

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

# *Pharmacy Policy Updates*

## October 2026

*The following policies are effective November 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** > 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>Adzynma® (ADAMTS13 recombinant-krhn intravenous infusion – Takeda)</u></a>                            | NOVEMBER 1, 2026 | CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN)<br>HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP)<br>CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP)<br>CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP) | REVISION |
| <a href="#"><u>Cablivi® (caplacizumab-yhdp intravenous infusion and subcutaneous injection – Genzyme/Sanofi)</u></a> | NOVEMBER 1, 2026 | CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN)<br>HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP)<br>CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP)<br>CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP) | REVISION |
| <a href="#"><u>Durolane® (sodium hyaluronate injection – Bioventus)</u></a>                                          | NOVEMBER 1, 2026 | CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN)<br>HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP)<br>CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP)<br>CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP) | REVISION |
| <a href="#"><u>Euflexxa® (sodium hyaluronate injection – Ferring)</u></a>                                            | NOVEMBER 1, 2026 | CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN)<br>HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP)<br>CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP)<br>CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP) | REVISION |
| <a href="#"><u>Gel-One® (sodium hyaluronate injection – Seikagaku/Zimmer)</u></a>                                    | NOVEMBER 1, 2026 | CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN)<br>HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP)<br>CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP)<br>CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP) | REVISION |

## PHARMACY POLICY UPDATES

| POLICY NAME                                                                                          | EFFECTIVE DATE   | PLAN                                                                                                                                                                                          | IMPACT   |
|------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| <a href="#"><u>Gelsyn-3™ (sodium hyaluronate injection – Bioventus)</u></a>                          | NOVEMBER 1, 2026 | CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN)<br>HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP)<br>CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP)<br>CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP) | REVISION |
| <a href="#"><u>GenVisc® 850 (sodium hyaluronate injection – OrthogenRx)</u></a>                      | NOVEMBER 1, 2026 | CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN)<br>HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP)<br>CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP)<br>CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP) | REVISION |
| <a href="#"><u>Hyalgan (sodium hyaluronate injection – Fidia/Sanofi)</u></a>                         | NOVEMBER 1, 2026 | CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN)<br>HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP)<br>CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP)<br>CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP) | REVISION |
| <a href="#"><u>Hymovis (high molecular weight viscoelastic hyaluronan injection – Fidia)</u></a>     | NOVEMBER 1, 2026 | CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN)<br>HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP)<br>CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP)<br>CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP) | REVISION |
| <a href="#"><u>Hymovis One (high molecular weight viscoelastic hyaluronan injection – Fidia)</u></a> | NOVEMBER 1, 2026 | CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN)<br>HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP)<br>CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP)<br>CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP) | REVISION |

| POLICY NAME                                                                                 | EFFECTIVE DATE   | PLAN                                                                                                                                                                                          | IMPACT   |
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| <a href="#"><u>Monovisc- (high molecular weight hyaluronan injection – Anika)</u></a>       | NOVEMBER 1, 2026 | CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN)<br>HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP)<br>CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP)<br>CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP) | REVISION |
| <a href="#"><u>Orthovisc- (high molecular weight hyaluronan injection – Anika)</u></a>      | NOVEMBER 1, 2026 | CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN)<br>HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP)<br>CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP)<br>CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP) | REVISION |
| <a href="#"><u>Supartz FX™ (sodium hyaluronate injection – Seikagaku/Bioventus)</u></a>     | NOVEMBER 1, 2026 | CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN)<br>HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP)<br>CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP)<br>CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP) | REVISION |
| <a href="#"><u>Sodium hyaluronate 1% injection – Teva</u></a>                               | NOVEMBER 1, 2026 | CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN)<br>HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP)<br>CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP)<br>CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP) | REVISION |
| <a href="#"><u>Synvivo™ (sodium hyaluronate injection – Arthrex)</u></a>                    | NOVEMBER 1, 2026 | CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN)<br>HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP)<br>CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP)<br>CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP) | REVISION |
| <a href="#"><u>Synvisc (hylan G-F 20 sodium hyaluronate injection – Genzyme/Sanofi)</u></a> | NOVEMBER 1, 2026 | CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN)<br>HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP)<br>CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP)<br>CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP) | REVISION |

| POLICY NAME                                                                                      | EFFECTIVE DATE   | PLAN                                                                                                                                                                                          | IMPACT     |
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| <a href="#"><u>Synvisc-One® (hylan G-F 20 sodium hyaluronate injection – Genzyme/Sanofi)</u></a> | NOVEMBER 1, 2026 | CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN)<br>HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP)<br>CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP)<br>CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP) | REVISION   |
| <a href="#"><u>Triluron® (sodium hyaluronate injection – Fidia)</u></a>                          | NOVEMBER 1, 2026 | CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN)<br>HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP)<br>CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP)<br>CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP) | REVISION   |
| <a href="#"><u>TriVisc® (sodium hyaluronate injection – OrthogenRx)</u></a>                      | NOVEMBER 1, 2026 | CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN)<br>HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP)<br>CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP)<br>CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP) | REVISION   |
| <a href="#"><u>Visco-3™ (sodium hyaluronate injection – Seikagaku/Zimmer)</u></a>                | NOVEMBER 1, 2026 | CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN)<br>HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP)<br>CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP)<br>CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP) | REVISION   |
| <a href="#"><u>Kresladi® (marnetegrargene autotemcel intravenous infusion – Rocket)</u></a>      | NOVEMBER 1, 2026 | CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN)<br>HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP)<br>CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP)<br>CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP) | NEW POLICY |

| POLICY NAME                                                                                  | EFFECTIVE DATE   | PLAN                                                                                                                                                                                          | IMPACT   |
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| <a href="#"><u>Asceniv™ (immune globulin intravenous solution-sira – ADMA Biologics)</u></a> | NOVEMBER 1, 2026 | CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN)<br>HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP)<br>CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP)<br>CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP) | REVISION |
| <a href="#"><u>Bivigam® (immune globulin intravenous solution – AMDA Biologics)</u></a>      | NOVEMBER 1, 2026 | CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN)<br>HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP)<br>CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP)<br>CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP) | REVISION |
| <a href="#"><u>Flebogamma® DIF (immune globulin intravenous solution – Grifols)</u></a>      | NOVEMBER 1, 2026 | CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN)<br>HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP)<br>CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP)<br>CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP) | REVISION |
| <a href="#"><u>Gammagard® Liquid (immune globulin solution – Baxalta [Takeda])</u></a>       | NOVEMBER 1, 2026 | CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN)<br>HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP)<br>CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP)<br>CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP) | REVISION |
| <a href="#"><u>Gammagard Liquid ERC® (immune globulin solution – Baxalta [Takeda])</u></a>   | NOVEMBER 1, 2026 | CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN)<br>HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP)<br>CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP)<br>CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP) | REVISION |

| POLICY NAME                                                                                                | EFFECTIVE DATE   | PLAN                                                                                                                                                                                          | IMPACT   |
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| <a href="#"><u>Gammaked™ (immune globulin solution caprylate/chromatography purified – Kedrion)</u></a>    | NOVEMBER 1, 2026 | CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN)<br>HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP)<br>CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP)<br>CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP) | REVISION |
| <a href="#"><u>Gammaplex® (immune globulin intravenous solution – Bio Products Laboratory/Kedrion)</u></a> | NOVEMBER 1, 2026 | CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN)<br>HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP)<br>CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP)<br>CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP) | REVISION |
| <a href="#"><u>Gamunex®-C (immune globulin solution caprylate/chromatography purified – Grifols)</u></a>   | NOVEMBER 1, 2026 | CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN)<br>HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP)<br>CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP)<br>CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP) | REVISION |
| <a href="#"><u>Octagam® (immune globulin intravenous solution – Octapharma/Pfizer)</u></a>                 | NOVEMBER 1, 2026 | CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN)<br>HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP)<br>CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP)<br>CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP) | REVISION |

| POLICY NAME                                                                                        | EFFECTIVE DATE   | PLAN                                                                                                                                                                                          | IMPACT   |
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| <a href="#"><u>Qivigy® (immune globulin intravenous solution-kthm – Kedrion)</u></a>               | NOVEMBER 1, 2026 | CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN)<br>HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP)<br>CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP)<br>CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP) | REVISION |
| <a href="#"><u>Yimmugo® (immune globulin intravenous solution-dira – Biotest (Grifols))</u></a>    | NOVEMBER 1, 2026 | CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN)<br>HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP)<br>CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP)<br>CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP) | REVISION |
| <a href="#"><u>Cutaquig® (immune globulin 16.5% subcutaneous solution – Octapharma/Pfizer)</u></a> | NOVEMBER 1, 2026 | CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN)<br>HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP)<br>CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP)<br>CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP) | REVISION |
| <a href="#"><u>Cuvitru™ (immune globulin 20% subcutaneous solution – Takeda)</u></a>               | NOVEMBER 1, 2026 | CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN)<br>HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP)<br>CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP)<br>CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP) | REVISION |
| <a href="#"><u>Gammagard® Liquid (immune globulin 10% solution – Baxalta [Takeda])</u></a>         | NOVEMBER 1, 2026 | CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN)<br>HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP)<br>CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP)<br>CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP) | REVISION |

| POLICY NAME                                                                                                                        | EFFECTIVE DATE   | PLAN                                                                                                                                                                                          | IMPACT   |
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| <a href="#"><u>Gammaked™ (immune globulin 10% solution caprylate/chromatography purified – Kedrion)</u></a>                        | NOVEMBER 1, 2026 | CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN)<br>HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP)<br>CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP)<br>CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP) | REVISION |
| <a href="#"><u>Gamunex®-C (immune globulin 10% solution caprylate/chromatography purified – Grifols)</u></a>                       | NOVEMBER 1, 2026 | CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN)<br>HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP)<br>CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP)<br>CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP) | REVISION |
| <a href="#"><u>Hizentra® (immune globulin 20% subcutaneous solution – CSL Behring)</u></a>                                         | NOVEMBER 1, 2026 | CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN)<br>HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP)<br>CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP)<br>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> | NOVEMBER 1, 2026 | CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN)<br>HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP)<br>CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP)<br>CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP) | REVISION |

| POLICY NAME                                                                                              | EFFECTIVE DATE   | PLAN                                                                                                                                                                                          | IMPACT     |
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| <a href="#"><u>Tecelra® (afamitresgene autoleucel intravenous infusion – Adaptimmune)</u></a>            | NOVEMBER 1, 2026 | CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN)<br>HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP)<br>CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP)<br>CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP) | REVISION   |
| <a href="#"><u>Padcev® (enfortumab vedotin-ejfv intravenous infusion – Astellas and Seagen)</u></a>      | NOVEMBER 1, 2026 | CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN)<br>HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP)<br>CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP)<br>CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP) | REVISION   |
| <a href="#"><u>Epioxa® (riboflavin 5'-phosphate ophthalmic solution, 0.177% – Avedro/Glaukos)</u></a>    | NOVEMBER 1, 2026 | CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN)<br>HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP)<br>CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP)<br>CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP) | NEW POLICY |
| <a href="#"><u>Epioxa® HD (riboflavin 5'-phosphate ophthalmic solution, 0.239% – Avedro/Glaukos)</u></a> | NOVEMBER 1, 2026 | CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN)<br>HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP)<br>CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP)<br>CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP) | NEW POLICY |
| <a href="#"><u>Lytenava™ (bevacizumab-vikg intravitreal injection – Outlook Therapeutics)</u></a>        | NOVEMBER 1, 2026 | CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN)<br>HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP)<br>CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP)<br>CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP) | NEW POLICY |

| POLICY NAME                                                                                         | EFFECTIVE DATE   | PLAN                                                                                                                                                                                          | IMPACT   |
|-----------------------------------------------------------------------------------------------------|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| <a href="#"><u>Xembify® (immune globulin 20% subcutaneous solution – Grifols)</u></a>               | NOVEMBER 1, 2026 | CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN)<br>HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP)<br>CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP)<br>CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP) | REVISION |
| <a href="#"><u>Elevidys® (delandistrogene moxeparvovec-rokl intravenous infusion – Sarepta)</u></a> | NOVEMBER 1, 2026 | CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN)<br>HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP)<br>CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP)<br>CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP) | REVISION |
| <a href="#"><u>Gammagard Liquid ERC® (immune globulin 10% solution – Baxalta [Takeda])</u></a>      | NOVEMBER 1, 2026 | CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN)<br>HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP)<br>CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP)<br>CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP) | REVISION |
| <a href="#"><u>Panzyga® (immune globulin intravenous solution-ifas – Octapharma/Pfizer)</u></a>     | NOVEMBER 1, 2026 | CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN)<br>HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP)<br>CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP)<br>CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP) | REVISION |
| <a href="#"><u>Privigen® (immune globulin intravenous solution – CSL Behring)</u></a>               | NOVEMBER 1, 2026 | CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN)<br>HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP)<br>CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP)<br>CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP) | REVISION |

| POLICY NAME                                                                                                                  | EFFECTIVE DATE   | PLAN                                                                                                                                                                                          | IMPACT     |
|------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| <a href="#"><u>Alyglo™ (immune globulin intravenous solution-stwk – GC Biopharma)</u></a>                                    | NOVEMBER 1, 2026 | CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN)<br>HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP)<br>CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP)<br>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> | NOVEMBER 1, 2026 | CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN)<br>HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP)<br>CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP)<br>CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP) | REVISION   |
| <a href="#"><u>Pasatru™ (garetosmab-grts intravenous infusion - Regeneron)</u></a>                                           | NOVEMBER 1, 2026 | CARESOURCE MYCARE OHIO (MEDICARE-MEDICAID PLAN)<br>HAP CARESOURCE™ MI COORDINATED HEALTH (HMO D-SNP)<br>CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP)<br>CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP) | NEW POLICY |