

HAP CareSource™

Pharmacy Policy Updates

September 2025

The following policies are effective October 1, 2025



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
ENCERTO (REVAKINAGENE TARORETCEL-LWEY)	10/01/2025	HAP CARESOURCE	NEW POLICY
IZERVAY (AVACINCAPTAD PEGOL)	10/01/2025	HAP CARESOURCE	REVISED POLICY
SYFOVRE (PEGCETACOPLAN)	10/01/2025	HAP CARESOURCE	ANNUAL REVIEW; NO CLINICAL CRITERIA UPDATES
SUSVIMO (RANIBIZUMAB)	10/01/2025	HAP CARESOURCE	REVISED POLICY
ILUVIEN (FLUOCINOLONE ACETONIDE)	10/01/2025	HAP CARESOURCE	REVISED POLICY
YUTIQ (FLUOCINOLONE ACETONIDE)	10/01/2025	HAP CARESOURCE	ANNUAL REVIEW; NO CLINICAL CRITERIA UPDATES
RETISERT (FLUOCINOLONE ACETONIDE)	10/01/2025	HAP CARESOURCE	ANNUAL REVIEW; NO CLINICAL CRITERIA UPDATES
XIPERE (TRIAMCINOLONE)	10/01/2025	HAP CARESOURCE	ANNUAL REVIEW; NO CLINICAL CRITERIA UPDATES
OZURDEX (DEXAMETHASONE)	10/01/2025	HAP CARESOURCE	ANNUAL REVIEW; NO CLINICAL CRITERIA UPDATES

PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
HETLIOZ AND HETLIOZ LQ (TASIMELTEON)	10/01/2025	HAP CARESOURCE	REVISED POLICY
DALFAMPRIDINE (GENERIC FOR AMPYRA)	10/01/2025	HAP CARESOURCE	ANNUAL REVIEW; NO CLINICAL CRITERIA UPDATES
CTEXLI (CHENODIOL)	10/01/2025	HAP CARESOURCE	NEW POLICY
SOLIRIS (ECULIZUMAB)	10/01/2025	HAP CARESOURCE	REVISED POLICY
ULTOMIRIS (RAVULIZUMAB)	10/01/2025	HAP CARESOURCE	REVISED POLICY
VYVGART (EFGARTIGIMOD) AND VYVGART HYTRULO (EFGARTIGIMOD AND HYALURONIDASE)	10/01/2025	HAP CARESOURCE	REVISED POLICY
IMAAVY (NIPOCALIMAB)	10/01/2025	HAP CARESOURCE	NEW POLICY
RYSTIGGO (ROZANOLIXIZUMAB)	10/01/2025	HAP CARESOURCE	REVISED POLICY
ZILBRYSQ (ZILUCOPLAN)	10/01/2025	HAP CARESOURCE	REVISED POLICY

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<u>VANRAFIA (ATRASENTAN)</u>	10/01/2025	HAP CARESOURCE	NEW POLICY
<u>FABHALTA (IPTACOPAN)</u>	10/01/2025	HAP CARESOURCE	REVISED POLICY
<u>EPOETIN ALFA (EPOGEN, PROCRIT, RETACRIT)</u>	10/01/2025	HAP CARESOURCE	REVISED POLICY
<u>ARANESP (DARBEOETIN ALFA)</u>	10/01/2025	HAP CARESOURCE	REVISED POLICY
<u>MIRCERA (METHOXY POLYETHYLENE GLYCOLEPOETIN BETA)</u>	10/01/2025	HAP CARESOURCE	REVISED POLICY
<u>VAFSEO (VADADUSTAT)</u>	10/01/2025	HAP CARESOURCE	ANNUAL REVIEW; NO CLINICAL CRITERIA UPDATES
<u>AMVUTTRA (VUTRISIRAN)</u>	10/01/2025	HAP CARESOURCE	REVISED POLICY
<u>ONPATTRO (PATISIRAN)</u>	10/01/2025	HAP CARESOURCE	REVISED POLICY
<u>WAINUA (EPLONTERSEN)</u>	10/01/2025	HAP CARESOURCE	REVISED POLICY

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VYKAT XR (DIAZOXIDE CHOLINE)	10/01/2025	HAP CARESOURCE	NEW POLICY
KORLYM (MIFEPRISTONE)	10/01/2025	HAP CARESOURCE	REVISED POLICY
SOMAVERT (PEGVISOMANT)	10/01/2025	HAP CARESOURCE	REVISED POLICY
MYCAPSSA (OCTREOTIDE)	10/01/2025	HAP CARESOURCE	REVISED POLICY
ISTURISA (OSILODROSTAT)	10/01/2025	HAP CARESOURCE	REVISED POLICY
RECORLEV (LEVOKETOCONAZOLE)	10/01/2025	HAP CARESOURCE	NEW POLICY
SIGNIFOR, SIGNIFOR LAR (PASIREOTIDE)	10/01/2025	HAP CARESOURCE	REVISED POLICY
HARVONI (LEDIPASVIR/SOFOSBUVIR)	10/01/2025	HAP CARESOURCE	REVISED POLICY
SOVALDI (SOFOSBUVIR)	10/01/2025	HAP CARESOURCE	REVISED POLICY

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VOSEVI (SOFOSBUVIR/VELPATASVIR/ VOXILAPREVIR)	10/01/2025	HAP CARESOURCE	REVISED POLICY
ZEPATIER (GRAZOPREVIR/ELBASVIR)	10/01/2025	HAP CARESOURCE	REVISED POLICY
MAVYRET (GLECAPREVIR AND PIBRENTASVIR)	10/01/2025	HAP CARESOURCE	REVISED POLICY
SOFOSBUVIR/VELPATASVIR (EPCLUSA)	10/01/2025	HAP CARESOURCE	REVISED POLICY
ROMVIMZA (VIMSELTINIB)	10/01/2025	HAP CARESOURCE	NEW POLICY
TURALIO (PEXIDARTINIB)	10/01/2025	HAP CARESOURCE	REVISED POLICY
GOMEKLI (MIRDAMETINIB)	10/01/2025	HAP CARESOURCE	NEW POLICY
KOSELUGO (SELUMETINIB)	10/01/2025	HAP CARESOURCE	NEW POLICY
CERDELGA (ELIGLUSTAT)	10/01/2025	HAP CARESOURCE	ANNUAL REVIEW; NO CLINICAL CRITERIA UPDATES

PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
ENZYME REPLACEMENT THERAPY (ERT) FOR GAUCHER DISEASE: CEREZYME (IMIGLUCERASE), ELELYSO TALIGLUCERASE ALFA), VPRIV (VELAGLUCERASE ALFA)	10/01/2025	HAP CARESOURCE	NEW POLICY
GALAFOLD (MIGALASTAT)	10/01/2025	HAP CARESOURCE	REVISED POLICY
ENZYME REPLACEMENT THERAPY (ERT) FOR FABRY DISEASE: FABRAZYME (AGALSIDASE BETA) AND ELFABRIO (PEGUNIGALSIDASE ALFA-IWXJ)	10/01/2025	HAP CARESOURCE	ANNUAL REVIEW; NO CLINICAL CRITERIA UPDATES
ZEVASKYN (PRADEMAGENE ZAMIKERACEL)	10/01/2025	HAP CARESOURCE	NEW POLICY
VYJUVEK (BEREMAGENE GEPEPAVEC)	10/01/2025	HAP CARESOURCE	ANNUAL REVIEW; NO CLINICAL CRITERIA UPDATES
FILSUVEZ (BIRCH TRITERPENES)	10/01/2025	HAP CARESOURCE	ANNUAL REVIEW; NO CLINICAL CRITERIA UPDATES

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DUPIXENT (DUPILUMAB)	10/01/2025	HAP CARESOURCE	REVISED POLICY
RINVOQ, RINVOQ LQ (UPADACITINIB)	10/01/2025	HAP CARESOURCE	REVISED POLICY
TOCILIZUMAB (ACTEMRA, TYENNE, TOFIDENCE)	10/01/2025	HAP CARESOURCE	REVISED POLICY
BUPRENORPHINE EXTENDED-RELEASE (SUBLOCADE, BRIXADI)	10/01/2025	HAP CARESOURCE	REVISED POLICY
BEQVEZ (FIDANACOGENE ELAPARVOVEC-DZKT)	10/01/2025	HAP CARESOURCE	ARCHIVED POLICY
HEMOPHILIA AND OTHER CLOTTING DISORDERS	10/01/2025	HAP CARESOURCE	REVISED POLICY
LIVMARLI (MARALIXIBAT)	10/01/2025	HAP CARESOURCE	REVISED POLICY
APRETUDE (CABOTEGRAVIR EXTENDED-RELEASE)	10/01/2025	HAP CARESOURCE	REVISED POLICY
UPLIZNA (INEBILIZUMAB-CDON)	10/01/2025	HAP CARESOURCE	REVISED POLICY

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<u>SYNAGIS (PALIVIZUMAB)</u>	10/01/2025	HAP CARESOURCE	ANNUAL REVIEW; NO CLINICAL CRITERIA UPDATES
<u>ELEVIDYS (DELANDISTROGENE MOXEPARVOVEC-ROKL)</u>	10/01/2025	HAP CARESOURCE	REVISED POLICY
<u>MEDICAL BENEFIT MEDICATIONS</u>	10/01/2025	HAP CARESOURCE	REVISED POLICY
<u>LOST, STOLEN, DAMAGED, VACATION, AND SCHOOL SUPPLY OF MEDICATION</u>	10/01/2025	HAP CARESOURCE	ANNUAL REVIEW; NO CLINICAL CRITERIA UPDATES
<u>OFF LABEL MEDICATION REQUESTS</u>	10/01/2025	HAP CARESOURCE	REVISED POLICY
<u>MULTI-INGREDIENT COMPOUND</u>	10/01/2025	HAP CARESOURCE	ANNUAL REVIEW; NO CLINICAL CRITERIA UPDATES