

Ohio Medicaid

# *Pharmacy Policy Updates*

June 2026

*The following policies are effective September 1, 2026*



## 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
<a href="#">ADZYNMA (ADAMTS13, RECOMBINANT-KRHN)</a>	09/01/2026	OHIO MEDICAID	REVISED POLICY
<a href="#">AFLIBERCEPT (EYLEA, EYLEA HD, PAVBLU)</a>	09/01/2026	OHIO MEDICAID	REVISED POLICY
<a href="#">CYTOGAM (CYTOMEGALOVIRUS IMMUNE GLOBULIN)</a>	09/01/2026	OHIO MEDICAID	ANNUAL REVIEW; NO CLINICAL UPDATES
<a href="#">ECULIZUMAB (SOLIRIS, EPYSQLI, BKEMV)</a>	09/01/2026	OHIO MEDICAID	REVISED POLICY
<a href="#">MEDICAL BENEFIT MEDICATIONS</a>	09/01/2026	OHIO MEDICAID	REVISED POLICY
<a href="#">NULIBRY (FOSDENOPTERIN)</a>	09/01/2026	OHIO MEDICAID	REVISED POLICY
<a href="#">ONCOLOGY REGIMENS</a>	09/01/2026	OHIO MEDICAID	REVISED POLICY
<a href="#">REBLOZYL (LUSPATERCEPT-AAMT)</a>	09/01/2026	OHIO MEDICAID	REVISED POLICY

## PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
<a href="#">RITUXIMAB (RITUXAN, TRUXIMA, RUXIENCE, RIABNI)</a>	09/01/2026	OHIO MEDICAID	REVISED POLICY
<a href="#">SPINRAZA (NUSINERSEN)</a>	09/01/2026	OHIO MEDICAID	REVISED POLICY
<a href="#">SPRAVATO (ESKETAMINE)</a>	09/01/2026	OHIO MEDICAID	REVISED POLICY EFFECTIVE 01/01/2026 UNDER J0013
<a href="#">UPLIZNA (INEBILIZUMAB-CDON)</a>	09/01/2026	OHIO MEDICAID	REVISED POLICY
<a href="#">WASKYRA (ETUVETIDIGENE AUTOTEMCEL)</a>	09/01/2026	OHIO MEDICAID	NEW POLICY