

Georgia Medicaid

Pharmacy Policy Updates

September 2024

The following policies are effective October 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
ACTHAR GEL (REPOSITORY CORTICOTROPIN INJECTION)	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY
ADEMPAS (RIOCIGUAT)	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY
AIMOVIG (ERENUMAB-AOOE)	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY
AJOVY (FREMANEZUMAB-VFRM)	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY
BEQVEZ (FIDANACOGENE ELAPARVOVEC-DZKT)	OCT. 1, 2024	GEORGIA MEDICAID	NEW POLICY
BRINEURA (CERLIPONASE ALFA)	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY
DUPIXENT (DUPILUMAB)	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY
DUVYZAT (GIVINOSTAT)	OCT. 1, 2024	GEORGIA MEDICAID	NEW POLICY
EMGALITY (GALCANEZUMAB-GNLM)	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY

PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
ENDOTHELIN RECEPTOR ANTAGONISTS FOR PULMONARY ARTERIAL HYPERTENSION: LETAIRIS (AMBRISENTAN), OPSUMIT (MACITENTAN), TRACLEER (BOSENTAN)	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY
ENSPRYNG (SATRALIZUMAB-MWGE)	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY
ENTYVIO (VEDOLIZUMAB)	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY
EPCLUSA (SOFOSBUVIR/VELPATASVIR)	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY
EVENTY (ROMOSUZUMAB-AQQG)	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY
EVKEEZA (EVINACUMAB-DGNB)	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY
FASENRA (BENRALIZUMAB)	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY
FENSOLVI (LEUPROLIDE ACETATE)	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY

PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
FORTEO (TERIPARATIDE)	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY
HEMGENIX (ETRANACOGENE DEZAPARVOVEC)	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY
HEMOPHILIA AND OTHER CLOTTING DISORDERS	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY
IMBRUVICA (IBRUTINIB)	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY
INHALED PROSTACYCLINS FOR PULMONARY ARTERIAL HYPERTENSION: TYVASO (TREPROSTINIL), VENTAVIS (ILOPROST)	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY
INJECTABLE PROSTACYCLINS FOR PULMONARY ARTERIAL HYPERTENSION: FLOLAN/VELETRI (EPOPROSTENOL), REMODULIN (TREPROSTINIL), UPTRAVI (SELEXIPAG)	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY

PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
JAKAFI (RUXOLITINIB)	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY
JESDUVROQ (DAPRODUSTAT)	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY
JOENJA (LENIOLISIB)	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY
JUXTAPID (LOMITAPIDE)	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY
KANUMA (SEBELIPASE ALFA)	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY
LAMZEDE (VELMANASE ALFA-TYCV)	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY
LENMELDY (ATIDARSAGENE AUTOTEMCEL)	OCT. 1, 2024	GEORGIA MEDICAID	NEW POLICY
LEQVIO (INCLISIRAN)	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY
LIVMARLI (MARALIXIBAT)	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY

PHARMACY POLICY UPDATES

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LUPRON DEPOT AND LUPRON DEPOT-PED (LEUPROLIDE ACETATE)	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY
LUXTURNA (VORETIGENE NEPARVOVEC-RZYL)	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY
LYFGENIA (LOVOTIBEGLOGENE AUTOTEMCEL)	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY
MYFEMBREE (RELUGOLIX, ESTRADIOL, AND NORETHINDRONE ACETATE)	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY
OPSYNVI (MACITENTAN AND TADALAFIL)	OCT. 1, 2024	GEORGIA MEDICAID	NEW POLICY
ORAL PROSTACYCLINS FOR PULMONARY ARTERIAL HYPERTENSION: ORENITRAM (TREPASTINIL EXTENDED-RELEASE), UPTRAVI (SELEXIPAG TABLETS)	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY
ORENCIA (ABATACEPT)	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY

PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
ORIAHNN (ELAGOLIX, ESTRADIOL, AND NORETHINDRONE ACETATE; ELAGOLIX)	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY
ORLISSA (ELAGOLIX)	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY
OTEZLA (APREMILAST)	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY
OXERVATE (CENEGERMIN-BKBJ)	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY
OXLUMO (LUMASIRAN)	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY
PALFORZIA (PEANUT (ARACHIS HYPOGAEA) ALLERGEN POWDER-DNFPI)	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY
PEGFILGRASTIM (FULPHILA, NEULASTA, NYVEPRIA, UDENYCA, ZIEXTENZO, STIMUFEND, FYLENTA)	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY

PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
PHOSPHODIESTERASE TYPE 5 INHIBITORS (PDE-5 INHIBITORS) FOR PULMONARY ARTERIAL HYPERTENSION: ADCIRCA/ALYQ/TADLIQ (TADALAFIL), LIQREV/REVATIO (SILDENAFIL)	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY
PRALUENT (ALIROCUMAB)	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY
PROLIA (DENOSUMAB)	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY
PYRUKYND (MITAPIVAT)	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY
RELYVRIO (SODIUM PHENYL BUTYRATE/ TAURURSODIOL)	OCT. 1, 2024	GEORGIA MEDICAID	ARCHIVED POLICY
REPATHA (EVOLOCUMAB)	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY
REZDIFFRA (RESMETIROM)	OCT. 1, 2024	GEORGIA MEDICAID	NEW POLICY

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REZUROCK (BELUMOSUDIL)	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY
RIVFLOZA (NEDOSIRAN)	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY
ROCTAVIAN (VALOCTOCOGENE ROXAPARVOVEC)	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY
RYPLAZIM (PLASMINOGEN, HUMAN- TVMH)	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY
SKYRIZI (RISANKIZUMAB- RZAA)	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY
SOLIRIS (ECULIZUMAB)	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY
SPEVIGO (SPESOLIMAB- SBZO)	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY
SUPPRELIN LA (HISTRELIN ACETATE)	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY
SYNAGIS (PALIVIZUMAB)	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY

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TREMFYA (GUSELKUMAB)	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY
TRIPTODUR (TRIPTORELIN)	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY
TYMLOS (ABALOPARATIDE)	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY
ULTOMIRIS (RAVULIZUMAB-CWVZ)	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY
UPLIZNA (INEBILIZUMAB-CDON)	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY
VAFSEO (VADADUSTAT)	OCT. 1, 2024	GEORGIA MEDICAID	NEW POLICY
VOYDEYA (DANICOPAN)	OCT. 1, 2024	GEORGIA MEDICAID	NEW POLICY
VYEPTI (EPTINEZUMAB-JJMR)	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY
WINREVAIR (SOTATERCEPT-CSRK)	OCT. 1, 2024	GEORGIA MEDICAID	NEW POLICY

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<u>XENPOZYME (OLIPUDASE ALFA-RPCP)</u>	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY
<u>XOLAIR (OMALIZUMAB)</u>	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY
<u>XOLREMDI (MAVORIXAFOR)</u>	OCT. 1, 2024	GEORGIA MEDICAID	NEW POLICY
<u>ZOLADEX (GOSERELIN ACETATE)</u>	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY
<u>MEDICAL NECESSITY – OFF LABEL</u>	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY
<u>MEDICAL NECESSITY FOR DAW</u>	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY
<u>MEDICAL NECESSITY FOR NON-FORMULARY MEDICATIONS</u>	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY
<u>MULTI-INGREDIENT COMPOUND POLICY</u>	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY