

CareSource Dual Advantage™ (HMO D-SNP)  
CareSource Dual Advantage™ Plus (HMO D-SNP)

# *Pharmacy Policy Updates*

## July 2026

*The following policies are effective August 1, 2026*



## AT 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 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 CareSource policies, visit [CareSource.com](https://www.caresource.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
<a href="#"><u>Crysvita® (burosumab-twza subcutaneous injection – Kyowa Kirin)</u></a>	AUGUST 1, 2026	CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN) HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION
<a href="#"><u>Leqvio® (inclisiran subcutaneous injection – Novartis)</u></a>	AUGUST 1, 2026	CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN) HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION
<a href="#"><u>Alyglo™ (immune globulin intravenous solution-stwk – GC Biopharma)</u></a>	AUGUST 1, 2026	CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN) HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION
<a href="#"><u>Asceniv™ (immune globulin intravenous solution-sira – ADMA Biologics)</u></a>	AUGUST 1, 2026	CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN) HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION
<a href="#"><u>Bivigam® (immune globulin intravenous solution – AMDA Biologics)</u></a>	AUGUST 1, 2026	CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN) HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION

## PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
<a href="#"><u>Flebogamma® DIF (immune globulin intravenous solution – Grifols)</u></a>	AUGUST 1, 2026	CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN) HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION
<a href="#"><u>Gammagard® Liquid (immune globulin solution – Baxalta [Takeda])</u></a>	AUGUST 1, 2026	CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN) HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION
<a href="#"><u>Gammagard Liquid ERC® (immune globulin solution – Baxalta [Takeda])</u></a>	AUGUST 1, 2026	CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN) HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION
<a href="#"><u>Gammagard® S/D &lt; 1 mcg/mL in 5% solution (immune globulin intravenous solution – Baxalta [Takeda])</u></a>	AUGUST 1, 2026	CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN) HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION
<a href="#"><u>Gammaplex® (immune globulin intravenous solution – Bio Products Laboratory/Kedron)</u></a>	AUGUST 1, 2026	CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN) HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
<a href="#"><u>Gamunex®-C (immune globulin solution caprylate/chromatography purified – Grifols)</u></a>	AUGUST 1, 2026	CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN) HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION
<a href="#"><u>Octagam® (immune globulin intravenous solution – Octapharma/Pfizer)</u></a>	AUGUST 1, 2026	CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN) HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION
<a href="#"><u>Panzyga® (immune globulin intravenous solution-ifas – Octapharma/Pfizer)</u></a>	AUGUST 1, 2026	CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN) HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION
<a href="#"><u>Privigen® (immune globulin intravenous solution – CSL Behring)</u></a>	AUGUST 1, 2026	CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN) HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION
<a href="#"><u>Qivigy® (immune globulin intravenous solution-kthm – Kedrion)</u></a>	AUGUST 1, 2026	CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN) HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION
<a href="#"><u>Yimmugo® (immune globulin intravenous solution-dira – Biotest (Grifols))</u></a>	AUGUST 1, 2026	CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN) HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
<a href="#"><u>Cutaquig® (immune globulin 16.5% subcutaneous solution – Octapharma/Pfizer)</u></a>	AUGUST 1, 2026	CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN) HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION
<a href="#"><u>Cuvitru™ (immune globulin 20% subcutaneous solution – Takeda)</u></a>	AUGUST 1, 2026	CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN) HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION
<a href="#"><u>Gammagard® Liquid (immune globulin 10% solution – Baxalta [Takeda])</u></a>	AUGUST 1, 2026	CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN) HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION
<a href="#"><u>Gammagard Liquid ERC IV® (immune globulin 10% solution – Baxalta [Takeda])</u></a>	AUGUST 1, 2026	CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN) HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION
<a href="#"><u>Gammaked IV™ (immune globulin 10% solution caprylate/chromatography purified – Kedrion)</u></a>	AUGUST 1, 2026	CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN) HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION
<a href="#"><u>Gamunex®-C (immune globulin 10% solution caprylate/chromatography purified – Grifols)</u></a>	AUGUST 1, 2026	CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN) HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
<a href="#"><u>Hizentra® (immune globulin 20% subcutaneous solution – CSL Behring)</u></a>	AUGUST 1, 2026	CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN) HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION
<a href="#"><u>HyQvia® (immune globulin 10% subcutaneous solution with recombinant human hyaluronidase – Baxalta [Takeda])</u></a>	AUGUST 1, 2026	CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN) HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION
<a href="#"><u>Xembify® (immune globulin 20% subcutaneous solution – Grifols)</u></a>	AUGUST 1, 2026	CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN) HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION
<a href="#"><u>SPEVIGO® (SPESOLIMAB-SBZO INTRAVENOUS INFUSION – BOEHRINGER INGELHEIM)</u></a>	AUGUST 1, 2026	CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN) HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION
<a href="#"><u>SAPHNELO® (ANIFROLUMAB-FNIA INTRAVENOUS INFUSION – ASTRAZENECA)</u></a>	AUGUST 1, 2026	CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN) HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION
<a href="#"><u>VYVGART® HYTRULO (EFGARTIGIMOD ALFA AND HYALURONIDASE-QVFC SUBCUTANEOUS INJECTION – ARGENX/HALOZYME)</u></a>	AUGUST 1, 2026	CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN) HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
<a href="#"><u>YYVGART® (EFGARTIGIMOD ALFA- FCAB INTRAVENOUS INFUSION – ARGENX)</u></a>	AUGUST 1, 2026	CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN) HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION
<a href="#"><u>COLUMVI® (GLOFITAMAB-GXBM INTRAVENOUS INFUSION – GENENTECH)</u></a>	AUGUST 1, 2026	CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN) HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION
<a href="#"><u>EPKINLY® (EPCORITAMAB-BYSP SUBCUTANEOUS INJECTION – GENMAB)</u></a>	AUGUST 1, 2026	CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN) HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION
<a href="#"><u>JEMPERLI™ (DOSTARLIMAB INTRAVENOUS INFUSION – GLAXOSMITHKLINE)</u></a>	AUGUST 1, 2026	CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN) HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION
<a href="#"><u>TEVIMBRA® (TISLELIZUMAB-JSGR INTRAVENOUS INFUSION – BEIGENE)</u></a>	AUGUST 1, 2026	CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN) HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION
<a href="#"><u>TECENTRIQ® (ATEZOLIZUMAB INTRAVENOUS INFUSION – GENENTECH/ROCHE)</u></a>	AUGUST 1, 2026	CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN) HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
<a href="#"><u>Tecentriq Hybreza™ (atezolizumab and hyaluronidase-tqjs subcutaneous injection – Genentech)</u></a>	AUGUST 1, 2026	CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN) HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION
<a href="#"><u>BIZENGRİ® (ZENOCUTUZUMAB- ZBCO INTRAVENOUS INFUSION -MERUS/PARTNER)</u></a>	AUGUST 1, 2026	CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN) HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION
<a href="#"><u>FASLODEX® (FULVESTRANT INTRAMUSCULAR INJECTION – ASTRAZENECA, GENERIC)</u></a>	AUGUST 1, 2026	CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN) HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION
<a href="#"><u>IMDELLTRA™ (TARLATAMAB-DLLE INTRAVENOUS INFUSION – AMGEN)</u></a>	AUGUST 1, 2026	CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN) HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION
<a href="#"><u>FUSILEV® (LEVOLEUCOVORIN INTRAVENOUS INFUSION – SPECTRUM)</u></a>	AUGUST 1, 2026	CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN) HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION
<a href="#"><u>KHAPZORY™ (LEVOLEUCOVORIN INTRAVENOUS INFUSION – SPECTRUM)</u></a>	AUGUST 1, 2026	CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN) HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION

## PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
<a href="#">LEVOLEUCOVORIN INTRAVENOUS INFUSION – VARIOUS MANUFACTURERS</a>	AUGUST 1, 2026	CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN) HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION