HAP CareSource™ Michigan Medicaid

Pharmacy Policy Updates

December 2025

The following policies are effective January 1, 2026

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
CIMZIA (CERTOLIZUMAB PEGOL)	01/01/2026	HAP CARESOURCE MICHIGAN MEDICAID	NEW POLICY
ELEVIDYS (DELANDISTROGENE MOXEPARVOVEC-ROKL)	01/01/2026	HAP CARESOURCE MICHIGAN MEDICAID	NEW POLICY
ENTYVIO (VEDOLIZUMAB)	01/01/2026	HAP CARESOURCE MICHIGAN MEDICAID	NEW POLICY
GAMIFANT (EMAPALUMAB-LZSG)	01/01/2026	HAP CARESOURCE MICHIGAN MEDICAID	NEW POLICY
HEMOPHILIA AND OTHER CLOTTING DISORDERS	01/01/2026	HAP CARESOURCE MICHIGAN MEDICAID	REVISED POLICY
IMMUNE GLOBULIN (IVIG AND SCIG)	01/01/2026	HAP CARESOURCE MICHIGAN MEDICAID	REVISED POLICY
INFLIXIMAB (AVSOLA, INFLECTRA, REMICADE, RENFLEXIS, ZYMFENTRA)	01/01/2026	HAP CARESOURCE MICHIGAN MEDICAID	REVISED POLICY
KISUNLA (DONANEMAB)	01/01/2026	HAP CARESOURCE MICHIGAN MEDICAID	REVISED POLICY
LEMTRADA (ALEMTUZUMAB)	01/01/2026	HAP CARESOURCE MICHIGAN MEDICAID	NEW POLICY

PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
NOVANTRONE (MITOXANTRONE)	01/01/2026	HAP CARESOURCE MICHIGAN MEDICAID	NEW POLICY
NPLATE (ROMIPLOSTIM)	01/01/2026	HAP CARESOURCE MICHIGAN MEDICAID	NEW POLICY
OMVOH (MIRIKIZUMAB-MRKZ)	01/01/2026	HAP CARESOURCE MICHIGAN MEDICAID	NEW POLICY
OXLUMO (LUMASIRAN)	01/01/2026	HAP CARESOURCE MICHIGAN MEDICAID	REVISED POLICY
QALSODY (TOFERSEN)	01/01/2026	HAP CARESOURCE MICHIGAN MEDICAID	NEW POLICY
RADICAVA (EDARAVONE INJECTION); RADICAVA ORS (EDARAVONE ORAL SUSPENSION)	01/01/2026	HAP CARESOURCE MICHIGAN MEDICAID	NEW POLICY
RUCONEST (C1 ESTERASE INHIBITOR (RECOMBINANT))	01/01/2026	HAP CARESOURCE MICHIGAN MEDICAID	NEW POLICY
SKYRIZI (RISANKIZUMAB-RZAA)	01/01/2026	HAP CARESOURCE MICHIGAN MEDICAID	NEW POLICY

PHARMACY POLICY UPDATES

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STELARA (USTEKINUMAB)	01/01/2026	HAP CARESOURCE MICHIGAN MEDICAID	NEW POLICY
SYLVANT (SILTUXIMAB)	01/01/2026	HAP CARESOURCE MICHIGAN MEDICAID	NEW POLICY
TREMFYA (GUSELKUMAB)	01/01/2026	HAP CARESOURCE MICHIGAN MEDICAID	NEW POLICY
YUTIQ (FLUOCINOLONE ACETONIDE)	01/01/2026	HAP CARESOURCE MICHIGAN MEDICAID	ARCHIVED POLICY