

Georgia Medicaid

Pharmacy Policy Updates

December 2024

The following policies are effective January 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](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 |
|---|-----------------|------------------|----------------|
| ADALIMUMAB (HUMIRA, ABRILADA, AMJEVITA, CYLTEZO, HADLIMA, HULIO, HYRIMOZ, IDACIO, YUFLYMA, YUSIMRY) | JANUARY 1, 2025 | GEORGIA MEDICAID | REVISED POLICY |
| ARCALYST (RILONACEPT) | JANUARY 1, 2025 | GEORGIA MEDICAID | REVISED POLICY |
| AUSTEDO (DEUTETRABENAZINE) | JANUARY 1, 2025 | GEORGIA MEDICAID | REVISED POLICY |
| BENLYSTA (BELIMUMAB) | JANUARY 1, 2025 | GEORGIA MEDICAID | REVISED POLICY |
| BIMZELX (BIMEKIZUMAB-BKZX) | JANUARY 1, 2025 | GEORGIA MEDICAID | REVISED POLICY |
| BOTOX (ONABOTULINUMTOXINA) | JANUARY 1, 2025 | GEORGIA MEDICAID | REVISED POLICY |
| BRINEURA (CERLIPONASE ALFA) | JANUARY 1, 2025 | GEORGIA MEDICAID | REVISED POLICY |

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|--|-----------------|------------------|-----------------|
| CIMZIA (CERTOLIZUMAB PEGOL) | JANUARY 1, 2025 | GEORGIA MEDICAID | REVISED POLICY |
| COSENTYX (SECUKINUMAB) | JANUARY 1, 2025 | GEORGIA MEDICAID | REVISED POLICY |
| COVID-19 VACCINATION | JANUARY 1, 2025 | GEORGIA MEDICAID | ARCHIVED POLICY |
| ELEVIDYS (DELANDISTROGENE MOXEPARVOVEC-ROKL) | JANUARY 1, 2025 | GEORGIA MEDICAID | REVISED POLICY |
| ENBREL (ETANERCEPT) | JANUARY 1, 2025 | GEORGIA MEDICAID | REVISED POLICY |
| FILGRASTIM (NEUPOGEN, ZARXIO, NIVESTYM, RELEUKO) | JANUARY 1, 2025 | GEORGIA MEDICAID | REVISED POLICY |
| ILARIS (CANAKINUMAB) | JANUARY 1, 2025 | GEORGIA MEDICAID | REVISED POLICY |

PHARMACY POLICY UPDATES

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|--|-----------------|------------------|----------------|
| IMMUNE GLOBULIN (IVIG AND SCIG): INTRAVENOUS (IVIG): ALYGLO, ASCENIV, BIVIGAM, FLEBOGAMMA DIF, GAMMAGARD LIQUID, GAMMAGARD S/D, GAMMAKED, GAMMAPLEX, GAMUNEX-C, OCTAGAM, PANZYGA, PRIVIGEN, YIMMUGO SUBCUTANEOUS (SCIG): CUTAQUIG, CUVITRU, HIZENTRA, HYQVIA, XEMBIFY | JANUARY 1, 2025 | GEORGIA MEDICAID | REVISED POLICY |
| INFLIXIMAB (AVSOLA, INFLECTRA, REMICADE, RENFLEXIS, ZYMFENTRA) | JANUARY 1, 2025 | GEORGIA MEDICAID | REVISED POLICY |
| IQIRVO (ELAFIBRANOR) | JANUARY 1, 2025 | GEORGIA MEDICAID | NEW POLICY |
| KEVZARA (SARILUMAB) | JANUARY 1, 2025 | GEORGIA MEDICAID | REVISED POLICY |
| KINERET (ANAKINRA) | JANUARY 1, 2025 | GEORGIA MEDICAID | REVISED POLICY |

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|--|-----------------|------------------|----------------|
| KISUNLA (DONANEMAB) | JANUARY 1, 2025 | GEORGIA MEDICAID | NEW POLICY |
| KUVAN (SAPROPTERIN) | JANUARY 1, 2025 | GEORGIA MEDICAID | REVISED POLICY |
| LEQSEVI (DEURUXOLITINIB) | JANUARY 1, 2025 | GEORGIA MEDICAID | NEW POLICY |
| NUCALA (MEPOLIZUMAB) | JANUARY 1, 2025 | GEORGIA MEDICAID | REVISED POLICY |
| OHTUVAYRE (ENSIFENTRINE) | JANUARY 1, 2025 | GEORGIA MEDICAID | NEW POLICY |
| ORENCIA (ABATACEPT) | JANUARY 1, 2025 | GEORGIA MEDICAID | REVISED POLICY |
| OZURDEX (DEXAMETHASONE) | JANUARY 1, 2025 | GEORGIA MEDICAID | REVISED POLICY |
| PALFORZIA (PEANUT (ARACHIS HYPOGAEA) ALLERGEN POWDER- DNFPI) | JANUARY 1, 2025 | GEORGIA MEDICAID | REVISED POLICY |
| PALYNZIQ (PEGVALIASE- PQPZ) | JANUARY 1, 2025 | GEORGIA MEDICAID | REVISED POLICY |

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|--|-----------------|------------------|----------------|
| PEGFILGRASTIM (FULPHILA, NEULASTA, NYVEPRIA, UDENYCA, ZIEXTENZO, STIMUFEND, FYLENTA) | JANUARY 1, 2025 | GEORGIA MEDICAID | REVISED POLICY |
| PIASKY (CROVALIMAB-AKKZ) | JANUARY 1, 2025 | GEORGIA MEDICAID | NEW POLICY |
| RELISTOR (METHYLNALTREXONE) | JANUARY 1, 2025 | GEORGIA MEDICAID | REVISED POLICY |
| SCENESSE (AFAMELANOTIDE) | JANUARY 1, 2025 | GEORGIA MEDICAID | REVISED POLICY |
| SIMPONI (GOLIMUMAB) | JANUARY 1, 2025 | GEORGIA MEDICAID | REVISED POLICY |
| SIMPONI ARIA (GOLIMUMAB) | JANUARY 1, 2025 | GEORGIA MEDICAID | REVISED POLICY |
| SINGLE DOSE VIAL – CLAIMS MODIFIERS | JANUARY 1, 2025 | GEORGIA MEDICAID | REVISED POLICY |

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| SOTYKTU (DEUCRAVACITINIB) | JANUARY 1, 2025 | GEORGIA MEDICAID | REVISED POLICY |
| SPRAVATO (ESKETAMINE) | JANUARY 1, 2025 | GEORGIA MEDICAID | REVISED POLICY |
| SUCRAID (SACROSIDASE) | JANUARY 1, 2025 | GEORGIA MEDICAID | REVISED POLICY |
| TALTZ (IXEKIZUMAB) | JANUARY 1, 2025 | GEORGIA MEDICAID | REVISED POLICY |
| YYVGART (EFGARTIGIMOD ALFA-FCAB) AND YYVGART HYTRULO (EFGARTIGIMOD ALFA AND HYALURONIDASE-QVFC) | JANUARY 1, 2025 | GEORGIA MEDICAID | REVISED POLICY |
| WAKIX (PITOLISANT) | JANUARY 1, 2025 | GEORGIA MEDICAID | REVISED POLICY |
| XELJANZ/XELJANZ XR (TOFACITINIB) | JANUARY 1, 2025 | GEORGIA MEDICAID | REVISED POLICY |
| XGEVA (DENOSUMAB) | JANUARY 1, 2025 | GEORGIA MEDICAID | REVISED POLICY |

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| XOLAIR (OMALIZUMAB) | JANUARY 1, 2025 | GEORGIA MEDICAID | REVISED POLICY |
| ZOKINVY (LONAFARNIB) | JANUARY 1, 2025 | GEORGIA MEDICAID | REVISED POLICY |