CareSource® MyCare Ohio (Medicare-Medicaid Plan)

Pharmacy Policy Updates

October 2026

The following policies are effective November 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.

MyCareOhio
Connecting Medicare + Medicaid

PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
Adzynma® (ADAMTS13 recombinant-krhn intravenous infusion – Takeda)	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
Cablivi® (caplacizumab-yhdp intravenous infusion and subcutaneous injection – Genzyme/Sanofi)	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
Durolane® (sodium hyaluronate injection – Bioventus)	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
Euflexxa® (sodium hyaluronate injection – Ferring)	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
Gel-One® (sodium hyaluronate injection – Seikagaku/Zimmer)	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
Gelsyn-3™ (sodium hyaluronate injection – Bioventus)	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
GenVisc® 850 (sodium hyaluronate injection – OrthogenRx)	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
Hyalgan (sodium hyaluronate injection − Fidia/Sanofi)	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
Hymovis (high molecular weight viscoelastic hyaluronan injection – Fidia)	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
Hymovis One (high molecular weight viscoelastic hyaluronan injection – Fidia)	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
Monovisc (high molecular weight hyaluronan injection – Anika)	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
Orthovisc (high molecular weight hyaluronan injection – Anika)	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
Supartz FX™ (sodium hyaluronate injection – Seikagaku/Bioventus)	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
Sodium hyaluronate 1% injection – Teva	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
SynoJoynt™ (sodium hyaluronate injection – Arthrex)	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
Synvisc (hylan G-F 20 sodium hyaluronate injection – Genzyme/Sanofi)	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
Synvisc-One® (hylan G-F 20 sodium hyaluronate injection – Genzyme/Sanofi)	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
Triluron (sodium hyaluronate injection – Fidia)	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
TriVisc (sodium hyaluronate injection – OrthogenRx)	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
Visco-3™ (sodium hyaluronate injection – Seikagaku/Zimmer)	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
Kresladi® (marnetegragene autotemcel intravenous infusion – Rocket)	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
Asceniv™ (immune globulin intravenous solution-sira – ADMA Biologics)	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
Bivigam® (immune globulin intravenous solution – AMDA Biologics)	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
Flebogamma® DIF (immune globulin intravenous solution – Grifols)	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
Gammagard® Liquid (immune globulin solution – Baxalta [Takeda])	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
Gammagard Liquid ERC® (immune globulin solution – Baxalta [Takeda])	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
Gammaked™ (immune globulin solution caprylate/chromatography purified – Kedrion)	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
Gammaplex® (immune globulin intravenous solution – Bio Products Laboratory/Kedrion)	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
Gamunex®-C (immune globulin solution caprylate/chromatography purified – Grifols)	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
Octagam® (immune globulin intravenous solution – Octapharma/Pfizer)	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
Qivigy® (immune globulin intravenous solution-kthm – Kedrion)	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
Yimmugo® (immune globulin intravenous solution-dira – Biotest (Grifols)	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
Cutaquig® (immune globulin 16.5% subcutaneous solution – Octapharma/Pfizer)	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
Cuvitru™ (immune globulin 20% subcutaneous solution – Takeda)	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
Gammagard® Liquid (immune globulin 10% solution – Baxalta [Takeda])	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
Gammaked™ (immune globulin 10% solution caprylate/chromatography purified – Kedrion)	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
Gamunex®-C (immune globulin 10% solution caprylate/chromatography purified – Grifols)	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
Hizentra® (immune globulin 20% subcutaneous solution – CSL Behring)	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
HyQvia® (immune globulin 10% subcutaneous solution with recombinant human hyaluronidase – Baxalta [Takeda])	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
Tecelra® (afamitresgene autoleucel intravenous infusion – Adaptimmune)	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
Padcev® (enfortumab vedotin-ejfv intravenous infusion – Astellas and Seagen)	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
Epioxa® (riboflavin 5'-phosphate ophthalmic solution, 0.177% – Avedro/Glaukos)	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
Epioxa® HD (riboflavin 5'-phosphate ophthalmic solution, 0.239% – Avedro/Glaukos)	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
Lytenava™ (bevacizumab-vikg intravitreal injection – Outlook Therapeutis)	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
Xembify® (immune globulin 20% subcutaneous solution – Grifols)	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
Elevidys® (delandistrogene moxeparvovec-rokl intravenous infusion – Sarepta)	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
Gammagard Liquid ERC® (immune globulin 10% solution – Baxalta [Takeda])	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
Panzyga® (immune globulin intravenous solution-ifas – Octapharma/Pfizer)	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
Privigen® (immune globulin intravenous solution – CSL Behring)	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
Alyglo™ (immune globulin intravenous solution-stwk – GC Biopharma)	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
Gammagard® S/D < 1 mcg/mL in 5% solution (immune globulin intravenous solution – Baxalta [Takeda])	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
Pasatru™ (garetosmab-grts intravenous infusion - Regeneron)	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