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

Pharmacy Policy Updates

November 2026

The following policies are effective December 1, 2026

CareSource™

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
Botox® (onabotulinumtoxinA injection – Allergan/AbbVie)	DECEMBER 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
Dysport® (abobotulinumtoxinA injection – Ipsen/Galderma)	DECEMBER 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
Myobloc® (rimabotulinumtoxinB injection – Solstice)	DECEMBER 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
Xeomin® (incobotulinumtoxinA injection – Merz)	DECEMBER 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
Armlupeg® (pegfilgrastim-unne subcutaneous injection – Lupin)	DECEMBER 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
Fulphila® (pegfilgrastim-jmdb subcutaneous injection – Mylan)	DECEMBER 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
Fylnetra® (pegfilgrastim-pbbk subcutaneous injection – Amneal)	DECEMBER 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
Neulasta® (pegfilgrastim subcutaneous injection – Amgen)	DECEMBER 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
Nyvepria™ (pegfilgrastim-apgf subcutaneous injection – Pfizer)	DECEMBER 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
Stimufend® (pegfilgrastim-fpgk subcutaneous injection – Fresenius Kabi)	DECEMBER 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
Udenyca® (pegfilgrastim-cbqv subcutaneous injection – Coherus)	DECEMBER 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
Ziextenzo™ (pegfilgrastim-bmez subcutaneous injection – Sandoz)	DECEMBER 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
Aranesp® (darbepoetin alfa intravenous or subcutaneous injection – Amgen)	DECEMBER 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
Genglycos™ (pariglasgene brecaparvovec-opnr intravenous infusion – Ultragenyx)	DECEMBER 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)	NEW POLICY
Supprelin® LA (histrelin acetate subcutaneous implant – Endo)	DECEMBER 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
Zoladex® (goserelin acetate subcutaneous implant – TerSera Therapeutics)	DECEMBER 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
Lupron Depot® (leuprolide acetate suspension for intramuscular injection – AbbVie)	DECEMBER 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
Tregzi™ (allogeneic regulatory T cell immunotherapy with HSPS and T cells-vldq	DECEMBER 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
Casgevy™ (exagamglogene autotemcel intravenous infusion – Vertex/CRISPR	DECEMBER 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
Leqvio® (inclisiran subcutaneous injection – Novartis)	DECEMBER 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
Omvoh® (mirikizumab-mrkz intravenous infusion – Eli Lilly)	DECEMBER 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
Orencia® (abatacept intravenous infusion – Bristol Myers Squibb)	DECEMBER 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
Actemra® (tocilizumab intravenous infusion – Genentech/Roche)	DECEMBER 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
Avtozma® (tocilizumab-anoh intravenous infusion – Celltrion)	DECEMBER 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
Tofidence™ (tocilizumab-bavi intravenous infusion – Biogen)	DECEMBER 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
Tyenne® (tocilizumab-aazg intravenous infusion – Fresenius Kabi)	DECEMBER 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
Stelara® (ustekinumab intravenous infusion – Janssen Biotech)	DECEMBER 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
Imuldosa® (ustekinumab-srlf intravenous infusion – Accord)	DECEMBER 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
Otulfi™ (ustekinumab-aauz intravenous infusion – Formycon/Fresenius)	DECEMBER 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
Pyzchiva™ (ustekinumab-ttwe intravenous infusion – Sandoz/Samsung)	DECEMBER 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
Selarsdi™ (ustekinumab-aekn intravenous infusion – Alvotech/Teva)	DECEMBER 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
Starjemza™ (ustekinumab-hmny intravenous infusion – BioThera)	DECEMBER 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
Steqeyma™ (ustekinumab-stba intravenous infusion – Celltrion)	DECEMBER 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
Wezlana™ (ustekinumab-auub intravenous infusion – Amgen)	DECEMBER 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
Yesintek™ (ustekinumab-kfce intravenous infusion – Biocon)	DECEMBER 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
Ustekinumab intravenous infusion (Janssen Biotech)	DECEMBER 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
Ustekinumab-ttwe intravenous infusion (Quallent)	DECEMBER 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
Injectafer® (ferric carboxymaltose intravenous infusion or slow injection – American	DECEMBER 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
Fayuvi™ (rebisufligene etisparvovec-hopf intravenous infusion – Ultragenyx)	DECEMBER 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)	NEW POLICY

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
Imaavy™ (nipocalimab-aahu intravenous infusion – Johnson & Johnson)	DECEMBER 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
Zanvastro™ (zilganersen intrathecal injection – Ionis)	DECEMBER 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
Elrexfio® (elranatamab-bcmm subcutaneous injection – Pfizer)	DECEMBER 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
Tecvayli® (teclistamab-cqyv subcutaneous injection – Janssen Biotech)	DECEMBER 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
Talvey™ (talquetamab-tgvs subcutaneous injection – Janssen Biotech)	DECEMBER 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
Yervoy® (ipilimumab intravenous infusion – Bristol-Myers Squibb)	DECEMBER 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
Keytruda® (pembrolizumab intravenous infusion – Merck)	DECEMBER 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
Keytruda Qlex™ (pembrolizumab and berahyaluronidase alfa-pmph subcutaneous	DECEMBER 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
Opdivo® (nivolumab intravenous infusion – Bristol-Myers Squibb)	DECEMBER 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
Opdivo Qvantig™ (nivolumab and hyaluronidase-nvhy subcutaneous injection –	DECEMBER 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
Faslodex® (fulvestrant intramuscular injection – AstraZeneca, generic)	DECEMBER 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
Cligavyx™ (fulvestrant intramuscular injection – Avyxa)	DECEMBER 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
Nipent™ (pentostatin intravenous infusion – Hospira)	DECEMBER 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
Isembyld™ (apitegromab-mstn intravenous infusion – Scholar Rock)	DECEMBER 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)	NEW POLICY

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
Pluvicto™ (lutetium Lu 177 vipivotide tetraxetan intravenous infusion – Advanced	DECEMBER 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
Poteligeo® (mogamulizumab-kpkc intravenous infusion – Kyowa Kirin)	DECEMBER 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
Tudriqev™ (vusolimogene oderparepvec-wtpg suspension for intratumor injection –	DECEMBER 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)	NEW POLICY
Ziihera® (zanidatamab-hrii intravenous infusion – Jazz)	DECEMBER 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
Inlexzo™ (gemcitabine intravesical system – Janssen/Johnson and Johnson)	DECEMBER 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
Otarmeni™ (lunsotogene parvec-cwha intracochlear infusion – Regeneron)	DECEMBER 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
Riabni™ (rituximab-arrx intravenous infusion – Amgen)	DECEMBER 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
Rituxan® (rituximab intravenous infusion – Genentech)	DECEMBER 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
Ruxience® (rituximab-pvvr intravenous infusion – Pfizer)	DECEMBER 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
Truxima® (rituximab-abbs intravenous infusion – Celltrion/Teva)	DECEMBER 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
Armlupeg® (pegfilgrastim-unne subcutaneous injection – Lupin)	DECEMBER 1, 2026	CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION
Fulphila™ (pegfilgrastim-jmdb subcutaneous injection - Mylan)	DECEMBER 1, 2026	CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION
Fylnetra® (pegfilgrastim-pbbk subcutaneous injection - Kashiv)	DECEMBER 1, 2026	CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION
Neulasta® (pegfilgrastim subcutaneous injection - Amgen)	DECEMBER 1, 2026	CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION
Nyvepria™ (pegfilgrastim-apgf subcutaneous injection – Pfizer)	DECEMBER 1, 2026	CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION
Stimufend® (pegfilgrastim-fpgk subcutaneous injection – Fresenius Kabi)	DECEMBER 1, 2026	CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
Udenyca™ (pegfilgrastim-cbqv subcutaneous injection – Coherus)	DECEMBER 1, 2026	CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION
Ziextenzo™ (pegfilgrastim-bmez subcutaneous injection – Sandoz)	DECEMBER 1, 2026	CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION
Aranesp® (darbepoetin alfa intravenous or subcutaneous injection - Amgen)	DECEMBER 1, 2026	CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION
Supprelin® LA (histrelin acetate subcutaneous implant – Endo Pharmaceuticals)	DECEMBER 1, 2026	CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION
Zoladex® (goserelin acetate subcutaneous implant – TerSera Therapeutics)	DECEMBER 1, 2026	CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
Alyglo™ (immune globulin intravenous solution-stwk – GC Biopharma)	DECEMBER 1, 2026	CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION
Asceniv™ (immune globulin intravenous solution-sira – ADMA Biologics)	DECEMBER 1, 2026	CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION
Bivigam® (immune globulin intravenous solution – AMDA Biologics)	DECEMBER 1, 2026	CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION
Flebogamma® DIF (immune globulin intravenous solution – Grifols)	DECEMBER 1, 2026	CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION
Gammagard® Liquid (immune globulin solution – Baxalta [Takeda]), Gammagard Liquid ERC® (immune globulin solution – Baxalta [Takeda])	DECEMBER 1, 2026	CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
Gammagard® S/D < 1 mcg/mL in 5% solution (immune globulin intravenous solution – Baxalta [Takeda])	DECEMBER 1, 2026	CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION
Gammaked™ (immune globulin solution caprylate/chromatography purified – Kedrion)	DECEMBER 1, 2026	CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION
Gammaplex® (immune globulin intravenous solution – BPL)	DECEMBER 1, 2026	CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION
Gamunex®-C (immune globulin solution caprylate/chromatography purified – Grifols)	DECEMBER 1, 2026	CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION
Octagam® (immune globulin intravenous solution – Octapharma)	DECEMBER 1, 2026	CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
Panzyga® (immune globulin intravenous solution-ifas – Octapharma/Pfizer)	DECEMBER 1, 2026	CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION
Privigen® (immune globulin intravenous solution – CSL Behring)	DECEMBER 1, 2026	CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION
Qivigy® (immune globulin intravenous solution-kthm – Kedrion)	DECEMBER 1, 2026	CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION
Yimmugo® (immune globulin intravenous solution-dira – Biotest (Grifols)	DECEMBER 1, 2026	CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP) CARESOURCE DUAL ADVANTAGE™ PLUS (HMO D-SNP)	REVISION

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
Euflexxa	DECEMBER 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)	NEW PART B STEP THERAPY POLICY
Gel-One	DECEMBER 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)	NEW PART B STEP THERAPY POLICY
Genvisc 850	DECEMBER 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)	NEW PART B STEP THERAPY POLICY
Hyalgan	DECEMBER 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)	NEW PART B STEP THERAPY POLICY
Hymovis, Hymovis One	DECEMBER 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)	NEW PART B STEP THERAPY POLICY
Monovisc	DECEMBER 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)	NEW PART B STEP THERAPY POLICY

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
Orthovisc	DECEMBER 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)	NEW PART B STEP THERAPY POLICY
Sodium hyaluronate 1% inj.	DECEMBER 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)	NEW PART B STEP THERAPY POLICY
Synojoynt	DECEMBER 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)	NEW PART B STEP THERAPY POLICY

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
Triluron	DECEMBER 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)	NEW PART B STEP THERAPY POLICY
TriVisc	DECEMBER 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)	NEW PART B STEP THERAPY POLICY
Visco-3	DECEMBER 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)	NEW PART B STEP THERAPY POLICY