

Georgia Medicaid

Pharmacy Policy Updates

October 2023

The following policies are effective October 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
CERDELGA (ELIGLUSTAT)	10/1/2023	GEORGIA MEDICAID	REVISED POLICY
ZAVESCA (MIGLUSTAT)	10/1/2023	GEORGIA MEDICAID	REVISED POLICY
ENZYME REPLACEMENT THERAPY (ERT) FOR GAUCHER DISEASE	10/1/2023	GEORGIA MEDICAID	REVISED POLICY
LAMZEDE (VELMANASE ALFA-TYCV)	10/1/2023	GEORGIA MEDICAID	NEW POLICY
MACUGEN (PEGAPTANIB)	10/1/2023	GEORGIA MEDICAID	ARCHIVED POLICY
EYLEA (AFLIBERCEPT)	10/1/2023	GEORGIA MEDICAID	REVISED POLICY
RANIBIZUMAB (LUCENTIS, BYOOVIZ, CIMERLI)	10/1/2023	GEORGIA MEDICAID	REVISED POLICY
SUSVIMO (RANIBIZUMAB)	10/1/2023	GEORGIA MEDICAID	REVISED POLICY
SYFOVRE (PEGCETACOPLAN)	10/1/2023	GEORGIA MEDICAID	NEW POLICY

PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
TEPEZZA (TEPROTUMUMAB- TRBW)	10/1/2023	GEORGIA MEDICAID	REVISED POLICY
DAYBUE (TROFINETIDE)	10/1/2023	GEORGIA MEDICAID	NEW POLICY
SKYCLARYS (OMAVELOXOLONE)	10/1/2023	GEORGIA MEDICAID	NEW POLICY
QALSODY (TOFERSEN)	10/1/2023	GEORGIA MEDICAID	NEW POLICY
FINGOLIMOD (GILENYA, TASCENSO ODT)	10/1/2023	GEORGIA MEDICAID	REVISED POLICY
AUSTEDO (DEUTETRABENAZINE) XR	10/1/2023	GEORGIA MEDICAID	REVISED POLICY
AMVUTTRA (VUTRISIRAN)	10/1/2023	GEORGIA MEDICAID	REVISED POLICY
ONPATTRO (PATISIRAN)	10/1/2023	GEORGIA MEDICAID	REVISED POLICY
NULIBRY (FOSDENOPTERIN)	10/1/2023	GEORGIA MEDICAID	REVISED POLICY

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JOENJA (LENIOLISIB)	10/1/2023	GEORGIA MEDICAID	NEW POLICY
IMMUNE GLOBULIN (IVIG AND SCIG)	10/1/2023	GEORGIA MEDICAID	REVISED POLICY
GAMASTAN (IMMUNE GLOBULIN (HUMAN))	10/1/2023	GEORGIA MEDICAID	NEW POLICY
VOWST (FECAL MICROBIOTA SPORES, LIVE-BRPK)	10/1/2023	GEORGIA MEDICAID	NEW POLICY
ZINPLAVA (BEZLOTOXUMAB)	10/1/2023	GEORGIA MEDICAID	NEW POLICY
REBYOTA (FECAL MICROBIOTA, LIVE - JSLM)	10/1/2023	GEORGIA MEDICAID	REVISED POLICY
DARAPRIM (PYRIMETHAMINE)	10/1/2023	GEORGIA MEDICAID	NEW POLICY
APRETUDE (CABOTEGRAVIR EXTENDED-RELEASE)	10/1/2023	GEORGIA MEDICAID	REVISED POLICY
LIVTENCITY	10/1/2023	GEORGIA MEDICAID	REVISED POLICY

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FILSPARI (SPARSENTAN)	10/1/2023	GEORGIA MEDICAID	NEW POLICY
JESDUVROQ (DAPRODUSTAT)	10/1/2023	GEORGIA MEDICAID	NEW POLICY
EVKEEZA (EVINACUMAB- DGNB)	10/1/2023	GEORGIA MEDICAID	REVISED POLICY
JUXTAPID (LOMITAPIDE)	10/1/2023	GEORGIA MEDICAID	REVISED POLICY
KALYDECO (IVACAFTOR)	10/1/2023	GEORGIA MEDICAID	REVISED POLICY
TRIKAFTA (ELEXACAFTOR, TEZACAFTOR AND IVACAFTOR TABLETS; IVACAFTOR TABLETS)	10/1/2023	GEORGIA MEDICAID	REVISED POLICY
ENJAYMO (SUTIMLIMAB)	10/1/2023	GEORGIA MEDICAID	REVISED POLICY
HEMOPHILIA AND OTHER CLOTTING DISORDERS	10/1/2023	GEORGIA MEDICAID	REVISED POLICY
PHOSPHODIESTERASE TYPE 5 INHIBITORS (PDE-5 INHIBITORS) FOR PAH	10/1/2023	GEORGIA MEDICAID	REVISED POLICY

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ENDOTHELIN RECEPTOR ANTAGONISTS FOR PAH	10/1/2023	GEORGIA MEDICAID	REVISED POLICY
INHALED PROSTACYCLINS FOR PAH	10/1/2023	GEORGIA MEDICAID	REVISED POLICY
INJECTABLE PROSTACYCLINS FOR PAH	10/1/2023	GEORGIA MEDICAID	REVISED POLICY
ORAL PROSTACYCLINS FOR PAH	10/1/2023	GEORGIA MEDICAID	REVISED POLICY
SOLUBLE GUANYLATE CYCLASE STIMULATOR FOR PAH	10/1/2023	GEORGIA MEDICAID	REVISED POLICY
ACTHAR (REPOSITORY CORTICOTROPIN INJECTION)	10/1/2023	GEORGIA MEDICAID	REVISED POLICY
CORTROPHIN GEL (CORTICOTROPIN)	10/1/2023	GEORGIA MEDICAID	REVISED POLICY
KEVZARA (SARILUMAB)	10/1/2023	GEORGIA MEDICAID	REVISED POLICY
LIVMARLI (MARALIXIBAT)	10/1/2023	GEORGIA MEDICAID	REVISED POLICY

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DOJOLVI (TRihePTANOIN)	10/1/2023	GEORGIA MEDICAID	REVISED POLICY
XYREM, XYWAV AND LUMRYZ	10/1/2023	GEORGIA MEDICAID	REVISED POLICY
TURALIO (PEXIDARTINIB)	10/1/2023	GEORGIA MEDICAID	NEW POLICY
TEZSPIRE (TEZEPELUMAB-EEKO)	10/1/2023	GEORGIA MEDICAID	REVISED POLICY
RINVOQ (UPADACITINIB)	10/1/2023	GEORGIA MEDICAID	REVISED POLICY