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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
IZERVAY (AVACINCAPTAD PEGOL)	4/1/2024	OHIO MEDICAID	NEW POLICY
EYLEA AND EYLEA HD (AFLIBERCEPT)	4/1/2024	OHIO MEDICAID	REVISED POLICY
VISUDYNE (VERTEPORFIN)	4/1/2024	OHIO MEDICAID	REVISED POLICY
XIPERE (TRIAMCINOLONE)	4/1/2024	OHIO MEDICAID	REVISED POLICY
RETISERT (FLUOCINOLONE ACETONIDE)	4/1/2024	OHIO MEDICAID	REVISED POLICY
YUTIQ (FLUOCINOLONE ACETONIDE)	4/1/2024	OHIO MEDICAID	REVISED POLICY
ILUVIEN (FLUOCINOLONE ACETONIDE)	4/1/2024	OHIO MEDICAID	REVISED POLICY
OZURDEX (DEXAMETHASONE)	4/1/2024	OHIO MEDICAID	REVISED POLICY
VABYSMO (FARICIMAB-SVOA)	4/1/2024	OHIO MEDICAID	REVISED POLICY

PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
LUMIZYME (ALGLUCOSIDASE ALFA)	4/1/2024	OHIO MEDICAID	REVISED POLICY
NEXVIAZYME (AVALGLUCOSIDASE ALFA-NGP)	4/1/2024	OHIO MEDICAID	REVISED POLICY
TYSABRI (NATALIZUMAB)	4/1/2024	OHIO MEDICAID	REVISED POLICY
OMVOH (MIRIKIZUMAB- MRKZ)	4/1/2024	OHIO MEDICAID	NEW POLICY
ENTYVIO (VEDOLIZUMAB)	4/1/2024	OHIO MEDICAID	REVISED POLICY
CINQAIR (RESLIZUMAB)	4/1/2024	OHIO MEDICAID	REVISED POLICY
GAMIFANT (EMAPALUMAB-LZSG)	4/1/2024	OHIO MEDICAID	REVISED POLICY
VEOPOZ (POZELIMAB)	4/1/2024	OHIO MEDICAID	NEW POLICY
RITUXUMAB (RITUXAN*, TRUXIMA, RUXIENCE, RIABNI)	4/1/2024	OHIO MEDICAID	REVISED POLICY

PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
ERT FOR FABRY DISEASE (FABRAZYME AND ELFABRIO)	4/1/2024	OHIO MEDICAID	REVISED POLICY
ALPHA1-PROTEINASE INHIBITOR (ALPHA1 ANTITRYPSIN)	4/1/2024	OHIO MEDICAID	REVISED POLICY
CABLIVI (CAPLACIZUMAB-YHDP)	4/1/2024	OHIO MEDICAID	REVISED POLICY
VYVGART HYTRULO (EFGARTIGIMOD ALFA AND HYALURONIDASE-QVFC)	4/1/2024	OHIO MEDICAID	REVISED POLICY
RYSTIGGO (ROZANOLIXIZUMAB-NOLI)	4/1/2024	OHIO MEDICAID	NEW POLICY
SOLIRIS (ECULIZUMAB)	4/1/2024	OHIO MEDICAID	REVISED POLICY
ULTOMIRIS (RAVULIZUMAB)	4/1/2024	OHIO MEDICAID	REVISED POLICY
UPLIZNA (INEBILIZUMAB)	4/1/2024	OHIO MEDICAID	REVISED POLICY

