Georgia Medicaid

Pharmacy Policy Updates

January 2026

The following policies are effective February 1, 2026

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
ADBRY (TRALOKINUMAB-LDRM)	02/01/2026	GEORGIA MEDICAID	REVISED POLICY
AQNEURSA (LEVACETYLLEUCINE)	02/01/2026	GEORGIA MEDICAID	NEW POLICY
BEOVU (BROLUCIZUMAB)	02/01/2026	GEORGIA MEDICAID	REVISED POLICY
BOTOX (ONABOTULINUMTOXINA)	02/01/2026	GEORGIA MEDICAID	REVISED POLICY
BRIUMVI (UBLITUXIMAB-XIIY)	02/01/2026	GEORGIA MEDICAID	REVISED POLICY
DARZALEX FASPRO (DARATUMUMAB AND HYALURONIDASE-FIHJ)	02/01/2026	GEORGIA MEDICAID	REVISED POLICY
DAXXIFY (DAXIBOTULINUMTOXINA-LANM)	02/01/2026	GEORGIA MEDICAID	REVISED POLICY
DUPIXENT (DUPILUMAB)	02/01/2026	GEORGIA MEDICAID	REVISED POLICY
DYSPORT (ABOBOTULINUMTOXINA)	02/01/2026	GEORGIA MEDICAID	REVISED POLICY
EBGLYSS (LEBRIKIZUMAB-LBKZ)	02/01/2026	GEORGIA MEDICAID	NEW POLICY

PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
ESBRIET (PIRFENIDONE)	02/01/2026	GEORGIA MEDICAID	REVISED POLICY
EYLEA AND EYLEA HD (AFLIBERCEPT)	02/01/2026	GEORGIA MEDICAID	REVISED POLICY
FABHALTA (IPTACOPAN)	02/01/2026	GEORGIA MEDICAID	REVISED POLICY
FASENRA (BENRALIZUMAB)	02/01/2026	GEORGIA MEDICAID	REVISED POLICY
FILSPARI (SPARSENTAN)	02/01/2026	GEORGIA MEDICAID	REVISED POLICY
FIRDAPSE (AMIFAMPRIDINE)	02/01/2026	GEORGIA MEDICAID	REVISED POLICY
HYALURONIC ACID VISCOSUPPLEMENTS	02/01/2026	GEORGIA MEDICAID	REVISED POLICY
ILUMYA (TILDRAKIZUMAB-ASMN)	02/01/2026	GEORGIA MEDICAID	REVISED POLICY
KESIMPTA (OFATUMUMAB)	02/01/2026	GEORGIA MEDICAID	REVISED POLICY
LIVDELZI (SELADELPAR)	02/01/2026	GEORGIA MEDICAID	NEW POLICY
LUXTURNA (VORETIGENE NEPARVOVEC-RZYL)	02/01/2026	GEORGIA MEDICAID	REVISED POLICY

PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
MEDICAL NECESSITY FOR NON-FORMULARY MEDICATIONS	02/01/2026	GEORGIA MEDICAID	REVISED POLICY
MIPLYFFA (ARIMOCLOMOL)	02/01/2026	GEORGIA MEDICAID	NEW POLICY
MYOBLOC (RIMABOTULINUMTOXINB)	02/01/2026	GEORGIA MEDICAID	REVISED POLICY
NEMLUVIO (NEMOLIZUMAB-ILTO)	02/01/2026	GEORGIA MEDICAID	NEW POLICY
NIKTIMVO (AXATILIMAB)	02/01/2026	GEORGIA MEDICAID	NEW POLICY
NITISINONE (ORFADIN AND NITYR)	02/01/2026	GEORGIA MEDICAID	REVISED POLICY
OCREVUS (OCRELIZUMAB)	02/01/2026	GEORGIA MEDICAID	REVISED POLICY
OFEV (NINTEDANIB)	02/01/2026	GEORGIA MEDICAID	REVISED POLICY
ONCOLOGY TREATMENT REGIMEN REVIEW	02/01/2026	GEORGIA MEDICAID	REVISED POLICY

PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
POMBILITI (CIPAGLUCOSIDASE ALFA-ATGA) AND OPFOLDA (MIGLUSTAT)	02/01/2026	GEORGIA MEDICAID	REVISED POLICY
RANIBIZUMAB (LUCENTIS, BYOOVIZ, CIMERLI)	02/01/2026	GEORGIA MEDICAID	REVISED POLICY
RITUXIMAB (RITUXAN, TRUXIMA, RUXIENCE, RIABNI)	02/01/2026	GEORGIA MEDICAID	REVISED POLICY
SILIQ (BRODALUMAB)	02/01/2026	GEORGIA MEDICAID	REVISED POLICY
SKYSONA (ELIVALDOGENE AUTOTEMCEL)	02/01/2026	GEORGIA MEDICAID	REVISED POLICY
SUSVIMO (RANIBIZUMAB)	02/01/2026	GEORGIA MEDICAID	REVISED POLICY
TARPEYO (BUDESONIDE)	02/01/2026	GEORGIA MEDICAID	REVISED POLICY
TAVNEOS (AVACOPAN)	02/01/2026	GEORGIA MEDICAID	REVISED POLICY
VABYSMO (FARICIMAB-SVOA)	02/01/2026	GEORGIA MEDICAID	REVISED POLICY
VIGABATRIN (GENERIC FOR SABRIL), VIGADRONE	02/01/2026	GEORGIA MEDICAID	REVISED POLICY
VIJOICE (ALPELISIB)	02/01/2026	GEORGIA MEDICAID	NEW POLICY

PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
XEOMIN (INCOBOTULINUMTOXINA)	02/01/2026	GEORGIA MEDICAID	NEW POLICY
XYREM (SODIUM OXYBATE), LUMRYZ (SODIUM OXYBATE EXTENDED RELEASE) AND XYWAV (CALCIUM, MAGNESIUM, POTASSIUM, AND SODIUM OXYBATES)	02/01/2026	GEORGIA MEDICAID	REVISED POLICY
YORVIPATH (PALOPEGTERIPARATIDE)	02/01/2026	GEORGIA MEDICAID	NEW POLICY
ZAVESCA (MIGLUSTAT)	02/01/2026	GEORGIA MEDICAID	REVISED POLICY