CareSource | NETWORK Notification

Notice Date: November 1, 2026
To: CareSource Georgia Medicaid Providers
From: CareSource
Subject: November 2026 Pharmacy Policy Updates
Effective Date: January 1, 2027

Summary
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 pharmacy 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.
- Evaluate whether the policy is new or revised and determine whether its implementation or any revisions affect prior authorization requirements.
- Click the hyperlinked policy title to open the webpage with the full policy.

Find Our Policies Online

To access all CareSource policies, visit **CareSource.com** > Providers > Tools & Resources > Provider Policies. Select your plan and state, then *Administrative, Pharmacy,* or *Reimbursement*. Each revised policy has a previous version that can be referenced on the corresponding archived policy webpage.

Pharmacy Policy Updates

Policy Name & Number	Policy Type	Plan	Effective Date	New or Revised Policy	Impacts to Prior Authorization
Aflibercept (Eylea, Eylea HD, Pavblu)	PHARMACY	GEORGIA MEDICAID	01/01/2027	REVISED	NO
Alyftrek (vanzacaftor/ tezacaftor/ deutivacaftor)	PHARMACY	GEORGIA MEDICAID	01/01/2027	REVISED	NO
Bimzelx (bimekizumab-bkzx)	PHARMACY	GEORGIA MEDICAID	01/01/2027	REVISED	NO
Cuvrior (trientine tetrahydrochloride)	PHARMACY	GEORGIA MEDICAID	01/01/2027	REVISED	NO
Ebglyss (lebrikizumab-lbkz)	PHARMACY	GEORGIA MEDICAID	01/01/2027	REVISED	NO

Enbrel (etanercept)	PHARMACY	GEORGIA MEDICAID	01/01/2027	REVISED	NO
Enjaymo (sutimlimab)	PHARMACY	GEORGIA MEDICAID	01/01/2027	REVISED	NO
Enzyme Replacement Therapy (ERT) for Gaucher Disease: Cerezyme (imiglucerase), Elelyso (taliglucerase alfa), Vpriv (velaglucerase alfa)	PHARMACY	GEORGIA MEDICAID	01/01/2027	REVISED	NO
Exdensur (depemokimab-ulaa)	PHARMACY	GEORGIA MEDICAID	01/01/2027	NEW	NO
Fabhalta (iptacopan)	PHARMACY	GEORGIA MEDICAID	01/01/2027	REVISED	NO
Fasenra (benralizumab)	PHARMACY	GEORGIA MEDICAID	01/01/2027	REVISED	NO
Filspari (sparsentan)	PHARMACY	GEORGIA MEDICAID	01/01/2027	REVISED	NO
Givlaari (givosiran)	PHARMACY	GEORGIA MEDICAID	01/01/2027	REVISED	NO
Hemophilia and Other Clotting Disorders	PHARMACY	GEORGIA MEDICAID	01/01/2027	REVISED	NO
Hepcludex (bulevirtide-gmod)	PHARMACY	GEORGIA MEDICAID	01/01/2027	NEW	NO
Icotyde (icotrokinra)	PHARMACY	GEORGIA MEDICAID	01/01/2027	NEW	NO
Imbruvica (ibrutinib)	PHARMACY	GEORGIA MEDICAID	01/01/2027	REVISED	NO
Increlex (mecasermin)	PHARMACY	GEORGIA MEDICAID	01/01/2027	REVISED	NO
Injectable Prostacyclins for Pulmonary Arterial Hypertension: Veletri (epoprostenol), Remodulin (treprostinil), Uptravi (selexipag)	PHARMACY	GEORGIA MEDICAID	01/01/2027	REVISED	NO
Jakafi, Jakafi XR (ruxolitinib)	PHARMACY	GEORGIA MEDICAID	01/01/2027	REVISED	NO
Lynavoy (linerixibat)	PHARMACY	GEORGIA MEDICAID	01/01/2027	NEW	NO
Ngenla (somatrogon-ghla)	PHARMACY	GEORGIA MEDICAID	01/01/2027	REVISED	NO
Niktimvo (axatilimab)	PHARMACY	GEORGIA MEDICAID	01/01/2027	REVISED	NO
Nucala (mepolizumab)	PHARMACY	GEORGIA MEDICAID	01/01/2027	REVISED	NO
Ocrevus (ocrelizumab) and Ocrevus Zunovo (ocrelizumab and hyaluronidase-ocsq)	PHARMACY	GEORGIA MEDICAID	01/01/2027	REVISED	NO
Ogsiveo (nirogacestat)	PHARMACY	GEORGIA MEDICAID	01/01/2027	REVISED	NO

Orencia (abatacept)	PHARMACY	GEORGIA MEDICAID	01/01/2027	REVISED	NO
Otezla, Otezla XR (apremilast)	PHARMACY	GEORGIA MEDICAID	01/01/2027	REVISED	NO
Oxervate (cenegermin-bkbj)	PHARMACY	GEORGIA MEDICAID	01/01/2027	REVISED	NO
Panhematin (hemin for injection)	PHARMACY	GEORGIA MEDICAID	01/01/2027	REVISED	NO
Pyrukynd (mitapivat)	PHARMACY	GEORGIA MEDICAID	01/01/2027	ANNUAL REVIEW	NO
Rezurock (belumosudil)	PHARMACY	GEORGIA MEDICAID	01/01/2027	REVISED	NO
Saphnelo (anifrolumab-fnia)	PHARMACY	GEORGIA MEDICAID	01/01/2027	REVISED	NO
Short-Acting Somatropin Injections for Growth Hormone Deficiency (Genotropin, Norditropin, Omnitrope, Zomacton)	PHARMACY	GEORGIA MEDICAID	01/01/2027	REVISED	NO
Skyrizi (risankizumab-rzaa)	PHARMACY	GEORGIA MEDICAID	01/01/2027	REVISED	NO
Skytrofa (lonapegsomatropin)	PHARMACY	GEORGIA MEDICAID	01/01/2027	REVISED	NO
Sogroya (somapacitan-beco)	PHARMACY	GEORGIA MEDICAID	01/01/2027	REVISED	NO
Spinraza (nusinersen)	PHARMACY	GEORGIA MEDICAID	01/01/2027	REVISED	NO
Strensiq (asfotase alfa)	PHARMACY	GEORGIA MEDICAID	01/01/2027	REVISED	NO
Tepezza (teprotumumab-trbw)	PHARMACY	GEORGIA MEDICAID	01/01/2027	REVISED	NO
Trikafta (elexacaftor, tezacaftor and ivacaftor; ivacaftor)	PHARMACY	GEORGIA MEDICAID	01/01/2027	REVISED	NO
Tryngolza (olezarsen)	PHARMACY	GEORGIA MEDICAID	01/01/2027	REVISED	NO
Tzield (teplizumab-mzwv)	PHARMACY	GEORGIA MEDICAID	01/01/2027	REVISED	NO
Ustekinumab (Stelara, Imuldosa, Otulfi, Pyzchiva, Selarsdi, Starjemza, Steqeyma, Wezlana, Yesintek)	PHARMACY	GEORGIA MEDICAID	01/01/2027	REVISED	NO
Vabysmo (faricimab-svoa)	PHARMACY	GEORGIA MEDICAID	01/01/2027	REVISED	NO
Visudyne (verteporfin)	PHARMACY	GEORGIA MEDICAID	01/01/2027	REVISED	NO
Voxzogo (vosoritide)	PHARMACY	GEORGIA MEDICAID	01/01/2027	REVISED	NO
Waskyra (etuvetidigene autotemcel)	PHARMACY	GEORGIA MEDICAID	01/01/2027	NEW	NO
Xalkori (crizotinib)	PHARMACY	GEORGIA MEDICAID	01/01/2027	REVISED	NO