Georgia Medicaid

# *Pharmacy Policy Updates*

## February 2026

*The following policies are effective March 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 |
|---|---|---|---|
| AMVUTTRA (VUTRISIRAN) | 3/1/2026 | GEORGIA MEDICAID | REVISED POLICY |
| APRETUDE (CABOTEGRAVIR EXTENDED-RELEASE) | 3/1/2026 | GEORGIA MEDICAID | REVISED POLICY |
| ARANESP (DARBEPOETIN ALFA) | 3/1/2026 | GEORGIA MEDICAID | REVISED POLICY |
| BEQVEZ (FIDANACOGENE ELAPARVOVEC-DZKT) | 3/1/2026 | GEORGIA MEDICAID | ARCHIVED POLICY |
| BUPRENORPHINE EXTENDED-RELEASE (SUBLOCADE, BRIXADI) | 3/1/2026 | GEORGIA MEDICAID | NEW POLICY |
| CERDELGA (ELIGLUSTAT) | 3/1/2026 | GEORGIA MEDICAID | ANNUAL REVIEW; NO CLINICAL CRITERIA UPDATES |
| CTEXLI (CHENODIOL) | 3/1/2026 | GEORGIA MEDICAID | NEW POLICY |
| DALFAMPRIDINE (GENERIC FOR AMPYRA) | 3/1/2026 | GEORGIA MEDICAID | ANNUAL REVIEW; NO CLINICAL CRITERIA UPDATES |
| DUPIXENT (DUPILUMAB) | 3/1/2026 | GEORGIA MEDICAID | REVISED POLICY |

# PHARMACY POLICY UPDATES

| POLICY NAME | EFFECTIVE DATE | PLAN | IMPACT |
|---|---|---|---|
| ENCELTO (REVAKINAGENE TARORETCEL-LWEY) | 3/1/2026 | GEORGIA MEDICAID | NEW POLICY |
| ENZYME REPLACEMENT THERAPY (ERT) FOR FABRY DISEASE: FABRAZYME (AGALSIDASE BETA) AND ELFABRIO (PEGUNIGALSIDASE ALFA-IWXJ) | 3/1/2026 | GEORGIA MEDICAID | ANNUAL REVIEW; NO CLINICAL CRITERIA UPDATES |
| ENZYME REPLACEMENT THERAPY (ERT) FOR GAUCHER DISEASE: CEREZYME (IMIGLUCERASE), ELELYSO (TALIGLUCERASE ALFA), VPRIV (VELAGLUCERASE ALFA) | 3/1/2026 | GEORGIA MEDICAID | NEW POLICY |
| EPOETIN ALFA (EPOGEN, PROCRIT, RETACRIT) | 3/1/2026 | GEORGIA MEDICAID | REVISED POLICY |
| FABHALTA (IPTACOPAN) | 3/1/2026 | GEORGIA MEDICAID | REVISED POLICY |
| FILSUVEZ (BIRCH TRITERPENES) | 3/1/2026 | GEORGIA MEDICAID | ANNUAL REVIEW; NO CLINICAL CRITERIA UPDATES |
| GALAFOLD (MIGALASTAT) | 3/1/2026 | GEORGIA MEDICAID | REVISED POLICY |

# PHARMACY POLICY UPDATES

| POLICY NAME | EFFECTIVE DATE | PLAN | IMPACT |
|---|---|---|---|
| GOMEKLI (MIRDAMETINIB) | 3/1/2026 | GEORGIA MEDICAID | NEW POLICY |
| HARVONI (LEDIPASVIR/SOFOSBUVIR) | 3/1/2026 | GEORGIA MEDICAID | REVISED POLICY |
| HEMOPHILIA AND OTHER CLOTTING DISORDERS | 3/1/2026 | GEORGIA MEDICAID | REVISED POLICY |
| HETLIOZ AND HETLIOZ LQ (TASIMELTEON) | 3/1/2026 | GEORGIA MEDICAID | REVISED POLICY |
| ILUVIEN (FLUOCINOLONE ACETONIDE) | 3/1/2026 | GEORGIA MEDICAID | REVISED POLICY |
| IMAAVY (NIPOCALIMAB) | 3/1/2026 | GEORGIA MEDICAID | NEW POLICY |
| ISTURISA (OSILODROSTAT) | 3/1/2026 | GEORGIA MEDICAID | REVISED POLICY |
| IZERVAY (AVACINCAPTAD PEGOL) | 3/1/2026 | GEORGIA MEDICAID | REVISED POLICY |
| KORLYM (MIFEPRISTONE) | 3/1/2026 | GEORGIA MEDICAID | REVISED POLICY |

# PHARMACY POLICY UPDATES

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|---|---|---|---|
| KOSELUGO (SELUMETINIB) | 3/1/2026 | GEORGIA MEDICAID | REVISED POLICY |
| LIVMARLI (MARALIXIBAT) | 3/1/2026 | GEORGIA MEDICAID | REVISED POLICY |
| LOST, STOLEN, DAMAGED, VACATION, AND SCHOOL SUPPLY OF MEDICATION | 3/1/2026 | GEORGIA MEDICAID | ANNUAL REVIEW; NO CLINICAL CRITERIA UPDATES |
| MAVYRET (GLECAPREVIR AND PIBRENTASVIR) | 3/1/2026 | GEORGIA MEDICAID | REVISED POLICY |
| MEDICAL BENEFIT MEDICATIONS | 3/1/2026 | GEORGIA MEDICAID | NEW POLICY |
| MEDICAL NECESSITY – OFF LABEL | 3/1/2026 | GEORGIA MEDICAID | REVISED POLICY |
| MIRCERA (METHOXY POLYETHYLENE GLYCOLEPOETIN BETA) | 3/1/2026 | GEORGIA MEDICAID | REVISED POLICY |
| MULTI-INGREDIENT COMPOUND | 3/1/2026 | GEORGIA MEDICAID | ANNUAL REVIEW; NO CLINICAL CRITERIA UPDATES |
| MYCAPSSA (OCTREOTIDE) | 3/1/2026 | GEORGIA MEDICAID | REVISED POLICY |

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|---|---|---|---|
| ONPATTRO (PATISIRAN) | 3/1/2026 | GEORGIA MEDICAID | REVISED POLICY |
| OZURDEX (DEXAMETHASONE) | 3/1/2026 | GEORGIA MEDICAID | ANNUAL REVIEW; NO CLINICAL CRITERIA UPDATES |
| RECORLEV (LEVOKETOCONAZOLE) | 3/1/2026 | GEORGIA MEDICAID | REVISED POLICY |
| RETISERT (FLUOCINOLONE ACETONIDE) | 3/1/2026 | GEORGIA MEDICAID | ANNUAL REVIEW; NO CLINICAL CRITERIA UPDATES |
| RINVOQ, RINVOQ LQ (UPADACITINIB) | 3/1/2026 | GEORGIA MEDICAID | REVISED POLICY |
| ROMVIMZA (VIMSELTINIB) | 3/1/2026 | GEORGIA MEDICAID | NEW POLICY |
| RYSTIGGO (ROZANOLIXIZUMAB) | 3/1/2026 | GEORGIA MEDICAID | REVISED POLICY |
| SIGNIFOR, SIGNIFOR LAR (PASIREOTIDE) | 3/1/2026 | GEORGIA MEDICAID | REVISED POLICY |
| SOFOSBUVIR/VELPATASVIR (EPCLUSA) | 3/1/2026 | GEORGIA MEDICAID | REVISED POLICY |

# PHARMACY POLICY UPDATES

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|---|---|---|---|
| SOLIRIS (ECULIZUMAB) | 3/1/2026 | GEORGIA MEDICAID | REVISED POLICY |
| SOMAVERT (PEGVISOMANT) | 3/1/2026 | GEORGIA MEDICAID | REVISED POLICY |
| SOVALDI (SOFOSBUVIR) | 3/1/2026 | GEORGIA MEDICAID | REVISED POLICY |
| SUSVIMO (RANIBIZUMAB) | 3/1/2026 | GEORGIA MEDICAID | REVISED POLICY |
| SYFOVRE (PEGCETACOPLAN) | 3/1/2026 | GEORGIA MEDICAID | ANNUAL REVIEW; NO CLINICAL CRITERIA UPDATES |
| SYNAGIS (PALIVIZUMAB) | 3/1/2026 | GEORGIA MEDICAID | ANNUAL REVIEW; NO CLINICAL CRITERIA UPDATES |
| TOCILIZUMAB (ACTEMRA, TYENNE, TOFIDENCE) | 3/1/2026 | GEORGIA MEDICAID | REVISED POLICY |
| TURALIO (PEXIDARTINIB) | 3/1/2026 | GEORGIA MEDICAID | REVISED POLICY |
| ULTOMIRIS (RAVULIZUMAB-CWVZ) | 3/1/2026 | GEORGIA MEDICAID | REVISED POLICY |

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|---|---|---|---|
| UPLIZNA (INEBILIZUMAB-CDON) | 3/1/2026 | GEORGIA MEDICAID | REVISED POLICY |
| VAFSEO (VADADUSTAT) | 3/1/2026 | GEORGIA MEDICAID | ANNUAL REVIEW; NO CLINICAL CRITERIA UPDATES |
| VANRAFIA (ATRASENTAN) | 3/1/2026 | GEORGIA MEDICAID | NEW POLICY |
| VOSEVI (SOFOSBUVIR/VELPATASVIR/VOXILAPREVIR) | 3/1/2026 | GEORGIA MEDICAID | REVISED POLICY |
| VYJUVEK (BEREMAGENE GEPERPAVEC) | 3/1/2026 | GEORGIA MEDICAID | ANNUAL REVIEW; NO CLINICAL CRITERIA UPDATES |
| VYKAT XR (DIAZOXIDE CHOLINE) | 3/1/2026 | GEORGIA MEDICAID | NEW POLICY |
| VYVGART (EFGARTIGIMOD) AND VYVGART HYTRULO (EFGARTIGIMOD AND HYALURONIDASE) | 3/1/2026 | GEORGIA MEDICAID | REVISED POLICY |
| WAINUA (EPLONTERSEN) | 3/1/2026 | GEORGIA MEDICAID | REVISED POLICY |
| XIPERE (TRIAMCINOLONE) | 3/1/2026 | GEORGIA MEDICAID | ANNUAL REVIEW; NO CLINICAL CRITERIA UPDATES |

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|---|---|---|---|
| YUTIQ (FLUOCINOLONE ACETONIDE) | 3/1/2026 | GEORGIA MEDICAID | ANNUAL REVIEW; NO CLINICAL CRITERIA UPDATES |
| ZEPATIER (GRAZOPREVIR/ELBASVIR) | 3/1/2026 | GEORGIA MEDICAID | REVISED POLICY |
| ZEVASKYN (PRADEMAGENE ZAMIKERACEL) | 3/1/2026 | GEORGIA MEDICAID | NEW POLICY |
| ZILBRYSQ (ZILUCOPLAN) | 3/1/2026 | GEORGIA MEDICAID | REVISED POLICY |