

Georgia Medicaid

# *Pharmacy Policy Updates*

July 2023

*The following policies are effective July 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
MULPLETA (LUSUTROMBOPAG)	7/1/2023	GEORGIA MEDICAID	REVISED POLICY
DOPTELET (AVATROMBOPAG)	7/1/2023	GEORGIA MEDICAID	REVISED POLICY
NPLATE (ROMIPLOSTIM)	7/1/2023	GEORGIA MEDICAID	REVISED POLICY
PROMACTA (ELTROMBOPAG)	7/1/2023	GEORGIA MEDICAID	REVISED POLICY
TAVALISSE (FOSTAMATINIB DISODIUM HEXAHYDRATE)	7/1/2023	GEORGIA MEDICAID	REVISED POLICY
RITUXUMAB (RITUXAN, TRUXIMA, RUXIENCE, RIABNI)	7/1/2023	GEORGIA MEDICAID	REVISED POLICY
BRIUMVI (UBLITUXIMAB- XIIY)	7/1/2023	GEORGIA MEDICAID	NEW POLICY
HEMGENIX (ETRANACOGENE DEZAPARVOVEC)	7/1/2023	GEORGIA MEDICAID	NEW POLICY
LEQEMBI (LECANEMAB)	7/1/2023	GEORGIA MEDICAID	NEW POLICY

## PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
TZIELD (TEPLIZUMAB-MZWW)	7/1/2023	GEORGIA MEDICAID	NEW POLICY
SUNLENCA (LENACAPAVIR)	7/1/2023	GEORGIA MEDICAID	NEW POLICY
REBYOTA (FECAL MICROBIOTA, LIVE - JSLM)	7/1/2023	GEORGIA MEDICAID	NEW POLICY
TYMLOS (ABALOPARATIDE)	7/1/2023	GEORGIA MEDICAID	REVISED POLICY
FORTEO (TERIPARATIDE)	7/1/2023	GEORGIA MEDICAID	REVISED POLICY
EVENITY (ROMOSUZUMAB-AQQG)	7/1/2023	GEORGIA MEDICAID	REVISED POLICY
GIVLAARI (GIVOSIRAN)	7/1/2023	GEORGIA MEDICAID	REVISED POLICY
PANHEMATIN (HEMIN FOR INJECTION)	7/1/2023	GEORGIA MEDICAID	NEW POLICY
SODIUM PHENYLBUTYRATE (BUPHENYL, PHEBURANE, OLPRUVA)	7/1/2023	GEORGIA MEDICAID	NEW POLICY

## PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
RAVICTI (GLYCEROL PHENYLBUTYRATE)	7/1/2023	GEORGIA MEDICAID	REVISED POLICY
REVCovi (ELAPEGADEMASE-LVLR)	7/1/2023	GEORGIA MEDICAID	NEW POLICY
ZORBTIVE (SOMATROPIN)	7/1/2023	GEORGIA MEDICAID	NEW POLICY
TAKHZYRO (LANADELUMAB-FLYO)	7/1/2023	GEORGIA MEDICAID	REVISED POLICY
TROGARZO (IBALIZUMAB-UIYK)	7/1/2023	GEORGIA MEDICAID	REVISED POLICY
RINVOQ (UPADACITINIB)	7/1/2023	GEORGIA MEDICAID	REVISED POLICY
CIBINQO (ABROCITINIB)	7/1/2023	GEORGIA MEDICAID	REVISED POLICY
CIMZIA (CERTOLIZUMAB PEGOL)	7/1/2023	GEORGIA MEDICAID	REVISED POLICY

## PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
MEDICAL NECESSITY – OFF LABEL, MEDICAL NECESSITY FOR DAW, MEDICAL NECESSITY FOR NON-FORMULARY MEDICATIONS	7/1/2023	GEORGIA MEDICAID	REVISED POLICY
COVID-19 ADMINISTRATIVE POLICY	7/1/2023	GEORGIA MEDICAID	REVISED POLICY
EXONDYS 51, VILTEPSO, VYONDYS 53, AMONDYS 45	7/1/2023	GEORGIA MEDICAID	REVISED POLICY
AIMOVIG, EMGALITY	7/1/2023	GEORGIA MEDICAID	REVISED POLICY