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Re: Summary of Formulary Changes Effective OCTOBER 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.

FOLLOWING MEDICATIONS WILL BE NON-PREFERRED ON THE PDL effective OCTOBER 1, 2024

Brand Name	Generic Name	Strength(s)	Notes if Applicable
BEQVEZ KIT	FIDANACOGE NE ELAPARVOVE C-DZKT	1X10 ¹³ /ML	Medical benefit with medical necessity review
ENTYVIO PEN	VEDOLIZUMAB	108MG/0.68ML	New dose formulation
LENMELDY INJECTION	FIDANACOGE NE ELAPARVOVE C-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	SPE SOLIMAB- SBZO	150MG/ML	New prefilled syringe formulation
TRYVIO TABLET	APROCITENTA N	12.5MG	
VOQUEZNA TABLET	VONOPRAZAN FUMARATE	10MG, 20MG	
VOYDEYA TABLET	DANICOPAN	ALL	Quantity limit of 6 tablets per day

WINREVAIR KIT	SOTATERCEP T-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
XOLREMDI CAPSULE	MAVORIXAFOR	100MG	Quantity limit of 4 capsules per day

THE FOLLOWING MEDICATIONS WILL BE PREFERRED ON THE PDL effective OCTOBER 1, 2024*

Brand Name	Generic Name	Strength(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 MEDICATIONS HAVE A CHANGE IN STATUS effective OCTOBER 1, 2024*

Brand Name	Generic Name	Strength(s)	Notes if Applicable
ACTHAR GEL VIAL	CORTICOTROPIN	ALL	Prior authorization is required for medical benefit code: J0801
BRINEURA KIT	CERLIPONAS E 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.
XOLAIR VIAL	OMALIZUMAB	ALL	Prior authorization is required for medical benefit code: J2357

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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DCH Approved: 02/21/2019