

Georgia Medicaid

Pharmacy Policy Updates

July 2022

The following policies are effective July 1, 2022



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
LEQVIO (INCLISIRAN)	7/1/2022	GEORGIA MEDICAID	NEW POLICY
REPATHA (EVOLOCUMAB)	7/1/2022	GEORGIA MEDICAID	REVISED POLICY
PRALUENT (ALIROCUMAB)	7/1/2022	GEORGIA MEDICAID	REVISED POLICY
EVKEEZA (EVINACUMAB-DGNB)	7/1/2022	GEORGIA MEDICAID	REVISED POLICY
JUXTAPID (LOMITAPIDE)	7/1/2022	GEORGIA MEDICAID	REVISED POLICY
BRINEURA (CERLIPONASE ALFA)	7/1/2022	GEORGIA MEDICAID	REVISED POLICY
KANUMA (SEBELIPASE ALFA)	7/1/2022	GEORGIA MEDICAID	REVISED POLICY
OXBRYTA (VOXELOTOR)	7/1/2022	GEORGIA MEDICAID	REVISED POLICY
ADAKVEO (CRIZANLIZUMAB-TMCA)	7/1/2022	GEORGIA MEDICAID	REVISED POLICY

PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
TEZSPIRE (TEZEPELUMAB-EEKO)	7/1/2022	GEORGIA MEDICAID	NEW POLICY
LUXTURNA (VORETIGENE NEPAVOVEC-RRZYL)	7/1/2022	GEORGIA MEDICAID	REVISED POLICY
TEPEZZA (TEPROTUMUMAB-TRBW)	7/1/2022	GEORGIA MEDICAID	REVISED POLICY
FIRDAPSE (AMIFAMPRIDINE)	7/1/2022	GEORGIA MEDICAID	REVISED POLICY
VYVGART (EFGARTIGIMOD ALFA-FCAB)	7/1/2022	GEORGIA MEDICAID	NEW POLICY
RITUXAN (RITUXIMAB)	7/1/2022	GEORGIA MEDICAID	REVISED POLICY
OLUMIANT (BARICITINIB)	7/1/2022	GEORGIA MEDICAID	REVISED POLICY
RINVOQ (ABROCITINIB)	7/1/2022	GEORGIA MEDICAID	REVISED POLICY
XELJANZ (TOFACITINIB)	7/1/2022	GEORGIA MEDICAID	REVISED POLICY

PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
CIBINQO (UPADACITINIB)	7/1/2022	GEORGIA MEDICAID	NEW POLICY
ACTEMRA (TOCILIZUMAB)	7/1/2022	GEORGIA MEDICAID	REVISED POLICY
KEVZARA (SARILUMAB)	7/1/2022	GEORGIA MEDICAID	REVISED POLICY
KINERET (ANAKINRA)	7/1/2022	GEORGIA MEDICAID	REVISED POLICY
ARCALYST (RILONACEPT)	7/1/2022	GEORGIA MEDICAID	REVISED POLICY
ILARIS (CANAKINUMAB)	7/1/2022	GEORGIA MEDICAID	REVISED POLICY
ADBRY (TRALOKINUMAB-LDRM)	7/1/2022	GEORGIA MEDICAID	NEW POLICY
SILIQ (BRODALUMAB)	7/1/2022	GEORGIA MEDICAID	REVISED POLICY
SKYRIZI (RISANKIZUMAB-RZAA)	7/1/2022	GEORGIA MEDICAID	REVISED POLICY

PHARMACY POLICY UPDATES

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TALTZ (IXEKIZUMAB)	7/1/2022	GEORGIA MEDICAID	REVISED POLICY
TREMFYA (GUSELKUMAB)	7/1/2022	GEORGIA MEDICAID	REVISED POLICY
STELARA (USTEKINUMAB)	7/1/2022	GEORGIA MEDICAID	REVISED POLICY
HUMIRA (ADALIMUMAB)	7/1/2022	GEORGIA MEDICAID	REVISED POLICY
ENBREL (ETANERCEPT)	7/1/2022	GEORGIA MEDICAID	REVISED POLICY
REMICADE (INFLIXIMAB)	7/1/2022	GEORGIA MEDICAID	REVISED POLICY
SIMPONI (GOLIMUMAB)	7/1/2022	GEORGIA MEDICAID	REVISED POLICY
SIMPONI ARIA (GOLIMUMAB)	7/1/2022	GEORGIA MEDICAID	REVISED POLICY
CIMZIA (CERTOLIZUMAB PEGOL)	7/1/2022	GEORGIA MEDICAID	REVISED POLICY

PHARMACY POLICY UPDATES

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XEOMIN	7/1/2022	GEORGIA MEDICAID	REVISED POLICY
VOXZOGO (VOSORITIDE)	7/1/2022	GEORGIA MEDICAID	NEW POLICY
ADUHELM (ADUCANUMAB)	7/1/2022	GEORGIA MEDICAID	REVISED POLICY
HETLIOZ AND HETLIOZ LQ (TASIMELTEON)	7/1/2022	GEORGIA MEDICAID	NEW POLICY
ORENCIA (ABATACEPT)	7/1/2022	GEORGIA MEDICAID	REVISED POLICY
TECARTUS (BREXUCABTAGENE AUTOLEUCEL)	7/1/2022	GEORGIA MEDICAID	REVISED POLICY
TARPEYO (BUDESONIDE)	7/1/2022	GEORGIA MEDICAID	NEW POLICY
TAVNEOS (AVACOPAN)	7/1/2022	GEORGIA MEDICAID	NEW POLICY
OTEZLA (APREMILAST)	7/1/2022	GEORGIA MEDICAID	REVISED POLICY

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APRETUDE (CABOTEGRAVIR)	7/1/2022	GEORGIA MEDICAID	NEW POLICY
LIVTENCITY (MARIBAVIR)	7/1/2022	GEORGIA MEDICAID	NEW POLICY
CYTOGAM (CYTOMEGALOVIRUS IMMUNE GLOBULIN)	7/1/2022	GEORGIA MEDICAID	NEW POLICY
PREVYMIS (LETERMOVIR)	7/1/2022	GEORGIA MEDICAID	NEW POLICY
EPCLUSA	7/1/2022	GEORGIA MEDICAID	REVISED POLICY
MAVYRET	7/1/2022	GEORGIA MEDICAID	REVISED POLICY
HARVONI	7/1/2022	GEORGIA MEDICAID	REVISED POLICY
SOVALDI	7/1/2022	GEORGIA MEDICAID	REVISED POLICY
VOSEVI	7/1/2022	GEORGIA MEDICAID	REVISED POLICY

PHARMACY POLICY UPDATES

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ZEPATIER	7/1/2022	GEORGIA MEDICAID	REVISED POLICY
EXONDYS 51 (ETEPLIRSEN)	7/1/2022	GEORGIA MEDICAID	REVISED POLICY
EMFLAZA	7/1/2022	GEORGIA MEDICAID	REVISED POLICY
VILTEPSIO (VILTOLARSEN)	7/1/2022	GEORGIA MEDICAID	REVISED POLICY
VYONDYS 53 (GOLODIRSEN)	7/1/2022	GEORGIA MEDICAID	REVISED POLICY
AMONDYS 45 (CASIMERSEN)	7/1/2022	GEORGIA MEDICAID	REVISED POLICY
COVID-19 ADMIN POLICY	7/1/2022	GEORGIA MEDICAID	REVISED POLICY