

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
<a href="#">APRETUDE (CABOTEGRAVIR EXTENDED-RELEASE)</a>	05/01/2026	GEORGIA MEDICAID	REVISED POLICY
<a href="#">AUBAGIO (TERIFLUNOMIDE)</a>	05/01/2026	GEORGIA MEDICAID	ANNUAL REVIEW; NO UPDATES
<a href="#">BAFIERTAM (MONOMETHYL FUMARATE)</a>	05/01/2026	GEORGIA MEDICAID	REVISED POLICY
<a href="#">BERINERT (C1 ESTERASE INHIBITOR (HUMAN))</a>	05/01/2026	GEORGIA MEDICAID	ANNUAL REVIEW; NO UPDATES
<a href="#">CINRYZE (C1 ESTERASE INHIBITOR (HUMAN))</a>	05/01/2026	GEORGIA MEDICAID	REVISED POLICY
<a href="#">DAYBUE (TROFINETIDE)</a>	05/01/2026	GEORGIA MEDICAID	REVISED POLICY
<a href="#">DOPTELET (AVATROMBOPAG)</a>	05/01/2026	GEORGIA MEDICAID	REVISED POLICY
<a href="#">ELEVIDYS (DELANDISTROGENE MOXEPARVOVECROKL)</a>	05/01/2026	GEORGIA MEDICAID	REVISED POLICY

## PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
<a href="#">EMPAVELI (PEGCETACOPLAN)</a>	05/01/2026	GEORGIA MEDICAID	REVISED POLICY
<a href="#">ENTYVIO (VEDOLIZUMAB)</a>	05/01/2026	GEORGIA MEDICAID	REVISED POLICY