

Georgia Medicaid

Pharmacy Policy Updates

May 2026

The following policies are effective June 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
FINGOLIMOD (GILENYA, TASCENSO ODT)	06/01/2026	GEORGIA MEDICAID	REVISED POLICY
SHORT-ACTING SOMATROPIN INJECTIONS FOR GROWTH HORMONE DEFICIENCY (GENOTROPIN, HUMATROPE, NORDITROPIN, NUTROPIN, OMNITROPE, SAIZEN, ZOMACTON)	06/01/2026	GEORGIA MEDICAID	REVISED POLICY
SIMPONI (GOLIMUMAB)	06/01/2026	GEORGIA MEDICAID	REVISED POLICY
SKYCLARYS (OMAVELOXOLONE)	06/01/2026	GEORGIA MEDICAID	REVISED POLICY
SOGROYA (SOMAPACITAN-BECO)	06/01/2026	GEORGIA MEDICAID	REVISED POLICY
TAKHZYRO (LANADELUMAB-FLYO)	06/01/2026	GEORGIA MEDICAID	ANNUAL REVIEW; NO UPDATES
TAVALISSE (FOSTAMATINIB DISODIUM HEXAHYDRATE)	06/01/2026	GEORGIA MEDICAID	REVISED POLICY

PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
<u>TECFIDERA (DIMETHYL FUMARATE)</u>	06/01/2026	GEORGIA MEDICAID	REVISED POLICY
<u>VELSIPITY (ETRASIMOD)</u>	06/01/2026	GEORGIA MEDICAID	REVISED POLICY
<u>VUMERITY (DIROXIMEL FUMARATE)</u>	06/01/2026	GEORGIA MEDICAID	REVISED POLICY