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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
ENDOTHELIN RECEPTOR ANTAGONISTS FOR PULMONARY ARTERIAL HYPERTENSION: LETAIRIS (AMBRISENTAN), OPSUMIT (MACITENTAN), TRACLEER (BOSENTAN)	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY
ENSPRYNG (SATRALIZUMAB-MWGE)	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY
ENTYVIO (VEDOLIZUMAB)	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY
EPCLUSA (SOFOSBUVIR/VELPATASVIR)	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY
EVENITY (ROMOSUZUMAB-AQQG)	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY
EVKEEZA (EVINACUMAB-DGNB)	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY
FASENRA (BENRALIZUMAB)	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY
FENSOLVI (LEUPROLIDE ACETATE)	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY

PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
JAKAFI (RUXOLITINIB)	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY
JESDUVROQ (DAPRODUSTAT)	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY
JOENJA (LENIOLISIB)	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY
JUXTAPID (LOMITAPIDE)	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY
KANUMA (SEBELIPASE ALFA)	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY
LAMZEDE (VELMANASE ALFA-TYCV)	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY
LENMELO5 (CEET)2 (ALP)1		GEORGIA MEDICAID	REVISED POLICY

PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
LUPRON DEPOT AND LUPRON DEPOT			

PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
PHOSPHODIESTERASE TYPE 5 INHIBITORS (PDE5 INHIBITORS) FOR PULMONARY ARTERIAL HYPERTENSION: ADCIRCA/ALYQ/TADLIQ (TADALAFIL), LIQREV/REVATIO (SILDENAFIL)	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY

PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
REZUROCK (BELUMOSUDIL)	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY
RIVFLOZA (NEDOSIRAN)	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY
ROCTAVIAN (VALOCTOCOGENE ROXAPARVOVEQ)	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY
RYPLAZIM (PLASMINOGEN, HUMAN-TVMH)	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY
SKYRIZI (RISANKIZUMAB-RZAA)	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY
SOLIRIS (ECULIZUMAB)	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY
SPEVIGO (SPESOLIMAB-SBZO)	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY
SUPPRELIN LA (HISTRELIN ACETATE)	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY
SYNAGIS (PALIVIZUMAB)	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY

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TREMFYA (GUSELKUMAB)	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY
TRIPTODUR (TRIPTORELIN)	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY
TYMLOS (ABALOPARATIDE)	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY
ULTOMIRIS (RAVULIZUMAB-CWVZ)	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY
UPLIZNA (NEBILIZUMAB-CDON)	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY
VAFSEO (ADADUSTAT)	OCT. 1, 2024	GEORGIA MEDICAID	NEW POLICY
VOYDEYA (DANICOPAN)	OCT. 1, 2024	GEORGIA MEDICAID	NEW POLICY
VYEPTI (EPTINEZUMAB-JJMR)	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY
WINREVAIR (SOTATERCEPTCSRK)	OCT. 1, 2024	GEORGIA MEDICAID	NEW POLICY

PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
XENPOZYME (OLIPUDASE ALFA-RPCP)	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY
XOLAIR (OMALIZUMAB)	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY
XOLREMDI (MAVORIXAFOR)	OCT. 1, 2024	GEORGIA MEDICAID	NEW POLICY
ZOLADEX (GOSERELIN ACETATE)	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY
MEDICAL NECESSITY-OFF LABEL	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY
MEDICAL NECESSITY FOR DAW	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY
MEDICAL NECESSITY FOR NON-FORMULARY MEDICATIONS	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY
MULTI-INGREDIENT COMPOUND POLICY	OCT. 1, 2024	GEORGIA MEDICAID	REVISED POLICY