Georgia Medicaid

Pharmacy Policy Updates

September 2026

The following policies are effective October 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
ALPHA1-PROTEINASE INHIBITOR (ARALAST NP, GLASSIA, PROLASTIN C, ZEMAIRA [HUMAN])	10/01/2026	GEORGIA MEDICAID	REVISED POLICY
ALDURAZYME (LARONIDASE)	10/01/2026	GEORGIA MEDICAID	ANNUAL REVIEW; NO CHANGES
AQVESME (MITAPIVAT)	10/01/2026	GEORGIA MEDICAID	NEW POLICY
AVLAYAH (TIVIDENOFUSP ALFA-EKNM)	10/01/2026	GEORGIA MEDICAID	NEW POLICY
COSENTYX (SECUKINUMAB)	10/01/2026	GEORGIA MEDICAID	REVISED POLICY
DUPIXENT (DUPILUMAB)	10/01/2026	GEORGIA MEDICAID	REVISED POLICY
ELAPRASE (IDURSULFASE)	10/01/2026	GEORGIA MEDICAID	REVISED POLICY
IMCIVREE (SETMELANOTIDE)	10/01/2026	GEORGIA MEDICAID	REVISED POLICY
HEMOPHILIA AND OTHER CLOTTING DISORDERS	10/01/2026	GEORGIA MEDICAID	REVISED POLICY

PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
IQIRVO (ELAFIBRANOR)	10/01/2026	GEORGIA MEDICAID	ANNUAL REVIEW; NO CHANGES
JUXTAPID (LOMITAPIDE)	10/01/2026	GEORGIA MEDICAID	REVISED POLICY
KANUMA (SEBELIPASE ALFA)	10/01/2026	GEORGIA MEDICAID	REVISED POLICY
LEQVIO (INCLISIRAN)	10/01/2026	GEORGIA MEDICAID	REVISED POLICY
LEROCHOL (LERODALCIBEP-LIGA)	10/01/2026	GEORGIA MEDICAID	REVISED POLICY
LIVDELZI (SELADELPAR)	10/01/2026	GEORGIA MEDICAID	ANNUAL REVIEW; NO CHANGES
LOARGYS (PEGZILARGINASE-NBLN)	10/01/2026	GEORGIA MEDICAID	NEW POLICY

PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
MEPSEVII (VESTRONIDASE ALFA-VJBK)	10/01/2026	GEORGIA MEDICAID	ANNUAL REVIEW; NO CHANGES
NAGLAZYME (GALSULFASE)	10/01/2026	GEORGIA MEDICAID	ANNUAL REVIEW; NO CHANGES
NATALIZUMAB (TYSABRI, TYRUKO)	10/01/2026	GEORGIA MEDICAID	REVISED POLICY
PALYNZIQ (PEGVALIASE-PQPZ)	10/01/2026	GEORGIA MEDICAID	REVISED POLICY
PRALUENT (ALIROCUMAB)	10/01/2026	GEORGIA MEDICAID	REVISED POLICY
RAVICTI (GLYCEROL PHENYLBUTYRATE)	10/01/2026	GEORGIA MEDICAID	REVISED POLICY
REPATHA (EVOLOCUMAB)	10/01/2026	GEORGIA MEDICAID	REVISED POLICY
SODIUM PHENYLBUTYRATE (BUPHENYL, PHEBURANE, OLPRUVA)	10/01/2026	GEORGIA MEDICAID	REVISED POLICY
SOTYKTU (DEUCRAVACITINIB)	10/01/2026	GEORGIA MEDICAID	REVISED POLICY

PHARMACY POLICY UPDATES

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VIMIZIM (ELOSULFASE ALFA)	10/01/2026	GEORGIA MEDICAID	ANNUAL REVIEW; NO CHANGES
VYVGART AND VYVGART HYTRULO	10/01/2026	GEORGIA MEDICAID	REVISED POLICY
WAKIX (PITOLISANT)	10/01/2026	GEORGIA MEDICAID	REVISED POLICY
XYREM/XYWAV/LUMRYZ	10/01/2026	GEORGIA MEDICAID	REVISED POLICY
YARTEMLEA (NARSOPLIMAB-WUUG)	10/01/2026	GEORGIA MEDICAID	NEW POLICY
YUVIWEL (NAVEPEGRITIDE)	10/01/2026	GEORGIA MEDICAID	NEW POLICY
ZYNTEGLO (BETIBEGLOGENE AUTOTEMCEL)	10/01/2026	GEORGIA MEDICAID	REVISED POLICY