

Ohio Medicaid

# *Pharmacy Policy Updates*

June 2024

*The following policies are effective July 1, 2024*

Car  source™



## 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.

# PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
<a href="#">ADZYNMA (ADAMTS13, RECOMBINANT-KRHN)</a>	7/1/2024	OHIO MEDICAID	NEW POLICY
<a href="#">REBLOZYL (LUSPATERCEPT-AAMT)</a>	7/1/2024	OHIO MEDICAID	REVISED POLICY
<a href="#">GIVLAARI (GIVOSIRAN)</a>	7/1/2024	OHIO MEDICAID	REVISED POLICY
<a href="#">PANHEMATIN (HEMIN FOR INJECTION)</a>	<b>7/1/2024</b>	OHIO MEDICAID	REVISED POLICY
<a href="#">ADAKVEO (CRIZANLIZUMAB-TMCA)</a>	7/1/2024	OHIO MEDICAID	REVISED POLICY
<a href="#">ALDURAZIME (LARONIDASE)</a>			

# PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
<a href="#">VIMIZIM (ELOSULFASE ALFA)</a>	7/1/2024	OHIO MEDICAID	REVISED POLICY
<a href="#">BENLYSTA (BELIMUMAB)</a>	7/1/2024	OHIO MEDICAID	REVISED POLICY
<a href="#">SAPHNELO (ANIFROLUMAB)Dhc</a>		0.0079	

# PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
<a href="#">INFLIXIMAB (AVSOLA, INFLECTRA, REMICADE, RENFLEXIS, ZYMFENTRA)</a>	7/1/2024	OHIO MEDICAID	REVISED POLICY
<a href="#">DURYSTA (BIMATOPROST)</a>	7/1/2024	OHIO MEDICAID	REVISED POLICY
<a href="#">TRASTUZUMAB (HERCEPTIN, HERZUMA, KANJINTI, OGIVRI, ONTRUZANT, TRAZIMERA)</a>	7/1/2024	OHIO MEDICAID	NEW POLICY
<a href="#">BEVACIZUMAB (ALYMSYS AVASTIN MVASI ZIRABEV ALYMSYS VAGZELMA)</a>	7/1/2024	OHIO MEDICAID	REVISED POLICY