

Ohio Medicaid

Pharmacy Policy Updates

August 2026

The following policies are effective November 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** > 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
ALPHA1-PROTEINASE INHIBITOR (ARALAST NP, GLASSIA, PROLASTIN C, ZEMAIRA [HUMAN])	11/1/2026	OHIO MEDICAID	REVISED POLICY
ALDURAZYME (LARONIDASE)	11/1/2026	OHIO MEDICAID	ANNUAL REVIEW; NO UPDATES
AVLAYAH (TIVIDENOFUSP ALFA-EKNM)	11/1/2026	OHIO MEDICAID	NEW POLICY
ELAPRASE (IDURSULFASE)	11/1/2026	OHIO MEDICAID	REVISED POLICY
KANUMA (SEBELIPASE ALFA)	11/1/2026	OHIO MEDICAID	REVISED POLICY
LEQVIO (INCLISIRAN)	11/1/2026	OHIO MEDICAID	REVISED POLICY
LOARGYS (PEGZILARGINASE-NBLN)	11/1/2026	OHIO MEDICAID	NEW POLICY
MEPSEVII (VESTRONIDASE ALFA-VJBK)	11/1/2026	OHIO MEDICAID	ANNUAL REVIEW; NO UPDATES
NAGLAZYME (GALSULFASE)	11/1/2026	OHIO MEDICAID	ANNUAL REVIEW; NO UPDATES

PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
<u>NATALIZUMAB (TYSABRI, TYRUKO)</u>	11/1/2026	OHIO MEDICAID	REVISED POLICY
<u>VIMIZIM (ELOSULFASE ALFA)</u>	11/1/2026	OHIO MEDICAID	ANNUAL REVIEW; NO UPDATES
<u>VYVGART (EFGARTIGIMOD ALFA-FCAB) AND VYVGART HYTRULO (EFGARTIGIMOD ALFA AND HYALURONIDASE-QVFC)</u>	11/1/2026	OHIO MEDICAID	REVISED POLICY
<u>YARTEMLEA (NARSOPLIMAB-WUUG)</u>	11/1/2026	OHIO MEDICAID	NEW POLICY