Georgia Medicaid

Pharmacy Policy Updates

December 2023

The following policies are effective January 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
OCALIVA (OBETICHOLIC ACID)	1/1/2024	GEORGIA MEDICAID	NEW POLICY
BYLVAY (ODEVIXIBAT)	1/1/2024	GEORGIA MEDICAID	REVISED POLICY
ERT FOR FABRY DISEASE (FABRAZYME AND ELFABRIO)	1/1/2024	GEORGIA MEDICAID	REVISED POLICY
PROCYSBI AND CYSTAGON (CYSTEAMINE BITARTRATE); CYSTARAN AND CYSTADROPS (CYSTEAMINE HYDROCHLORIDE SOLUTION)	1/1/2024	GEORGIA MEDICAID	REVISED POLICY
ALPHA1-PROTEINASE INHIBITOR (ALPHA1 ANTITRYPSIN)	1/1/2024	GEORGIA MEDICAID	REVISED POLICY
ROCTAVIAN (VALOCTOCOGENE ROXAPARVOVEC-RVOX)	1/1/2024	GEORGIA MEDICAID	NEW POLICY
CABLIVI (CAPLACIZUMAB-YHDP)	1/1/2024	GEORGIA MEDICAID	REVISED POLICY
ELEVIDYS (DELANDISTROGENE MOXEPARVOVEC-ROKL)	1/1/2024	GEORGIA MEDICAID	NEW POLICY

PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
VYVGART HYTRULO (EFGARTIGIMOD ALFA AND HYALURONIDASE-QVFC)	1/1/2024	GEORGIA MEDICAID	REVISED POLICY
RYSTIGGO (ROZANOLIXIZUMAB-NOLI)	1/1/2024	GEORGIA MEDICAID	NEW POLICY
SOLIRIS (ECULIZUMAB)	1/1/2024	GEORGIA MEDICAID	REVISED POLICY
ULTOMIRIS (RAVULIZUMAB)	1/1/2024	GEORGIA MEDICAID	REVISED POLICY
EMPAVELI (PEGCETACOPLAN)	1/1/2024	GEORGIA MEDICAID	REVISED POLICY
UPLIZNA (INEBILIZUMAB)	1/1/2024	GEORGIA MEDICAID	REVISED POLICY
LEQEMBI (LECANEMAB)	1/1/2024	GEORGIA MEDICAID	REVISED POLICY
VYEPTI (EPTINEZUMAB-JJMR)	1/1/2024	GEORGIA MEDICAID	REVISED POLICY

PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
VYJUVEK (BEREMAGENE GEPERPAVEC-SVDT)	1/1/2024	GEORGIA MEDICAID	NEW POLICY
LITFULO (RITLECITINIB)	1/1/2024	GEORGIA MEDICAID	NEW POLICY
OLUMIANT (BARICITINIB)	1/1/2024	GEORGIA MEDICAID	REVISED POLICY
LEQVIO (INCLISIRAN)	1/1/2024	GEORGIA MEDICAID	REVISED POLICY
REPATHA (EVOLOCUMAB)	1/1/2024	GEORGIA MEDICAID	REVISED POLICY
PRALUENT (ALIROCUMAB)	1/1/2024	GEORGIA MEDICAID	REVISED POLICY
IV IRON PRODUCTS	1/1/2024	GEORGIA MEDICAID	REVISED POLICY
APRETUDE (CABOTEGRAVIR EXTENDED- RELEASE)	1/1/2024	GEORGIA MEDICAID	REVISED POLICY

PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
PREVYMIS (LETERMOVIR)	1/1/2024	GEORGIA MEDICAID	REVISED POLICY
NGENLA (SOMATROGON-GHLA)	1/1/2024	GEORGIA MEDICAID	NEW POLICY
SOGROYA (SOMAPACITAN- BECO)	1/1/2024	GEORGIA MEDICAID	REVISED POLICY
SKYTROFA (LONAPEGSOMATROPIN)	1/1/2024	GEORGIA MEDICAID	REVISED POLICY
SHORT-ACTING SOMATROPIN INJECTIONS FOR GROWTH HORMONE DEFICIENCY	1/1/2024	GEORGIA MEDICAID	REVISED POLICY
GATTEX (TEDUGLUTIDE)	1/1/2024	GEORGIA MEDICAID	REVISED POLICY

PHARMACY POLICY UPDATES

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BUPRENORPHINE EXTENDED- RELEASE (SUBLOCADE, BRIXADI)	1/1/2024	GEORGIA MEDICAID	REVISED POLICY
ENSPRYNG	1/1/2024	GEORGIA MEDICAID	REVISED POLICY
ADALIMUMAB (HUMIRA, HADLIMA, HYRIMOZ, HULIO)	1/1/2024	GEORGIA MEDICAID	REVISED POLICY
BEVACIZUMAB	1/1/2024	GEORGIA MEDICAID	REVISED POLICY