

Georgia Medicaid

Pharmacy Policy Updates

April 2026

The following policies are effective May 1, 2026



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
CIMZIA (CERTOLIZUMAB PEGOL)	05/01/2026	GEORGIA MEDICAID	REVISED POLICY
EGRIFTA SV, EGRIFTA WR (TESAMORELIN)	05/01/2026	GEORGIA MEDICAID	REVISED POLICY
INHALED PROSTACYCLINS FOR PULMONARY ARTERIAL HYPERTENSION: TYVASO, YUTREPIA (TREPASTINIL) AND VENTAVIS (ILOPROST)	05/01/2026	GEORGIA MEDICAID	REVISED POLICY
LEQSEVI (DEURUXOLITINIB)	05/01/2026	GEORGIA MEDICAID	REVISED POLICY
LITFULO (RITLECITINIB)	05/01/2026	GEORGIA MEDICAID	REVISED POLICY
OLUMIANT (BARICITINIB)	05/01/2026	GEORGIA MEDICAID	REVISED POLICY
SKYRIZI (RISANKIZUMAB-RZAA)	05/01/2026	GEORGIA MEDICAID	REVISED POLICY
SYLVANT (SILTUXIMAB)	05/01/2026	GEORGIA MEDICAID	NEW POLICY

PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
TREMFYA (GUSELKUMAB)	05/01/2026	GEORGIA MEDICAID	REVISED POLICY
XELJANZ/XELJANZ XR (TOFACITINIB)	05/01/2026	GEORGIA MEDICAID	REVISED POLICY