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
ABECMA (IDECABTAGENE VICLEUCEL	02/01/2026	GEORGIA MEDICAID	REVISED POLICY
ALYFTREK (VANZACAFTOR/TEZACAFTOR/DEUTIVACAFTOR)	02/01/2026	GEORGIA MEDICAID	NEW POLICY
ATTRUBY (ACORAMIDIS)	02/01/2026	GEORGIA MEDICAID	NEW POLICY
AUCATZYL (OBECABTAGENE AUTOLEUCEL)	02/01/2026	GEORGIA MEDICAID	NEW POLICY
BETHKIS (TOBRAMYCIN INHALATION SOLUTION)	02/01/2026	GEORGIA MEDICAID	REVISED POLICY
BIMZELX (BIMEKIZUMAB-BKZX)	02/01/2026	GEORGIA MEDICAID	REVISED POLICY
BREYANZI (LISOCABTAGENE MARALEUCEL	02/01/2026	GEORGIA MEDICAID	REVISED POLICY
BRONCHITOL (MANNITOL)	02/01/2026	GEORGIA MEDICAID	REVISED POLICY
CARBAGLU (CARGLUMIC ACID)	02/01/2026	GEORGIA MEDICAID	REVISED POLICY
CARVYKTI (CILTACABTAGENE AUTOLEUCEL)	02/01/2026	GEORGIA MEDICAID	REVISED POLICY

PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
CASGEVY (EXAGAMGLOGENE AUTOTEMCEL)	02/01/2026	GEORGIA MEDICAID	ARCHIVED POLICY
CAYSTON (AZTREONAM INHALATION SOLUTION)	02/01/2026	GEORGIA MEDICAID	REVISED POLICY
CIMZIA (CERTOLIZUMAB PEGOL)	02/01/2026	GEORGIA MEDICAID	REVISED POLICY
CRENESSITY (CRINECERFONT)	02/01/2026	GEORGIA MEDICAID	NEW POLICY
CUVRIOR (TRIENTINE TETRAHYDROCHLORIDE)	02/01/2026	GEORGIA MEDICAID	REVISED POLICY
DIACOMIT (STIRIPENTOL)	02/01/2026	GEORGIA MEDICAID	REVISED POLICY
EPIDIOLEX (CANNABIDIOL)	02/01/2026	GEORGIA MEDICAID	REVISED POLICY
FINTEPLA (FENFLURAMINE)	02/01/2026	GEORGIA MEDICAID	REVISED POLICY
HEMOPHILIA AND OTHER CLOTTING DISORDERS	02/01/2026	GEORGIA MEDICAID	REVISED POLICY
IMCIVREE (SETMELANOTIDE	02/01/2026	GEORGIA MEDICAID	REVISED POLICY
JESDUVROQ (DAPRODUSTAT)	02/01/2026	GEORGIA MEDICAID	ARCHIVED POLICY

PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
KALYDECO (IVACAFTOR)	02/01/2026	GEORGIA MEDICAID	REVISED POLICY
KEBILIDI (ELADOCAGENE EXUPARVOVEC-TNEQ	02/01/2026	GEORGIA MEDICAID	NEW POLICY
KITABIS PAK (TOBRAMYCIN INHALATION SOLUTION)	02/01/2026	GEORGIA MEDICAID	REVISED POLICY
KRYSTEXXA (PEGLOTICASE)	02/01/2026	GEORGIA MEDICAID	REVISED POLICY
KYMRIAH (TISAGENLECLEUCEL)	02/01/2026	GEORGIA MEDICAID	REVISED POLICY
LEQEMBI (LECANEMAB)	02/01/2026	GEORGIA MEDICAID	REVISED POLICY
MACI (AUTOLOGOUS CULTURED CHONDROCYTES)	02/01/2026	GEORGIA MEDICAID	REVISED POLICY
MAVYRET (GLECAPREVIR AND PIBRENTASVIR)	02/01/2026	GEORGIA MEDICAID	REVISED POLICY
MEDICAL NECESSITY FOR MULTI-SOURCE BRANDS	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

PHARMACY POLICY UPDATES

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NUCALA (MEPOLIZUMAB	02/01/2026	GEORGIA MEDICAID	REVISED POLICY
OMVOH (MIRIKIZUMAB-MRKZ)	02/01/2026	GEORGIA MEDICAID	REVISED POLICY
ORKAMBI (LUMACAFTOR/IVACAFTOR)	02/01/2026	GEORGIA MEDICAID	REVISED POLICY
OXBRYTA (VOXELOTOR)	02/01/2026	GEORGIA MEDICAID	ARCHIVED POLICY
PREVYMIS (LETERMOVIR)	02/01/2026	GEORGIA MEDICAID	REVISED POLICY
PULMOZYME (DORNASE ALFA INHALATION SOLUTION)	02/01/2026	GEORGIA MEDICAID	REVISED POLICY
RAVICTI (GLYCEROL PHENYLBUYTYRATE)	02/01/2026	GEORGIA MEDICAID	REVISED POLICY
REVCOVI (ELAPEGADEMASE-LVLR)	02/01/2026	GEORGIA MEDICAID	REVISED POLICY
SODIUM PHENYLBUTYRATE (BUPHENYL, PHEBURANE, OLPRUVA)	02/01/2026	GEORGIA MEDICAID	REVISED POLICY

PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
SOMATOSTATIN ANALOGS (INJECTABLE; FIRST GENERATION): SANDOSTATIN (OCTREOTIDE), SANDOSTATIN LAR (OCTREOTIDE), SOMATULINE DEPOT (LANREOTIDE), BYNFEZIA PEN (OCTREOTIDE)	02/01/2026	GEORGIA MEDICAID	REVISED POLICY
SPRAVATO (ESKETAMINE)	02/01/2026	GEORGIA MEDICAID	REVISED POLICY
SYMDEKO (TEZACAFTOR/IVACAFTOR)	02/01/2026	GEORGIA MEDICAID	REVISED POLICY
TECARTUS (BREXUCABTAGENE AUTOLEUCEL)	02/01/2026	GEORGIA MEDICAID	REVISED POLICY
TEGSEDI (INOTERSEN)	02/01/2026	GEORGIA MEDICAID	ARCHIVED POLICY
TOBI, TOBI PODHALER (TOBRAMYCIN INHALATION SOLUTION)	02/01/2026	GEORGIA MEDICAID	REVISED POLICY
TRIKAFTA (ELEXACAFTOR, TEZACAFTOR AND IVACAFTOR; IVACAFTOR)	02/01/2026	GEORGIA MEDICAID	REVISED POLICY

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TRYNGOLZA (OLEZARSEN)	02/01/2026	GEORGIA MEDICAID	NEW POLICY
TZIELD (TEPLIZUMAB-MZWV)	02/01/2026	GEORGIA MEDICAID	REVISED POLICY
VYNDAQEL (TAFAMIDIS MEGLUMINE) AND VYNDAMAX (TAFAMIDIS)	02/01/2026	GEORGIA MEDICAID	REVISED POLICY
XERMELO (TELOTRISTAT ETHYL)	02/01/2026	GEORGIA MEDICAID	REVISED POLICY
YESCARTA (AXICABTAGENE CILOLEUCEL)	02/01/2026	GEORGIA MEDICAID	REVISED POLICY
ZORBTIVE (SOMATROPIN)	02/01/2026	GEORGIA MEDICAID	ARCHIVED POLICY
ZTALMY (GANAXOLONE)	02/01/2026	GEORGIA MEDICAID	REVISED POLICY