

HAP CareSource™ Michigan Medicaid

Pharmacy Policy Updates

December 2024

The following policies are effective January 1, 2025



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](https://www.hapcare.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)	JANUARY 1, 2025	HAP CARESOURCE MICHIGAN MEDICAID	NEW POLICY
BRINEURA (CERLIPONASE ALFA)	JANUARY 1, 2025	HAP CARESOURCE MICHIGAN MEDICAID	NEW POLICY
IMMUNE GLOBULIN (IVIG AND SCIG): INTRAVENOUS (IVIG): ALYGLO, ASCENIV, BIVIGAM, FLEBOGAMMA DIF, GAMMAGARD LIQUID, GAMMAGARD S/D, GAMMAKED, GAMMAPLEX, GAMUNEX-C, OCTAGAM, PANZYGA, PRIVIGEN, YIMMUGO SUBCUTANEOUS (SCIG): CUTAQUIG, CUVITRU, HIZENTRA, HYQVIA, XEMBIFY	JANUARY 1, 2025	HAP CARESOURCE MICHIGAN MEDICAID	REVISED POLICY
INFLIXIMAB (AVSOLA, INFLECTRA, REMICADE, RENFLEXIS)	JANUARY 1, 2025	HAP CARESOURCE MICHIGAN MEDICAID	NEW POLICY
KISUNLA (DONANEMAB)	JANUARY 1, 2025	HAP CARESOURCE MICHIGAN MEDICAID	NEW POLICY

PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
OZURDEX (DEXAMETHASONE)	JANUARY 1, 2025	HAP CARESOURCE MICHIGAN MEDICAID	NEW POLICY
PIASKY (CROVALIMAB-AKKZ)	JANUARY 1, 2025	HAP CARESOURCE MICHIGAN MEDICAID	NEW POLICY
SCENESSE (AFAMELANOTIDE)	JANUARY 1, 2025	HAP CARESOURCE MICHIGAN MEDICAID	NEW POLICY
SINGLE DOSE VIAL – CLAIMS MODIFIERS	JANUARY 1, 2025	HAP CARESOURCE MICHIGAN MEDICAID	NEW POLICY
VYVGART (EFGARTIGIMOD ALFA-FCAB) AND VYVGART HYTRULO (EFGARTIGIMOD ALFA AND HYALURONIDASE-QVFC)	JANUARY 1, 2025	HAP CARESOURCE MICHIGAN MEDICAID	NEW POLICY
SYNAGIS	JANUARY 1, 2025	HAP CARESOURCE MICHIGAN MEDICAID	NEW POLICY