Georgia Medicaid

Pharmacy Policy Updates

March 2024

The following policies are effective April 1, 2024

CareSource™

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** > 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
IZERVAY (AVACINCAPTAD PEGOL)	4/1/2024	GEORGIA MEDICAID	NEW POLICY
EYLEA AND EYLEA HD (AFLIBERCEPT)	4/1/2024	GEORGIA MEDICAID	REVISED POLICY
VISUDYNE (VERTEPORFIN)	4/1/2024	GEORGIA MEDICAID	REVISED POLICY
XIPERE (TRIAMCINOLONE)	4/1/2024	GEORGIA MEDICAID	REVISED POLICY
RETISERT (FLUOCINOLONE ACETONIDE)	4/1/2024	GEORGIA MEDICAID	REVISED POLICY
YUTIQ (FLUOCINOLONE ACETONIDE)	4/1/2024	GEORGIA MEDICAID	REVISED POLICY
ILUVIEN (FLUOCINOLONE ACETONIDE)	4/1/2024	GEORGIA MEDICAID	REVISED POLICY
OZURDEX (DEXAMETHASONE)	4/1/2024	GEORGIA MEDICAID	REVISED POLICY
VABYSMO (FARICIMAB-SVOA)	4/1/2024	GEORGIA MEDICAID	REVISED POLICY

PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
VOXZOGO (VOSORITIDE)	4/1/2024	GEORGIA MEDICAID	REVISED POLICY
INCRELEX (MECASERMIN)	4/1/2024	GEORGIA MEDICAID	REVISED POLICY
MACRILEN (MACIMORELIN)	4/1/2024	GEORGIA MEDICAID	REVISED POLICY
SHORT-ACTING SOMATROPIN INJECTIONS FOR GROWTH HORMONE DEFICIENCY	4/1/2024	GEORGIA MEDICAID	REVISED POLICY
EGRIFTA SV (TESAMORELIN)	4/1/2024	GEORGIA MEDICAID	REVISED POLICY
MYALEPT (METRELEPTIN)	4/1/2024	GEORGIA MEDICAID	REVISED POLICY
KOSELUGO (SELUMETINIB)	4/1/2024	GEORGIA MEDICAID	REVISED POLICY
XALKORI (CRIZOTINIB)	4/1/2024	GEORGIA MEDICAID	NEW POLICY
RIVFLOZA (NEDOSIRAN)	4/1/2024	GEORGIA MEDICAID	NEW POLICY

PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
OXLUMO (LUMASIRAN)	4/1/2024	GEORGIA MEDICAID	REVISED POLICY
JYNARQUE (TOLVAPTAN)	4/1/2024	GEORGIA MEDICAID	REVISED POLICY
DAXXIFY (DAXIBOTULINUMTOXINA-LANM)	4/1/2024	GEORGIA MEDICAID	NEW POLICY
MYOBLOC (RIMABOTULINUMTOXINB)	4/1/2024	GEORGIA MEDICAID	REVISED POLICY
DYSPORT (ABOBOTULINUMTOXINA)	4/1/2024	GEORGIA MEDICAID	REVISED POLICY
XEOMIN (INCOBOTULINUMTOXINA)	4/1/2024	GEORGIA MEDICAID	REVISED POLICY
BOTOX (ONABOTULINUMTOXINA)	4/1/2024	GEORGIA MEDICAID	REVISED POLICY
ZILBRYSQ (ZILUCOPLAN)	4/1/2024	GEORGIA MEDICAID	NEW POLICY
POMBILITI (CIPAGLUCOSIDASE ALFA-ATGA) AND OPFOLDA (MIGLUSTAT)	4/1/2024	GEORGIA MEDICAID	NEW POLICY

PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
LUMIZYME (ALGLUCOSIDASE ALFA)	4/1/2024	GEORGIA MEDICAID	REVISED POLICY
NEXVIAZYME (AVALGLUCOSIDASE ALFA-NGP)	4/1/2024	GEORGIA MEDICAID	REVISED POLICY
AGAMREE (VAMOROLONE)	4/1/2024	GEORGIA MEDICAID	NEW POLICY
EMFLAZA (DEFLAZACORT)	4/1/2024	GEORGIA MEDICAID	REVISED POLICY
INGREZZA (VALBENAZINE)	4/1/2024	GEORGIA MEDICAID	REVISED POLICY
AUSTEDO (DEUTETRABENAZINE)	4/1/2024	GEORGIA MEDICAID	REVISED POLICY
XENAZINE (TETRABENAZINE)	4/1/2024	GEORGIA MEDICAID	REVISED POLICY
TYSABRI (NATALIZUMAB)	4/1/2024	GEORGIA MEDICAID	REVISED POLICY
VELSIPITY (ETRASIMOD)	4/1/2024	GEORGIA MEDICAID	NEW POLICY

PHARMACY POLICY UPDATES

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OMVOH (MIRIKIZUMAB-MRKZ)	4/1/2024	GEORGIA MEDICAID	NEW POLICY
ENTYVIO (VEDOLIZUMAB)	4/1/2024	GEORGIA MEDICAID	REVISED POLICY
FASENRA (BENRALIZUMAB)	4/1/2024	GEORGIA MEDICAID	REVISED POLICY
NUCALA (MEPOLIZUMAB)	4/1/2024	GEORGIA MEDICAID	REVISED POLICY
CINQAIR (RESLIZUMAB)	4/1/2024	GEORGIA MEDICAID	REVISED POLICY
EMPAVELI (PEGCETACOPLAN)	4/1/2024	GEORGIA MEDICAID	REVISED POLICY
GAMIFANT (EMAPALUMAB-LZSG)	4/1/2024	GEORGIA MEDICAID	REVISED POLICY
ILARIS (CANAKINUMAB)	4/1/2024	GEORGIA MEDICAID	REVISED POLICY
SOHONOS (PALOVAROTENE)	4/1/2024	GEORGIA MEDICAID	NEW POLICY

PHARMACY POLICY UPDATES

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BIMZELX (BIMEKIZUMAB-BKZX)	4/1/2024	GEORGIA MEDICAID	NEW POLICY
COSENTYX (SECUKINUMAB)	4/1/2024	GEORGIA MEDICAID	REVISED POLICY
DUPIXENT (DUPILUMAB)	4/1/2024	GEORGIA MEDICAID	REVISED POLICY
ADBRY (TRALOKINUMAB-LDRM)	4/1/2024	GEORGIA MEDICAID	REVISED POLICY
RINVOQ (UPADACITINIB)	4/1/2024	GEORGIA MEDICAID	REVISED POLICY
CIBINQO (ABROCITINIB)	4/1/2024	GEORGIA MEDICAID	REVISED POLICY
ENBREL (ETANERCEPT)	4/1/2024	GEORGIA MEDICAID	REVISED POLICY
ORENCIA (ABATACEPT)	4/1/2024	GEORGIA MEDICAID	REVISED POLICY
VEOPOZ (POZELIMAB)	4/1/2024	GEORGIA MEDICAID	NEW POLICY

PHARMACY POLICY UPDATES

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EPCLUSA (SOFOSBUVIR/VELPATASVIR)	4/1/2024	GEORGIA MEDICAID	REVISED POLICY
SEROSTIM (SOMATROPIN)	4/1/2024	GEORGIA MEDICAID	REVISED POLICY
RITUXUMAB (RITUXAN*, TRUXIMA, RUXIENCE, RIABNI)	4/1/2024	GEORGIA MEDICAID	REVISED POLICY