

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

Pharmacy Policy Updates

October 2026

The following policies are effective November 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** > 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>Adzynma® (ADAMTS13 recombinant-krhn intravenous infusion – Takeda)</u>	NOVEMBER 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>Cablivi® (caplacizumab-yhdp intravenous infusion and subcutaneous injection – Genzyme/Sanofi)</u>	NOVEMBER 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>Durolane® (sodium hyaluronate injection – Bioventus)</u>	NOVEMBER 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>Euflexxa® (sodium hyaluronate injection – Ferring)</u>	NOVEMBER 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>Gel-One® (sodium hyaluronate injection – Seikagaku/Zimmer)</u>	NOVEMBER 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>Gelsyn-3™ (sodium hyaluronate injection – Bioventus)</u>	NOVEMBER 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>GenVisc® 850 (sodium hyaluronate injection – OrthogenRx)</u>	NOVEMBER 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>Hyalgan (sodium hyaluronate injection – Fidia/Sanofi)</u>	NOVEMBER 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>Hymovis (high molecular weight viscoelastic hyaluronan injection – Fidia)</u>	NOVEMBER 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>Hymovis One (high molecular weight viscoelastic hyaluronan injection – Fidia)</u>	NOVEMBER 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>Monovisc- (high molecular weight hyaluronan injection – Anika)</u>	NOVEMBER 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>Orthovisc- (high molecular weight hyaluronan injection – Anika)</u>	NOVEMBER 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>Supartz FX™ (sodium hyaluronate injection – Seikagaku/Bioventus)</u>	NOVEMBER 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>Sodium hyaluronate 1% injection – Teva</u>	NOVEMBER 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>SynoJoynt™ (sodium hyaluronate injection – Arthrex)</u>	NOVEMBER 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>Synvisc (hylan G-F 20 sodium hyaluronate injection – Genzyme/Sanofi)</u>	NOVEMBER 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>Synvisc-One® (hylan G-F 20 sodium hyaluronate injection – Genzyme/Sanofi)</u>	NOVEMBER 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>Triluron® (sodium hyaluronate injection – Fidia)</u>	NOVEMBER 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>TriVisc® (sodium hyaluronate injection – OrthogenRx)</u>	NOVEMBER 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>Visco-3™ (sodium hyaluronate injection – Seikagaku/Zimmer)</u>	NOVEMBER 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>Kresladi® (marnetegrargene autotemcel intravenous infusion – Rocket)</u>	NOVEMBER 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)	NEW POLICY

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
<u>Asceniv™ (immune globulin intravenous solution-sira – ADMA Biologics)</u>	NOVEMBER 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>	NOVEMBER 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>Flebogamma® DIF (immune globulin intravenous solution – Grifols)</u>	NOVEMBER 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>	NOVEMBER 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>	NOVEMBER 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>Gammaked™ (immune globulin solution caprylate/chromatography purified – Kedrion)</u>	NOVEMBER 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>	NOVEMBER 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 solution caprylate/chromatography purified – Grifols)</u>	NOVEMBER 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>	NOVEMBER 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>Qivigy® (immune globulin intravenous solution-kthm – Kedrion)</u>	NOVEMBER 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>	NOVEMBER 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>Cutaquig® (immune globulin 16.5% subcutaneous solution – Octapharma/Pfizer)</u>	NOVEMBER 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>	NOVEMBER 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>	NOVEMBER 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>Gammaked™ (immune globulin 10% solution caprylate/chromatography purified – Kedrion)</u>	NOVEMBER 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>	NOVEMBER 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>Hizentra® (immune globulin 20% subcutaneous solution – CSL Behring)</u>	NOVEMBER 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>	NOVEMBER 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>Tecelra® (afamitresgene autoleucel intravenous infusion – Adaptimmune)</u>	NOVEMBER 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>Padcev® (enfortumab vedotin-ejfv intravenous infusion – Astellas and Seagen)</u>	NOVEMBER 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>Epioxa® (riboflavin 5'-phosphate ophthalmic solution, 0.177% – Avedro/Glaukos)</u>	NOVEMBER 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)	NEW POLICY
<u>Epioxa® HD (riboflavin 5'-phosphate ophthalmic solution, 0.239% – Avedro/Glaukos)</u>	NOVEMBER 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)	NEW POLICY
<u>Lytenava™ (bevacizumab-vikg intravitreal injection – Outlook Therapeutics)</u>	NOVEMBER 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)	NEW POLICY

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
<u>Xembify® (immune globulin 20% subcutaneous solution – Grifols)</u>	NOVEMBER 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>Elevidys® (delandistrogene moxeparvovec-rokl intravenous infusion – Sarepta)</u>	NOVEMBER 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 10% solution – Baxalta [Takeda])</u>	NOVEMBER 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>	NOVEMBER 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>	NOVEMBER 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>Alyglo™ (immune globulin intravenous solution-stwk – GC Biopharma)</u>	NOVEMBER 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>	NOVEMBER 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>Pasatru™ (garetosmab-grts intravenous infusion - Regeneron)</u>	NOVEMBER 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)	NEW POLICY