

Ohio Medicaid

Pharmacy Policy Updates

January 2023

The following policies are effective January 1, 2023



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 |
|---|----------------|---------------|----------------|
| AMVUTTRA (VUTRISIRAN) | 1/1/2023 | OHIO MEDICAID | NEW POLICY |
| ONPATTRO (PATISIRAN) | 1/1/2023 | OHIO MEDICAID | REVISED POLICY |
| BREYANZI (LISOCABTAGENE MARALEUCCEL) | 1/1/2023 | OHIO MEDICAID | REVISED POLICY |
| KYMRIAH (TISAGENLECLEUCCEL) | 1/1/2023 | OHIO MEDICAID | REVISED POLICY |
| BERINERT (C1 ESTERASE INHIBITOR (HUMAN)) IV | 1/1/2023 | OHIO MEDICAID | REVISED POLICY |
| RUCONEST (C1 ESTERASE INHIBITOR (RECOMBINANT)) IV | 1/1/2023 | OHIO MEDICAID | REVISED POLICY |
| FIRAZYR OR SAJAZIR (ICATIBANT) SUBQ | 1/1/2023 | OHIO MEDICAID | NEW POLICY |
| KALBITOR (ECALLANTIDE) SUBQ | 1/1/2023 | OHIO MEDICAID | REVISED POLICY |
| CINRYZE (C1 ESTERASE INHIBITOR (HUMAN)) IV | 1/1/2023 | OHIO MEDICAID | REVISED POLICY |

PHARMACY POLICY UPDATES

| POLICY NAME | EFFECTIVE DATE | PLAN | IMPACT |
|--|----------------|---------------|----------------|
| LEMTRADA (ALEMTUZUMAB) | 1/1/2023 | OHIO MEDICAID | REVISED POLICY |
| NOVANTRONE (MITOXANTRONE) | 1/1/2023 | OHIO MEDICAID | REVISED POLICY |
| OCREVUS (OCRELIZUMAB) | 1/1/2023 | OHIO MEDICAID | REVISED POLICY |
| TYSABRI (NATALIZUMAB) | 1/1/2023 | OHIO MEDICAID | REVISED POLICY |
| ENTYVIO (VEDOLIZUMAB) | 1/1/2023 | OHIO MEDICAID | REVISED POLICY |
| SPINRAZA (NUSINERSEN) | 1/1/2023 | OHIO MEDICAID | REVISED POLICY |
| ACTHAR GEL (REPOSITORY CORTICOTROPIN INJECTION) | 1/1/2023 | OHIO MEDICAID | REVISED POLICY |
| FILGRASTIM (NEUPOGEN, ZARXIO, NIVESTYM, RELEUKO) | 1/1/2023 | OHIO MEDICAID | NEW POLICY |
| BEOVU (BROLUCIZUMAB) | 1/1/2023 | OHIO MEDICAID | REVISED POLICY |

PHARMACY POLICY UPDATES

| POLICY NAME | EFFECTIVE DATE | PLAN | IMPACT |
|----------------------------------|----------------|---------------|----------------|
| KRYSTEXXA (PEGLOTICASE) | 1/1/2023 | OHIO MEDICAID | REVISED POLICY |
| SAPHNELO (ANIFROLUMAB-FNIA) | 1/1/2023 | OHIO MEDICAID | REVISED POLICY |
| SYNAGIS (PALIVIZUMAB) | 1/1/2023 | OHIO MEDICAID | REVISED POLICY |
| ONCOLOGY REGIMENS | 1/1/2023 | OHIO MEDICAID | REVISED POLICY |
| FENSOLVI (LEUPROLIDE ACETATE) | 1/1/2023 | OHIO MEDICAID | REVISED POLICY |
| SKYRIZI (RISANKIZUMAB-RZAA) | 1/1/2023 | OHIO MEDICAID | REVISED POLICY |