



**Notice Date:** November 30, 2018  
**To:** Georgia Medicaid Health Partners  
**From:** Care Source®  
**Subject:** 340B Drug Pricing Program Claim Requirement - UPDATE

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*Note: this notification is an update of the [340B Drug Pricing Program Claim Requirement](#) notification dated July 5, 2018.*

Per guidance from the Georgia Department of Community Health (DCH), the use of the UD modifier to identify 340B purchased drugs has been postponed until further notice. You can view the DCH 340B banner message at [www.mmis.georgia.gov](http://www.mmis.georgia.gov).

Please contact CareSource Provider Services at **1-855-202-1058** with any questions regarding this requirement.