



PO Box 723308, Atlanta, GA 31139-1308 | CareSource.com

**Re: Summary of PDL Changes Effective JULY 1, 2024.**

Dear CareSource Member:

Your health care is our priority. That is why we are writing to tell you that on JULY 1, 2024, CareSource will change its Preferred Drug List (PDL). A PDL is a list of preferred drugs.

**THE FOLLOWING MEDICINES WILL BE NON-PREFERRED ON THE PDL EFFECTIVE**

Brand Name	Generic Name	Dose(s)	Notes (If Applicable)
AGAMREE	VAMOROLONE	40 MG/ML	
ELLA TABLET	ULIPRISTAL ACETATE	30 MG	Non-Preferred; Not covered on Inter-Pregnancy Care & Family Planning programs
FABHALTA CAPSULE	IPTACOPAN HCL	200 MG	Quantity limit of 2 capsules per day
FILSUVEZ GEL	BIRCH BARK EXTRACT	10 %	
OGSIVEO TABLET	NIROGACESTAT HYDROBROMIDE	50 MG	Quantity limit of 3 tablets per day
WAINUA AUTO-INJECTOR	EPLONTERSE N SODIUM	45MG/0.8M L	
XPHOZAH TABLET	TENAPANOR HCL	20MG, 30 MG	Quantity limit of 2 tablets per day
ZILBRYSQ SYRINGE	ZILUCOPLAN SODIUM	ALL	
ZITUVIO/ ZITUVIMET TABLET	SITAGLIPTIN/ SITAGLIPTIN -METFORMIN	ALL	

**THE FOLLOWING MEDICINES HAVE A CHANGE IN STATUS EFFECTIVE JULY 1, 2024.**

Brand Name	Generic Name	Dose(s)	Notes (If Applicable)
ADBRY SYRINGE	TRALOKINUMAB -LDRM	150 MG/ML	Quantity limit of 4 syringes per 28 days
ADZYNMA KIT	ADAMTS13, RECOMBINANT-KRHN	ALL	Medical benefit with medical necessity review
BUPRENORPHINE/NALOXONE FILM (BRAND AND GENERIC)	BUPRENORPHINE/NA LOXONE	ALL	Quantity limit of 1 film per day for all strengths except 2 films per day (12 mg – 3 mg strength)
CASGEVY VIAL	EXAGAMGLOGEN E AUTOTEMCEL	13X 10 <sup>6</sup>	Medical benefit with medical necessity review

Brand Name	Generic Name	Dose(s)	Notes (If Applicable)
CRESEMB A CAPSULE	ISAVUCONAZONI M SULFATE	ALL	Quantity limit of 5 capsules/ day (74.5 mg capsules); 2 capsules/day (186 mg capsules)
CRESEMBA VIAL	ISAVUCONAZONI M SULFATE	372MG	Prior authorization is required for medical benefit code: J1833
FLEBOGAMM A DIF VIAL	IMM GLOB G (IGG)/SORB/IGA 0-50	5%, 10%	Prior authorization is required for medical benefit code: J1572
IDOSE TR IMPLANT	TRAVOPROST	75MG	Medical benefit with medical necessity review
IMCIVREE VIAL	SETMELANOTID E ACETATE	10 MG/ML	Quantity limit of 10 vials per 30 days
INFLECTRA VIAL	INFLIXIMAB-DYYB	100MG	Prior authorization is required for medical benefit code: Q5103
JYNARQUE TABLET, SEQUENTIA L TABLET	TOLVAPTAN	ALL	Quantity limit of 2 tablets per day
OXBRYTA TABLET, TABLET FOR SUSPENSION	VOXELOTOR	ALL	Quantity limit of 3 tablets per day
PANHEMATI N VIAL	HEMIN	50MG	Prior authorization is required for medical benefit code: J1640
PROFILNIN E VIAL	FACTOR IX CPLX(PCC)NO4,3FAC TOR	ALL	Prior authorization is required for medical benefit code: J7194
VIMIZIM VIAL	ELOSULFASE ALFA	5MG/5ML	Prior authorization is required for medical benefit code: J1322
WILATE VIAL	ANTIHEMOPHILI C FACTOR/VWF	500-500, 1K-1K UNIT	Prior authorization is required for medical benefit code: J7183
ZORYVE FOAM	ROFLUMILAST	0.3%	Quantity limit of 60 grams (1 tube) per 30 days
ZUBSOLV TABLET	BUPRENORPHINE HCL/NALOXONE HCL	ALL	Quantity limit of 1 tablet per day for all strengths except 2 tablets per day (8.6 mg – 2.1 mg strength)
ZYMFENTRA PEN/ SYRINGE KIT	INFLIXIMAB-DYYB	120 MG/ML	Updating to a pharmacy benefit; Prior authorization is required

### **What should you do?**

First, talk to your health care provider. If needed, your prescriber can submit a prior authorization for a drug that is being removed from the PDL if you need to remain on the drug for medical necessity. There may be many other medicines on the CareSource PDL that you can take instead. There are a few ways you and your prescriber can find medicines:

- You can look on our website at **CareSource.com**. On the Members page, go to Tools & Resources and click on **‘Find My Prescriptions.’**
- Or, call our Member Services Department at **1-855-202-0729** (TTY: 1-800-255-0056 or 711).

We are here to help you. The CareSource Member Services Department is open Monday through Friday, 7 a.m. to 7 p.m.

Sincerely,

CareSource RX Innovations

CareSource complies with applicable state and federal civil rights laws and does not discriminate on the basis of age, gender, gender identity, color, race, disability, national origin, marital status, sexual preference, religious affiliation, health status, or public assistance status.

Si usted o alguien a quien ayuda tienen preguntas sobre CareSource, tiene derecho a recibir esta información y ayuda en su propio idioma sin costo. Para hablar con un intérprete, Por favor, llame al número de Servicios para Afiliados que figura en su tarjeta de identificación.

如果您或者您在帮助的人对 **CareSource** 存有疑问，您有权 免费获得以您的语言提供的帮助和信

息。如果您需要与一位翻译交谈，请拨打您的会员 ID 卡上的会员服务电话号码

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