



Re: Summary of Drug List Changes Effective July 1, 2026

Dear Health Partner,

As of July 1, 2026, there will be changes in the HAP CareSource™ Medicaid covered drug list.

Changes apply to pharmacy or medical drugs, and may include:

- Addition of a quantity limit or restriction
- Addition of prior authorization requirements
- Removal of the drug from the formulary list

Drug Name	Coverage Change
Cytogam (J0850) cytomegalovirus immune globulin	Prior Authorization Required
Reblozyl (J0896) luspatercept-aamt	Prior Authorization Required

We notified members affected by this change. We encouraged members to discuss alternative medications with their providers.

On request, we can send a list of your HAP CareSource members with changes. Please email PharmacyConversionProgram@CareSource.com. Include medication names and your secure fax number in the request. We will fax your list of patients prescribed these medications.

Go to [Drug Formulary | Michigan – HAP CareSource | CareSource](#) for the complete drug list and other related resources, such as our procedure code lookup tool (PLT) found in the left margin; the PLT offers further medical drug information. Printed copies are available upon request.

We appreciate your efforts in transitioning members who may be impacted by HAP CareSource Medicaid drug list changes. If you have questions, please contact HAP CareSource Provider Services at 1-833-230-2102, Monday through Friday, 7 a.m. to 8 p.m. Eastern Time (ET).

Sincerely,

HAP CareSource