HAP CareSource™ Michigan Medicaid

Pharmacy Policy Updates

September 2025

The following policies are effective October 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
ENCELTO (REVAKINAGENE TARORETCEL-LWEY)	10/01/2025	HAP CARESOURCE MICHIGAN MEDICAID	NEW POLICY
IZERVAY (AVACINCAPTAD PEGOL)	10/01/2025	HAP CARESOURCE MICHIGAN MEDICAID	NEW POLICY
SYFOVRE (PEGCETACOPLAN)	10/01/2025	HAP CARESOURCE MICHIGAN MEDICAID	NEW POLICY
SUSVIMO (RANIBIZUMAB)	10/01/2025	HAP CARESOURCE MICHIGAN MEDICAID	REVISED POLICY
ILUVIEN (FLUOCINOLONE ACETONIDE)	10/01/2025	HAP CARESOURCE MICHIGAN MEDICAID	NEW POLICY
YUTIQ (FLUOCINOLONE ACETONIDE)	10/01/2025	HAP CARESOURCE MICHIGAN MEDICAID	NEW POLICY
RETISERT (FLUOCINOLONE ACETONIDE)	10/01/2025	HAP CARESOURCE MICHIGAN MEDICAID	NEW POLICY
XIPERE (TRIAMCINOLONE)	10/01/2025	HAP CARESOURCE MICHIGAN MEDICAID	NEW POLICY
OZURDEX (DEXAMETHASONE)	10/01/2025	HAP CARESOURCE MICHIGAN MEDICAID	ANNUAL REVIEW, NO CLINICAL CRITERIA UPDATES

PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
IMAAVY (NIPOCALIMAB)	10/01/2025	HAP CARESOURCE MICHIGAN MEDICAID	NEW POLICY
RYSTIGGO (ROZANOLIXIZUMAB)	10/01/2025	HAP CARESOURCE MICHIGAN MEDICAID	NEW POLICY
EPOETIN ALFA (EPOGEN, PROCRIT, RETACRIT)	10/01/2025	HAP CARESOURCE MICHIGAN MEDICAID	NEW POLICY
AMVUTTRA (VUTRISIRAN)	10/01/2025	HAP CARESOURCE MICHIGAN MEDICAID	NEW POLICY
ONPATTRO (PATISIRAN)	10/01/2025	HAP CARESOURCE MICHIGAN MEDICAID	NEW POLICY
ZEVASKYN (PRADEMAGENE ZAMIKERACEL)	10/01/2025	HAP CARESOURCE MICHIGAN MEDICAID	NEW POLICY
VYJUVEK (BEREMAGENE GEPERPAVEC)	10/01/2025	HAP CARESOURCE MICHIGAN MEDICAID	NEW POLICY
UPLIZNA (INEBILIZUMAB-CDON)	10/01/2025	HAP CARESOURCE MICHIGAN MEDICAID	NEW POLICY
SYNAGIS (PALIVIZUMAB)	10/01/2025	HAP CARESOURCE MICHIGAN MEDICAID	ANNUAL REVIEW, NO CLINICAL CRITERIA UPDATES

PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
MEDICAL BENEFIT MEDICATIONS	10/01/2025	HAP CARESOURCE MICHIGAN MEDICAID	REVISED POLICY
LOST, STOLEN, DAMAGED, VACATION, AND SCHOOL SUPPLY OF MEDICATION	10/01/2025	HAP CARESOURCE MICHIGAN MEDICAID	ANNUAL REVIEW, NO CLINICAL CRITERIA UPDATES
MEDICAL NECESSITY – NON-FORMULARY OFF LABEL	10/01/2025	HAP CARESOURCE MICHIGAN MEDICAID	REVISED POLICY
MULTI-INGREDIENT COMPOUND POLICY	10/01/2025	HAP CARESOURCE MICHIGAN MEDICAID	REVISED POLICY