/01/2025 | OHIO MEDICAID | REVISED POLICY |
| AMVUTTRA (VUTRISIRAN) | 10/01/2025 | OHIO MEDICAID | REVISED POLICY |
| ONPATTRO (PATISIRAN) | 10/01/2025 | OHIO MEDICAID | REVISED POLICY |
| SIGNIFOR, SIGNIFOR LAR (PASIREOTIDE) | 10/01/2025 | OHIO MEDICAID | REVISED POLICY |
| ENZYME REPLACEMENT THERAPY (ERT) FOR GAUCHER DISEASE: CEREZYME (IMIGLUCERASE), ELELYSO (TALIGLUCERASE ALFA), VPRIV (VELAGLUCERASE ALFA) | 10/01/2025 | OHIO MEDICAID | NEW POLICY |

# PHARMACY POLICY UPDATES

| POLICY NAME | EFFECTIVE DATE | PLAN | IMPACT |
|---|---|---|---|
| ENZYME REPLACEMENT THERAPY (ERT) FOR FABRY DISEASE: FABRAZYME (AGALSIDASE BETA) AND ELFABRIO (PEGUNIGALSIDASE ALFA -IWXJ) | 10/01/2025 | OHIO MEDICAID | ANNUAL REVIEW; NO CHANGES |
| ZEVASKYN (PRADEMAGENE ZAMIKERACEL) | 10/01/2025 | OHIO MEDICAID | NEW POLICY |
| VYJUVEK (BEREMAGENE GEPERPAVEC) | 10/01/2025 | OHIO MEDICAID | ANNUAL REVIEW; NO CHANGES |
| UPLIZNA (INEBILIZUMAB-CDON) | 10/01/2025 | OHIO MEDICAID | REVISED POLICY |
| SYNAGIS (PALIVIZUMAB) | 10/01/2025 | OHIO MEDICAID | ANNUAL REVIEW; NO CHANGES |
| MEDICAL BENEFIT MEDICATIONS | 10/01/2025 | OHIO MEDICAID | REVISED POLICY |
| LOST, STOLEN, DAMAGED, VACATION, AND SCHOOL SUPPLY OF MEDICATION | 10/01/2025 | OHIO MEDICAID | ANNUAL REVIEW; NO CHANGES |
| MEDICAL NECESSITY – OFF LABEL | 10/01/2025 | OHIO MEDICAID | REVISED POLICY |

# PHARMACY POLICY UPDATES

| POLICY NAME | EFFECTIVE DATE | PLAN | IMPACT |
|---|---|---|---|
| MULTI-INGREDIENT COMPOUND | 10/01/2025 | OHIO MEDICAID | ANNUAL REVIEW; NO CHANGES |
| ABECMA (IDECABTAGENE VICLEUCEL) | 10/01/2025 | OHIO MEDICAID | REVISED POLICY |
| AUCATZYL (OBECABTAGENE AUTOLEUCEL) | 10/01/2025 | OHIO MEDICAID | REVISED POLICY |
| BREYANZI (LISOCABTAGENE MARALEUCEL) | 10/01/2025 | OHIO MEDICAID | REVISED POLICY |
| CARVYKTI (CILTACABTAGENE AUTOLEUCEL) | 10/01/2025 | OHIO MEDICAID | REVISED POLICY |
| KYMRIAH (TISAGENLECLEUCEL) | 10/01/2025 | OHIO MEDICAID | REVISED POLICY |
| TECARTUS (BREXUCABTAGENE AUTOLEUCEL) | 10/01/2025 | OHIO MEDICAID | REVISED POLICY |
| YESCARTA (AXICABTAGENE CILOLEUCEL) | 10/01/2025 | OHIO MEDICAID | REVISED POLICY |
| ECULIZUMAB (SOLIRIS, EPYSQLI, BKEMV) | 10/01/2025 | OHIO MEDICAID | REVISED POLICY |