



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

Re: Summary of Formulary Changes Effective April 1, 2025

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 MEDICATION WILL BE NON-PREFERRED ON THE PDL EFFECTIVE APRIL 1, 2025

Brand Name	Generic Name	Strength(s)	Notes
Aqneursa granules in packet	levacetylleucine	1gm	Quantity limit applies
Cobenfy capsule	xanomeline/ trospium chloride	All	
Cometriq capsule	cabozantinib s-malate	100mg	
Fabhalta capsule	iptacopan hydrochloride	200mg	
Livdelzi capsule	seladelpar	10mg	Quantity limit applies
Miplyffa capsule	arimoclomol citrate	All	Quantity limit applies
Nefly spray	epinephrine	2mg/spray	
Nemluvio pen injector	nemolizumab-ilto	30mg	Quantity limit applies
Ocrevus Zunova vial	ocrelizumab-hyaluronidase-ocsq	920 mg-23,000	
Ohtuvayre ampule for nebulization	ensifentrine	3mg/2.5mL	
Onyda XR suspension	clonidine hydrochloride	0.1mg/mL	
Vigafyde oral solution	vigabatrin	100mg/mL	
Yorvipath pen injector	palopegteriparatide	All	Quantity limit applies

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. 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 MEDICATION WILL BE PREFERRED ON THE PDL EFFECTIVE APRIL 1, 2025

Brand Name	Generic Name	Strength(s)	Notes
Enbrel vial	etanercept	25mg/0.5mL	Requires prior authorization

THE FOLLOWING MEDICATIONS HAVE A CHANGE IN STATUS EFFECTIVE APRIL 1, 2025.

Brand Name	Generic Name	Strength(s)	Notes
Adbry autoinjector	tralokinumab-ldrm	300mg/2mL	Updated quantity limit
Cipro microcapsule reconstituted suspension	ciprofloxacin	All	Criteria update; Applicable to Family Planning & Inter-pregnancy care also
Corlanor oral solution, tablet	ivabradine hydrochloride	All	Quantity limit applies
Duopa cassette	carbidopa/levodopa	4.63-20/mL	Quantity limit applies
Ebglyss pen, syringe	lebrikizumab-lbkz	250mg/2mL	Requires prior authorization for medical benefit; Also covered but non-preferred with quantity limits on the pharmacy benefit.
Erzofri syringe	etanercept	All	Requires prior authorization for medical
Esbriet tablet	pirfenidone	All	Updated quantity limit
Hypavzi pen injector	marstacimab-hncq	150 mg/mL	Now covered on the pharmacy
Ilumya syringe	tildrakizumab-asmn	100mg/mL	Requires prior authorization for medical benefit code: J3245
Opfolda capsule	miglustat	65mg	Requires prior authorization for medical benefit code: J1202
Rybelsus tablet	semaglutide	All	Applicable to Inter-pregnancy care only: Trial requirements update
Vioice granules in packet	alpelisib	All	Updated quantity limit

Voquezna tablet	vonoprazan fumarate	All	Updated quantity limit
Vyalev vial	foscarbidopa/folevodopa	12-240/mL	Updating coverage from pharmacy to require prior authorization for medical benefit

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.