

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