

HAP CareSource™ MI Coordinated Health (HMO D-SNP)

Pharmacy Policy Updates

July 2026

The following policies are effective August 1, 2026



AT HAP 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 HAP 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 HAP CareSource policies, visit [HAPCareSource.com](https://www.hapcaresource.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
<u>Crysvita® (burosumab-twza subcutaneous injection – Kyowa Kirin)</u>	AUGUST 1, 2026	CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN) HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION
<u>Leqvio® (inclisiran subcutaneous injection – Novartis)</u>	AUGUST 1, 2026	CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN) HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION
<u>Alyglo™ (immune globulin intravenous solution-stwk – GC Biopharma)</u>	AUGUST 1, 2026	CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN) HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION
<u>Asceniv™ (immune globulin intravenous solution-sira – ADMA Biologics)</u>	AUGUST 1, 2026	CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN) HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION
<u>Bivigam® (immune globulin intravenous solution – AMDA Biologics)</u>	AUGUST 1, 2026	CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN) HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION

PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
<u>Flebogamma® DIF (immune globulin intravenous solution – Grifols)</u>	AUGUST 1, 2026	CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN) HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION
<u>Gammagard® Liquid (immune globulin solution – Baxalta [Takeda])</u>	AUGUST 1, 2026	CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN) HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION
<u>Gammagard Liquid ERC® (immune globulin solution – Baxalta [Takeda])</u>	AUGUST 1, 2026	CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN) HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION
<u>Gammagard® S/D < 1 mcg/mL in 5% solution (immune globulin intravenous solution – Baxalta [Takeda])</u>	AUGUST 1, 2026	CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN) HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION
<u>Gammaplex® (immune globulin intravenous solution – Bio Products Laboratory/Kedrion)</u>	AUGUST 1, 2026	CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN) HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
<u>Gamunex®-C (immune globulin solution caprylate/chromatography purified – Grifols)</u>	AUGUST 1, 2026	CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN) HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION
<u>Octagam® (immune globulin intravenous solution – Octapharma/Pfizer)</u>	AUGUST 1, 2026	CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN) HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION
<u>Panzyga® (immune globulin intravenous solution-ifas – Octapharma/Pfizer)</u>	AUGUST 1, 2026	CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN) HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION
<u>Privigen® (immune globulin intravenous solution – CSL Behring)</u>	AUGUST 1, 2026	CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN) HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION
<u>Qivigy® (immune globulin intravenous solution-kthm – Kedrion)</u>	AUGUST 1, 2026	CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN) HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION
<u>Yimmugo® (immune globulin intravenous solution-dira – Biotest (Grifols))</u>	AUGUST 1, 2026	CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN) HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
<u>Cutaquig® (immune globulin 16.5% subcutaneous solution – Octapharma/Pfizer)</u>	AUGUST 1, 2026	CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN) HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION
<u>Cuvitru™ (immune globulin 20% subcutaneous solution – Takeda)</u>	AUGUST 1, 2026	CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN) HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION
<u>Gammagard® Liquid (immune globulin 10% solution – Baxalta [Takeda])</u>	AUGUST 1, 2026	CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN) HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION
<u>Gammagard Liquid ERC IV® (immune globulin 10% solution – Baxalta [Takeda])</u>	AUGUST 1, 2026	CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN) HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION
<u>Gammaked IV™ (immune globulin 10% solution caprylate/chromatography purified – Kedrion)</u>	AUGUST 1, 2026	CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN) HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION
<u>Gamunex®-C (immune globulin 10% solution caprylate/chromatography purified – Grifols)</u>	AUGUST 1, 2026	CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN) HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
<u> Hizentra® (immune globulin 20% subcutaneous solution – CSL Behring)</u>	AUGUST 1, 2026	CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN) HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION
<u> HyQvia® (immune globulin 10% subcutaneous solution with recombinant human hyaluronidase – Baxalta [Takeda])</u>	AUGUST 1, 2026	CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN) HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION
<u> Xembify® (immune globulin 20% subcutaneous solution – Grifols)</u>	AUGUST 1, 2026	CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN) HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION
<u> SPEVIGO® (SPESOLIMAB-SBZO INTRAVENOUS INFUSION – BOEHRINGER INGELHEIM)</u>	AUGUST 1, 2026	CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN) HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION
<u> SAPHNELO® (ANIFROLUMAB-FNIA INTRAVENOUS INFUSION – ASTRAZENECA)</u>	AUGUST 1, 2026	CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN) HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION
<u> VYVGART® HYTRULO (EFGARTIGIMOD ALFA AND HYALURONIDASE-QVFC SUBCUTANEOUS INJECTION – ARGENX/HALOZYME)</u>	AUGUST 1, 2026	CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN) HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
<u>YYVGART® (EFGARTIGIMOD ALFA- FCAB INTRAVENOUS INFUSION – ARGENX)</u>	AUGUST 1, 2026	CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN) HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION
<u>COLUMVI® (GLOFITAMAB-GXBM INTRAVENOUS INFUSION – GENENTECH)</u>	AUGUST 1, 2026	CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN) HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION
<u>EPKINLY® (EPCORITAMAB-BYSP SUBCUTANEOUS INJECTION – GENMAB)</u>	AUGUST 1, 2026	CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN) HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION
<u>JEMPERLI™ (DOSTARLIMAB INTRAVENOUS INFUSION – GLAXOSMITHKLINE)</u>	AUGUST 1, 2026	CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN) HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION
<u>TEVIMBRA® (TISLELIZUMAB-JSGR INTRAVENOUS INFUSION – BEIGENE)</u>	AUGUST 1, 2026	CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN) HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION
<u>TECENTRIQ® (ATEZOLIZUMAB INTRAVENOUS INFUSION – GENENTECH/ROCHE)</u>	AUGUST 1, 2026	CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN) HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
<u>Tecentriq Hybreza™ (atezolizumab and hyaluronidase-tqjs subcutaneous injection – Genentech)</u>	AUGUST 1, 2026	CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN) HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION
<u>BIZENGRi® (ZENOCUTUZUMAB- ZBCO INTRAVENOUS INFUSION -MERUS/PARTNER)</u>	AUGUST 1, 2026	CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN) HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION
<u>FASLODEX® (FULVESTRANT INTRAMUSCULAR INJECTION – ASTRAZENECA, GENERIC)</u>	AUGUST 1, 2026	CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN) HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION
<u>IMDELLTRA™ (TARLATAMAB-DLLE INTRAVENOUS INFUSION – AMGEN)</u>	AUGUST 1, 2026	CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN) HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION
<u>FUSILEV® (LEVOLEUCOVORIN INTRAVENOUS INFUSION – SPECTRUM)</u>	AUGUST 1, 2026	CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN) HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION
<u>KHAPZORY™ (LEVOLEUCOVORIN INTRAVENOUS INFUSION – SPECTRUM)</u>	AUGUST 1, 2026	CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN) HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION

PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
LEVOLEUCOVORIN INTRAVENOUS INFUSION - VARIOUS MANUFACTURERS	AUGUST 1, 2026	CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN) HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION