Georgia Medicaid

Pharmacy Policy Updates

August 2025

The following policies are effective September 27, 2025

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
ARCALYST (RILONACEPT)	09/27/2025	GEORGIA MEDICAID	REVISED POLICY
AUSTEDO (DEUTETRABENAZINE)	09/27/2025	GEORGIA MEDICAID	REVISED POLICY
BENLYSTA (BELIMUMAB)	09/27/2025	GEORGIA MEDICAID	REVISED POLICY
BIMZELX (BIMEKIZUMAB-BKZX)	09/27/2025	GEORGIA MEDICAID	REVISED POLICY
BOTOX (ONABOTULINUMTOXINA)	09/27/2025	GEORGIA MEDICAID	REVISED POLICY
BRINEURA (CERLIPONASE ALFA)	09/27/2025	GEORGIA MEDICAID	REVISED POLICY
CIMZIA (CERTOLIZUMAB PEGOL)	09/27/2025	GEORGIA MEDICAID	REVISED POLICY
COSENTYX (SECUKINUMAB)	09/27/2025	GEORGIA MEDICAID	REVISED POLICY
COVID-19 VACCINATION	09/27/2025	GEORGIA MEDICAID	ARCHIVED POLICY

PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
ELEVIDYS (DELANDISTROGENE MOXEPARVOVEC-ROKL)	09/27/2025	GEORGIA MEDICAID	REVISED POLICY
ENBREL (ETANERCEPT)	09/27/2025	GEORGIA MEDICAID	REVISED POLICY
FILGRASTIM (NEUPOGEN, ZARXIO, NIVESTYM, RELEUKO)	09/27/2025	GEORGIA MEDICAID	REVISED POLICY
ILARIS (CANAKINUMAB)	09/27/2025	GEORGIA MEDICAID	REVISED POLICY
IMMUNE GLOBULIN (IVIG AND SCIG): INTRAVENOUS (IVIG): ALYGLO, ASCENIV, BIVIGAM, FLEBOGAMMA DIF, GAMMAGARD LIQUID, GAMMAGARD S/D, GAMMAKED, GAMMAPLEX, GAMUNEX-C, OCTAGAM, PANZYGA, PRIVIGEN, YIMMUGO SUBCUTANEOUS (SCIG): CUTAQUIG, CUVITRU, HIZENTRA, HYQVIA, XEMBIFY	09/27/2025	GEORGIA MEDICAID	REVISED POLICY

PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
INFLIXIMAB (AVSOLA, INFLECTRA, REMICADE, RENFLEXIS, ZYMFENTRA)	09/27/2025	GEORGIA MEDICAID	REVISED POLICY
IQIRVO (ELAFIBRANOR)	09/27/2025	GEORGIA MEDICAID	NEW POLICY
KEVZARA (SARILUMAB)	09/27/2025	GEORGIA MEDICAID	REVISED POLICY
KINERET (ANAKINRA)	09/27/2025	GEORGIA MEDICAID	REVISED POLICY
KISUNLA (DONANEMAB)	09/27/2025	GEORGIA MEDICAID	NEW POLICY
KUVAN (SAPROPTERIN)	09/27/2025	GEORGIA MEDICAID	REVISED POLICY
LEQSELVI (DEURUXOLITINIB)	09/27/2025	GEORGIA MEDICAID	NEW POLICY
NUCALA (MEPOLIZUMAB)	09/27/2025	GEORGIA MEDICAID	REVISED POLICY
OHTUVAYRE (ENSIFENTRINE)	09/27/2025	GEORGIA MEDICAID	NEW POLICY

PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
ORENCIA (ABATACEPT)	09/27/2025	GEORGIA MEDICAID	REVISED POLICY
OZURDEX (DEXAMETHASONE)	09/27/2025	GEORGIA MEDICAID	REVISED POLICY
PALFORZIA [PEANUT (ARACHIS HYPOGAEA) ALLERGEN POWDER-DNFP]	09/27/2025	GEORGIA MEDICAID	REVISED POLICY
PALYNZIQ (PEGVALIASE-PQPZ)	09/27/2025	GEORGIA MEDICAID	REVISED POLICY
PEGFILGRASTIM (FULPHILA, NEULASTA, NYVEPRIA, UDENYCA, ZIEXTENZO, STIMUFEND, FYLENTRA)	09/27/2025	GEORGIA MEDICAID	REVISED POLICY
PIASKY (CROVALIMAB-AKKZ)	09/27/2025	GEORGIA MEDICAID	NEW POLICY
RELISTOR (METHYLNALTREXONE)	09/27/2025	GEORGIA MEDICAID	REVISED POLICY

PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
RINVOQ, RINVOQ LQ (UPADACITINIB)	09/27/2025	GEORGIA MEDICAID	REVISED POLICY
SCENESSE (AFAMELANOTIDE)	09/27/2025	GEORGIA MEDICAID	REVISED POLICY
SIMPONI (GOLIMUMAB)	09/27/2025	GEORGIA MEDICAID	REVISED POLICY
SIMPONI ARIA (GOLIMUMAB)	09/27/2025	GEORGIA MEDICAID	REVISED POLICY
SINGLE DOSE VIAL – CLAIMS MODIFIERS	09/27/2025	GEORGIA MEDICAID	REVISED POLICY
SOTYKTU (DEUCRAVACITINIB)	09/27/2025	GEORGIA MEDICAID	REVISED POLICY
SPRAVATO (ESKETAMINE)	09/27/2025	GEORGIA MEDICAID	REVISED POLICY
SUCRAID (SACROSIDASE)	09/27/2025	GEORGIA MEDICAID	REVISED POLICY

PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
TALTZ (IXEKIZUMAB)	09/27/2025	GEORGIA MEDICAID	REVISED POLICY
VYVGART (EFGARTIGIMOD ALFA-FCAB) AND VYVGART HYTRULO (EFGARTIGIMOD ALFA AND HYALURONIDASE-QVFC)	09/27/2025	GEORGIA MEDICAID	REVISED POLICY
WAKIX (PITOLISANT)	09/27/2025	GEORGIA MEDICAID	REVISED POLICY
XELJANZ/XELJANZ XR (TOFACITINIB)	09/27/2025	GEORGIA MEDICAID	REVISED POLICY
XGEVA (DENOSUMAB)	09/27/2025	GEORGIA MEDICAID	REVISED POLICY
XOLAIR (OMALIZUMAB)	09/27/2025	GEORGIA MEDICAID	REVISED POLICY
ZOKINVY (LONAFARNIB)	09/27/2025	GEORGIA MEDICAID	REVISED POLICY