

Ohio Medicaid

# *Pharmacy Policy Updates*

## June 2025

*The following policies are effective July 1, 2025*



## 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         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------|----------------|
| <a href="#">ABECMA (IDECABTAGENE VICLEUCEL)</a>                                                                                                                                       | 07/01/2025     | OHIO MEDICAID | REVISED POLICY |
| <a href="#">AUCATZYL (OBECABTAGENE AUTOLEUCEL)</a>                                                                                                                                    | 07/01/2025     | OHIO MEDICAID | NEW POLICY     |
| <a href="#">BREYANZI (LISOCABTAGENE MARALEUCEL)</a>                                                                                                                                   | 07/01/2025     | OHIO MEDICAID | REVISED POLICY |
| <a href="#">CARVYKTI (CILTACABTAGENE AUTOLEUCEL)</a>                                                                                                                                  | 07/01/2025     | OHIO MEDICAID | REVISED POLICY |
| <a href="#">SOMATOSTATIN ANALOGS (INJECTABLE; FIRST GENERATION): SANDOSTATIN (OCTREOTIDE), SANDOSTATIN LAR (OCTREOTIDE), SOMATULINE DEPOT (LANREOTIDE), BYNFEZIA PEN (OCTREOTIDE)</a> | 07/01/2025     | OHIO MEDICAID | REVISED POLICY |
| <a href="#">KRYSTEXXA (PEGLOTICASE)</a>                                                                                                                                               | 07/01/2025     | OHIO MEDICAID | REVISED POLICY |
| <a href="#">KYMRIAH (TISAGENLECLEUCEL)</a>                                                                                                                                            | 07/01/2025     | OHIO MEDICAID | REVISED POLICY |

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| POLICY NAME                                                                                     | EFFECTIVE DATE | PLAN          | IMPACT         |
|-------------------------------------------------------------------------------------------------|----------------|---------------|----------------|
| <a href="#">LEQEMBI (LECANEMAB)</a>                                                             | 07/01/2025     | OHIO MEDICAID | REVISED POLICY |
| <a href="#">MACI (AUTOLOGOUS CULTURED CHONDROCYTES)</a>                                         | 07/01/2025     | OHIO MEDICAID | REVISED POLICY |
| <a href="#">PREVYMIS (LETERMOVIR)</a>                                                           | 07/01/2025     | OHIO MEDICAID | NEW POLICY     |
| <a href="#">SPRAVATO (ESKETAMINE)</a>                                                           | 07/01/2025     | OHIO MEDICAID | REVISED POLICY |
| <a href="#">TECARTUS (BREXUCABTAGENE AUTOLEUCEL)</a>                                            | 07/01/2025     | OHIO MEDICAID | REVISED POLICY |
| <a href="#">TZIELD (TEPLIZUMAB-MZWV)</a>                                                        | 07/01/2025     | OHIO MEDICAID | REVISED POLICY |
| <a href="#">YESCARTA (AXICABTAGENE CILOLEUCEL)</a>                                              | 07/01/2025     | OHIO MEDICAID | REVISED POLICY |
| <a href="#">ALPHA1-PROTEINASE INHIBITOR (ARALAST NP, GLASSIA, PROLASTIN C, ZEMAIRA [HUMAN])</a> | 07/01/2025     | OHIO MEDICAID | REVISED POLICY |

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| POLICY NAME                                                                              | EFFECTIVE DATE | PLAN          | IMPACT         |
|------------------------------------------------------------------------------------------|----------------|---------------|----------------|
| <a href="#">RADICAVA (EDARAVONE INJECTION); RADICAVA ORS (EDARAVONE ORAL SUSPENSION)</a> | 07/01/2025     | OHIO MEDICAID | REVISED POLICY |
| <a href="#">ONPATTRO (PATISIRAN)</a>                                                     | 07/01/2025     | OHIO MEDICAID | REVISED POLICY |
| <a href="#">TEPEZZA (TEPROTUMUMAB-TRBW)</a>                                              | 07/01/2025     | OHIO MEDICAID | REVISED POLICY |
| <a href="#">CORTROPHIN GEL (CORTICOTROPIN)</a>                                           | 07/01/2025     | OHIO MEDICAID | REVISED POLICY |
| <a href="#">ZINPLAVA (BEZLOTOXUMAB)</a>                                                  | 07/01/2025     | OHIO MEDICAID | REVISED POLICY |
| <a href="#">SYFOVRE (PEGCECETACOPLAN)</a>                                                | 07/01/2025     | OHIO MEDICAID | REVISED POLICY |
| <a href="#">QALSODY (TOFERSEN)</a>                                                       | 07/01/2025     | OHIO MEDICAID | REVISED POLICY |
| <a href="#">GAMASTAN (IMMUNE GLOBULIN (HUMAN))</a>                                       | 07/01/2025     | OHIO MEDICAID | REVISED POLICY |
| <a href="#">REBYOTA (FECAL MICROBIOTA, LIVE - JSLM)</a>                                  | 07/01/2025     | OHIO MEDICAID | REVISED POLICY |
| <a href="#">ENJAYMO (SUTIMLIMAB)</a>                                                     | 07/01/2025     | OHIO MEDICAID | REVISED POLICY |