



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

Re: Summary of Formulary Changes Effective JULY 1, 2024.

Dear Health Partner,

We are dedicated to partnering with you in the most effective way to manage our members' care. CareSource routinely reviews medications available on the Preferred Drug List (PDL). Medications are added, changed or removed periodically based on industry standard, market availability and/or usage. We encourage you to actively work with your CareSource patients in advance of the effective date above to ensure a smooth transition.

**THE FOLLOWING MEDICATIONS WILL BE NON-PREFERRED ON THE PDL EFFECTIVE JULY 1, 2024.**

Brand Name	Generic Name	Strength(s)	Notes if Applicable
AGAMREE	VAMOROLONE	40MG/ML	
ELLA TABLET	ULIPRISTAL ACETATE	30 MG	Non-Preferred; Excluded from Inter-Pregnancy Care & Family Planning coverage
FABHALTA CAPSULE	IPTACOPAN HCL	200 MG	Quantity limit of 2 capsules per day
FILSUVEZ GEL	BIRCH BARK	10 %	
OGSIVEO TABLET	NIROGACESTAT HYDROBROMIDE	50 MG	Quantity limit of 3 tablets per day
WAINUA AUTO-INJECTOR	EPLONTERSEN SODIUM	45MG/0.8ML	
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	

We will provide a list of CareSource patients who are taking any medication above upon your request. Please email your request to [PharmacyConversionProgram@CareSource.com](mailto:PharmacyConversionProgram@CareSource.com). In your request, include the medication names and your secure fax number. We will fax you a list of patients who have been prescribed these medications.

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

Brand Name	Generic Name	Strength(s)	Notes if Applicable
ADBRY SYRINGE	TRALOKINUMAB-LDRM	150 MG/ML	Quantity limit of 4 syringes per 28 days

Brand Name	Generic Name	Strength(s)	Notes if Applicable
<b>ADZYNMA KIT</b>	ADAMTS13, RECOMBINANT -KRHN	ALL	Medical benefit with medical necessity review
<b>BUPRENORPHINE/NALOXONE FILM (BRAND AND GENERIC)</b>	BUPRENORPHINE/ NALOXONE	ALL	Quantity limit of 1 film per day for all strengths except 2 films per day (12 mg – 3 mg strength)
<b>CASGEVY VIAL</b>	EXAGAMGLOGENE AUTOTEMCEL	13X 10 <sup>6</sup>	Medical benefit with medical necessity review
<b>CRESEMBA CAPSULE</b>	ISAVUCONAZONIUM SULFATE	ALL	Quantity limit of 5 capsules/day (74.5 mg capsules); 2 capsules/day (186 mg capsules)
<b>CRESEMBA VIAL</b>	ISAVUCONAZONIUM SULFATE	372MG	Prior authorization is required for medical benefit code: J1833
<b>FLEBOGAMMA DIF VIAL</b>	IMM GLOB G (IGG)/SORB/IGA 0- 50	5%, 10%	Prior authorization is required for medical benefit code: J1572
<b>IDOSE TR IMPLANT</b>	TRAVOPROST	75MG	Medical benefit with medical necessity review
<b>IMCIVREE VIAL</b>	SETMELANOTIDE ACETATE	10 MG/ML	Quantity limit of 10 vials per 30 days
<b>INFLECTRA VIAL</b>	INFLIXIMAB-DYYB	100MG	Prior authorization is required for medical benefit code: Q5103
<b>JYNARQUE TABLET, SEQUENTIAL TABLET</b>	TOLVAPTAN	ALL	Quantity limit of 2 tablets per day
<b>OXBRYTA TABLET, TABLET FOR SUSPENSION</b>	VOXELOTOR	ALL	Quantity limit of 3 tablets per day
<b>PANHEMATIN VIAL</b>	HEMIN	50MG	Prior authorization is required for medical benefit code: J1640
<b>VIMIZIM VIAL</b>	ELOSULFAS E ALFA	5MG/5ML	Prior authorization is required for medical benefit code: J1322
<b>WILATE VIAL</b>	ANTIHEMOPHILIC FACTOR/VWF	500-500, 1K-1K UNIT	Prior authorization is required for medical benefit code: J7183
<b>ZORYVE FOAM</b>	ROFLUMILAST	0.3%	Quantity limit of 60 grams (1 tube) per 30 days

Brand Name	Generic Name	Strength(s)	Notes if Applicable
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 you should know

We know patient care is of the utmost importance to you. We are notifying our members of this change to help ensure their treatment plan is maintained. We have asked our members to contact their prescriber if they have questions.

### Additional Resources

For the most up-to-date information, please utilize the [formulary search tools](#) online. To access the complete formulary, visit the Provider Pharmacy pages at CareSource.com. You may find your patient's plan formulary by clicking on:

- Your patient's CareSource plan
- Tools & Resources
- Drug Formulary

We recognize each patient is unique and we appreciate your partnership in making this a successful transition. We are here to help you with any questions. Call the CareSource Pharmacy Services Department at **1-855-202-1058**. The Department is open Monday through Friday, 7 a.m. to 7 p.m.

Thank you for being a CareSource health partner.

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