

Georgia Medicaid

Pharmacy Policy Updates

June 2024

The following policies are effective July 1, 2024



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
FABHALTA (IPTACOPAN)	7/1/2024	GEORGIA MEDICAID	NEW POLICY
ADZYNMA (ADAMTS13, RECOMBINANT-KRHN)	7/1/2024	GEORGIA MEDICAID	NEW POLICY
REBLOZYL (LUSPATERCEPT-AAMT)	7/1/2024	GEORGIA MEDICAID	REVISED POLICY
ZYNTEGLO (BETIBEGLOGENE AUTOTEMCEL)	7/1/2024	GEORGIA MEDICAID	REVISED POLICY
GIVLAARI (GIVOSIRAN)	7/1/2024	GEORGIA MEDICAID	REVISED POLICY
PANHEMATIN (HEMIN FOR INJECTION)	7/1/2024	GEORGIA MEDICAID	REVISED POLICY
HEMOPHILIA AND OTHER CLOTTING DISORDER	7/1/2024	GEORGIA MEDICAID	REVISED POLICY
CASGEVY (EXAGAMGLOGENE AUTOTEMCEL)	7/1/2024	GEORGIA MEDICAID	NEW POLICY
LYFGENIA (LOVOTIBEGLOGENE AUTOTEMCEL)	7/1/2024	GEORGIA MEDICAID	NEW POLICY

PHARMACY POLICY UPDATES

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ADAKVEO (CRIZANLIZUMAB-TMCA)	7/1/2024	GEORGIA MEDICAID	REVISED POLICY
OXBRYTA (VOXELOTOR)	7/1/2024	GEORGIA MEDICAID	REVISED POLICY
ALDURAZYME (LARONIDASE)	7/1/2024	GEORGIA MEDICAID	REVISED POLICY
ELAPRASE (IDURSULFASE)	7/1/2024	GEORGIA MEDICAID	REVISED POLICY
MEPSEVII (VESTRONIDASE ALFA-VJBK)	7/1/2024	GEORGIA MEDICAID	REVISED POLICY
NAGLAZYME (GALSULFASE)	7/1/2024	GEORGIA MEDICAID	REVISED POLICY
VIMIZIM (ELOSULFASE ALFA)	7/1/2024	GEORGIA MEDICAID	REVISED POLICY
BENLYSTA (BELIMUMAB)	7/1/2024	GEORGIA MEDICAID	REVISED POLICY
SAPHNELO (ANIFROLUMAB)	7/1/2024	GEORGIA MEDICAID	REVISED POLICY

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TROGARZO (IBALIZUMAB-UIYK)	7/1/2024	GEORGIA MEDICAID	REVISED POLICY
RUKOBIA (FOSTEMSAVIR)	7/1/2024	GEORGIA MEDICAID	REVISED POLICY
SUNLENCA (LENACAPAVIR)	7/1/2024	GEORGIA MEDICAID	REVISED POLICY
FILSUVEZ (BIRCH TRITERPENES)	7/1/2024	GEORGIA MEDICAID	NEW POLICY
ADBRY (TRALOKINUMAB-LDRM)	7/1/2024	GEORGIA MEDICAID	REVISED POLICY
WAINUA (EPLONTERSEN)	7/1/2024	GEORGIA MEDICAID	NEW POLICY
TEGSEDI (INOTERSEN)	7/1/2024	GEORGIA MEDICAID	REVISED POLICY
TARPEYO (BUDESONIDE)	7/1/2024	GEORGIA MEDICAID	REVISED POLICY
OXLUMO (LUMASIRAN)	7/1/2024	GEORGIA MEDICAID	REVISED POLICY

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RIVFLOZA (NEDOSIRAN)	7/1/2024	GEORGIA MEDICAID	REVISED POLICY
IMCIVREE (SETMELANOTIDE)	7/1/2024	GEORGIA MEDICAID	REVISED POLICY
SHORT-ACTING SOMATROPIN INJECTIONS FOR GROWTH HORMONE DEFICIENCY (GENOTROPIN, HUMATROPE, NORDITROPIN, NUTROPIN, OMNITROPE, SAIZEN, ZOMACTON)	7/1/2024	GEORGIA MEDICAID	REVISED POLICY
IMMUNE GLOBULIN	7/1/2024	GEORGIA MEDICAID	REVISED POLICY
OGSIVEO (NIROGACESTAT)	7/1/2024	GEORGIA MEDICAID	NEW POLICY
ZULRESSO (BREXANOLONE)	7/1/2024	GEORGIA MEDICAID	REVISED POLICY
DUPIXENT (DUPILUMAB)	7/1/2024	GEORGIA MEDICAID	REVISED POLICY

PHARMACY POLICY UPDATES

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INFLIXIMAB (AVSOLA, INFLECTRA, REMICADE, RENFLEXIS, ZYMFENTRA)	7/1/2024	GEORGIA MEDICAID	REVISED POLICY
QBREXZA (GLYCOPYRRONIUM)	7/1/2024	GEORGIA MEDICAID	REVISED POLICY
RELISTOR (METHYLNALTREXONE)	7/1/2024	GEORGIA MEDICAID	REVISED POLICY
LUPKYNIS (VOCLOSPORIN)	7/1/2024	GEORGIA MEDICAID	REVISED POLICY
TRASTUZUMAB (HERCEPTIN, HERZUMA, KANJINTI, OGIVRI, ONTRUZANT, TRAZIMERA)	7/1/2024	GEORGIA MEDICAID	NEW POLICY
DURYSTA (BIMATOPROST)	7/1/2024	GEORGIA MEDICAID	REVISED POLICY