HAP CareSource™

Pharmacy Policy Updates

June 2025

The following policies are effective July 1, 2025

HAP CareSource™

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
ABECMA (IDECABTAGENE VICLEUCEL	07/01/2025	HAP CARESOURCE	REVISED POLICY
ALYFTREK (VANZACAFTOR/TEZACAFTOR/DEUTIVACAFTOR)	07/01/2025	HAP CARESOURCE	NEW POLICY
ATTRUBY (ACORAMIDIS)	07/01/2025	HAP CARESOURCE	NEW POLICY
AUCATZYL (OBECABTAGENE AUTOLEUCEL)	07/01/2025	HAP CARESOURCE	NEW POLICY
BETHKIS (TOBRAMYCIN INHALATION SOLUTION)	07/01/2025	HAP CARESOURCE	NEW POLICY
BREYANZI (LISOCABTAGENE MARALEUCEL)	07/01/2025	HAP CARESOURCE	REVISED POLICY
BRONCHITOL (MANNITOL)	07/01/2025	HAP CARESOURCE	NEW POLICY
CARBAGLU (CARGLUMIC ACID)	07/01/2025	HAP CARESOURCE	NEW POLICY
CARVYKTI (CILTACABTAGENE AUTOLEUCEL)	07/01/2025	HAP CARESOURCE	REVISED POLICY

PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
CAYSTON (AZTREONAM INHALATION SOLUTION)	07/01/2025	HAP CARESOURCE	NEW POLICY
CIMZIA (CERTOLIZUMAB PEGOL)	07/01/2025	HAP CARESOURCE	REVISED POLICY
CRENESSITY (CRINECERFONT)	07/01/2025	HAP CARESOURCE	NEW POLICY
CUVRIOR (TRIENTINE TETRAHYDROCHLORIDE)	07/01/2025	HAP CARESOURCE	NEW POLICY
DIACOMIT (STIRIPENTOL)	07/01/2025	HAP CARESOURCE	NEW POLICY
EPIDIOLEX (CANNABIDIOL)	07/01/2025	HAP CARESOURCE	NEW POLICY
FINTEPLA (FENFLURAMINE)	07/01/2025	HAP CARESOURCE	NEW POLICY
HEMOPHILIA AND OTHER CLOTTING DISORDERS	07/01/2025	HAP CARESOURCE	REVISED POLICY
IMCIVREE (SETMELANOTIDE)	07/01/2025	HAP CARESOURCE	NEW POLICY
JESDUVROQ (DAPRODUSTAT)	07/01/2025	HAP CARESOURCE	ARCHIVED POLICY

PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
KALYDECO (IVACAFTOR)	07/01/2025	HAP CARESOURCE	NEW POLICY
KEBILIDI (ELADOCAGENE EXUPARVOVEC-TNEQ)	07/01/2025	HAP CARESOURCE	NEW POLICY
KITABIS PAK (TOBRAMYCIN INHALATION SOLUTION)	07/01/2025	HAP CARESOURCE	NEW POLICY
KRYSTEXXA (PEGLOTICASE)	07/01/2025	HAP CARESOURCE	REVISED POLICY
KYMRIAH (TISAGENLECLEUCEL)	07/01/2025	HAP CARESOURCE	REVISED POLICY
LEQEMBI (LECANEMAB)	07/01/2025	HAP CARESOURCE	REVISED POLICY
LEQSELVI (DEURUXOLITINIB)	07/01/2025	HAP CARESOURCE	REVISED POLICY
MACI (AUTOLOGOUS CULTURED CHONDROCYTES)	07/01/2025	HAP CARESOURCE	REVISED POLICY
MAVYRET (GLECAPREVIR AND PIBRENTASVIR)	07/01/2025	HAP CARESOURCE	NEW POLICY

PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
MULTI-SOURCE BRAND POLICY	07/01/2025	HAP CARESOURCE	REVISED POLICY
NEMLUVIO (NEMOLIZUMAB-ILTO)	07/01/2025	HAP CARESOURCE	REVISED POLICY
NIKTIMVO (AXATILIMAB)	07/01/2025	HAP CARESOURCE	REVISED POLICY
NUCALA (MEPOLIZUMAB)	07/01/2025	HAP CARESOURCE	REVISED POLICY
OMVOH (MIRIKIZUMAB-MRKZ)	07/01/2025	HAP CARESOURCE	REVISED POLICY
ORKAMBI (LUMACAFTOR/IVACAFTOR)	07/01/2025	HAP CARESOURCE	NEW POLICY
PREVYMIS (LETERMOVIR)	07/01/2025	HAP CARESOURCE	NEW POLICY
PULMOZYME (DORNASE ALFA INHALATION SOLUTION)	07/01/2025	HAP CARESOURCE	NEW POLICY
RAVICTI (GLYCEROL PHENYLBUYTYRATE)	07/01/2025	HAP CARESOURCE	NEW POLICY

PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
REVCOVI (ELAPEGADEMASE-LVLR)	07/01/2025	HAP CARESOURCE	NEW POLICY
SODIUM PHENYLBUTYRATE (BUPHENYL, PHEBURANE, OLPRUVA)	07/01/2025	HAP CARESOURCE	NEW POLICY
SOMATOSTATIN ANALOGS (INJECTABLE; FIRST GENERATION): SANDOSTATIN (OCTREOTIDE), SANDOSTATIN LAR (OCTREOTIDE), SOMATULINE DEPOT (LANREOTIDE), BYNFEZIA PEN (OCTREOTIDE)	07/01/2025	HAP CARESOURCE	REVISED POLICY
SPRAVATO (ESKETAMINE)	07/01/2025	HAP CARESOURCE	REVISED POLICY
SYMDEKO (TEZACAFTOR/IVACAFTOR)	07/01/2025	HAP CARESOURCE	NEW POLICY
TECARTUS (BREXUCABTAGENE AUTOLEUCEL)	07/01/2025	HAP CARESOURCE	REVISED POLICY

PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
TOBI, TOBI PODHALER (TOBRAMYCIN INHALATION SOLUTION)	07/01/2025	HAP CARESOURCE	NEW POLICY
TRIKAFTA (ELEXACAFTOR, TEZACAFTOR AND IVACAFTOR; IVACAFTOR)	07/01/2025	HAP CARESOURCE	NEW POLICY
TRYNGOLZA (OLEZARSEN)	07/01/2025	HAP CARESOURCE	NEW POLICY
TZIELD (TEPLIZUMAB-MZWV)	07/01/2025	HAP CARESOURCE	REVISED POLICY
VYNDAQEL (TAFAMIDIS MEGLUMINE) AND VYNDAMAX (TAFAMIDIS)	07/01/2025	HAP CARESOURCE	NEW POLICY
XERMELO (TELOTRISTAT ETHYL)	07/01/2025	HAP CARESOURCE	NEW POLICY
YESCARTA (AXICABTAGENE CILOLEUCEL)	07/01/2025	HAP CARESOURCE	REVISED POLICY
ZTALMY (GANAXOLONE)	07/01/2025	HAP CARESOURCE	NEW POLICY