



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

Re: Summary of PDL Changes Effective OCTOBER 1, 2024

Dear CareSource Member:

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

THE FOLLOWING MEDICINES WILL BE PREFERRED ON THE PDL EFFECTIVE OCTOBER 1, 2024*

Brand Name	Generic Name	Dose(s)	Notes(If Applicable)
N/A	TRANEXAMIC ACID TABLET	650MG	
REPATHA SURECLICK PEN INJECTOR & SYRINGE	EVOLOCUMAB	140MG/ML	Prior authorization is required. *Took effect 7/8/2024

THE FOLLOWING MEDICINES WILL BE NON-PREFERRED ON THE PDL EFFECTIVE OCTOBER 1, 2024

Brand Name	Generic Name	Dose(s)	Notes(If Applicable)
BEQVEZ KIT	FIDANACOGENE ELAPARVOVEC-DZKT	1X10 ¹³ /ML	Medical benefit with medical necessity review
ENTYVIO PEN INJECTOR	VEDOLIZUMAB	108MG/0.68ML	New dose formulation
LENMELDY INJECTION	FIDANACOGENE ELAPARVOVEC-DZKT	11.8X 10 ⁶ CELLS/ML	Medical benefit with medical necessity review
OPILL TABLET	NORGESTREL	75MCG	Over the counter
OPSYNVI TABLET	MACITENTAN/TADALAFIL	ALL	Quantity limit of 1 tablet per day
REZDIFFRA TABLET	RESMETIROM	ALL	Quantity limit of 1 tablet per day
SPEVIGO SYRINGE	SPESOLIMAB-SBZO	150MG/ML	New prefilled syringe formulation
TRYVIO TABLET	APROCITENTAN	12.5MG	

VOQUEZNA TABLET	VONOPRAZAN FUMARATE	10MG, 20MG	
VOYDEYA TABLET	DANICOPAN	ALL	Quantity limit of 6 tablets per day
WINREVAIR KIT	SOTATERCEPT-CSRK	ALL	Covered on Pharmacy benefit - Non-Preferred & Medical Benefit - Medical Benefit with Medical Necessity Review; Quantity limit of 1 kit in 21 days
XOLAIR AUTO INJECTOR	OMALIZUMAB	75MG/0.5ML, 150MG/ML, 300MG/2ML	New auto injector formulation
XOLREMDI CAPSULE	MAVORIXAFOR	100MG	Quantity limit of 4 capsules per day

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

Brand Name	Generic Name	Dose(s)	Notes(If Applicable)
ACTHAR GEL VIAL	CORTICOTROPIN	ALL	Prior authorization is required for medical benefit code: J0801
BRINEURA KIT	CERLIPONASE ALFA	ALL	Prior authorization is required for medical benefit code: J0567
DUVYZAT ORAL SUSPENSION	GIVINOSTAT HYDROCHLORIDE	ALL	Quantity limit of 3 cartons per 30 days
EOHILIA SUSPENSION IN PACKET	BUDESONIDE	ALL	Quantity limit of 20mL (2 packets) per day
EMERGENCY CONTRACEPTIVES WITH ONLY LEVONORGESTREL INGREDIENT (OTC - CLASS)	N/A	N/A	Excluded from Inter-Pregnancy Care & Family Planning
OGSIVEO TABLET	NIROGACESTAT HYDROBROMIDE	50MG	Update: Quantity limit for 50mg tablet (6 tablets per day), 100mg and 150mg (2 tablets per day) *Took effect 7/1/2024
IXINITY VIAL	FACTOR IX HUMAN RECOMBINANT, THREONINE 148	ALL	Prior authorization is required for medical benefit code: J7213

JESDUVROQ TABLET	DAPRODUSTAT	ALL	Quantity limit of 3 tablets per day
JOENJA TABLET	LENIOLISIB PHOSPHATE	ALL	Quantity limit of 2 tablets per day
LAMZEDE VIAL	VELMANASE ALFA-TYCV	ALL	Prior authorization is required for medical benefit code: J0217
LEQVIO SYRINGE	INCLISIRAN SODIUM	ALL	Prior authorization is required for medical benefit code: J1306
PYRUKYND TABLET, DOSE PACK	DOSE PACK	ALL	Quantity limit of 2 tablets per day
ROCTAVIAN VIAL	INCLISIRAN SODIUM	ALL	Prior authorization is required for medical benefit code: J1412
RYPLAZIM VIAL	PLASMINOGEN, HUMAN-TVMH	ALL	Prior authorization is required for medical benefit code: J2998
SUPPRELIN LA KIT	HISTRELIN ACETATE	ALL	Prior authorization is required for medical benefit code: J9226
TREMFYA SYRINGE & AUTOINJECTOR	GUSELKUMAB	100MG/ML	Medical benefit added
WEGOVY PEN INJECTOR	SEMAGLUTIDE	ALL	Quantity limit of 4 pens per 28 days
UPTRAVI TABLET	SELEXIPAG	200MCG	Updated quantity limit for NDC 66215060214 from 2 bottles per 292 days to 2 tablets per day. *Took effect 7/26/2024
XOLAIR VIAL	OMALIZUMAB	ALL	Prior authorization is required for medical benefit code: J2357

What should you do?

First, talk to your health care provider. 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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DCH Approved: 02/21/2019