



Re: Summary of Formulary Changes Effective January 1, 2025.

Dear CareSource Member:

Your Formulary is an important part of your Prescription Drug Benefit because it shows what drugs may be covered for you, what limits may apply, and what tier drugs are in. A committee of healthcare providers, like doctors and pharmacists, decide what will be included on your Formulary. This is called the Pharmacy and Therapeutics (P&T) Committee.

The P&T Committee looks at your Formulary regularly to make sure it is up-to-date. The P&T Committee met recently to update the Formulary. Please review the tables below to see how the Formulary is changing.

Drugs in this table will be added to your Formulary effective January 1, 2025.

DRUG NAME	FORMULARY TIER	COVERAGE LIMITS
ABIRATERONE 500MG TABLET	4	PA, QL
ACCRUFER	3	PA, QL
ACTIMMUNE	4	PA
ALISKIREN	1	
ALVIMOPAN	1	
APOMORPHINE CARTRIDGE	4	PA, QL
ASPIRIN-OMEPRAZOLE TABLET	1	
BENZHYDROCODONE-ACETAMINOPHEN TABLET	3	PA, QL
BEPOTASTINE BESILATE DROPS	1	
BIMZELX	4	PA
BUPROPION XL	1	QL
BUTALBITAL WITH ACETAMINOPHEN TABLET / CAPSULE	1	QL
CARGLUMIC ACID TABLET	4	PA
CEFACTOR TABLET / SUSPENSION	1	
CEFIXIME CAPSULE / SUSPENSION	1	
CEFPODOXIME PROXETIL TABLET / SUSPENSION	1	
CHEMET CAPSULE	3	PA
DEFERIPRONE TABLET	4	PA
DOXYCYCLINE HYCLATE TABLET	1	
DOXYCYCLINE MONO 150MG TABLET	1	

DROXIDOPA CAPSULE	4	PA
EFAVIRENZA-EMTRIC-TENOFOV DISOP TABLET	1	QL
ERGOLOID MESYLATES TABLET	1	
ERGOMAR SL TABLET	3	
ERLEADA TABLET	4	PA, QL
ETHACRYNIC ACID TABLET	1	
FENTANYL 0.05 MG / ML INJECTION	1	PA, QL
FESOTERODINE FUMARATE ER TABLET	1	ST
FOSFOMYCIN TROMETHAMINE PACKET	1	QL
GLEOSTINE CAPSULE	3	PA
GUAIFENESIN WITH CODEINE LIQUID	1	
HELIDAC ORAL PACK	3	PA
HYCANTIN CAPSULE	4	PA
HYDROCODONE / HOMATROPINE SYRUP	1	PA, QL
ISOSORBIDE DINITRATE- HYDRALAZINE TABLET	1	
ITRACONAZOLE CAPSULE	1	QL
IVERMECTIN CREAM	1	QL
LEDIPASVIR-SOFOSBUVIR TABLET	4	PA, QL
LONSURF TABLET	4	PA
LYNPARZA	4	PA, QL
MECLIZINE 50MG TABLET	3	
MEPERIDINE TABLET	1	PA
MESNEX TABLET	3	PA
METHANAMINE HIPPURATE TABLET	1	QL
MEXILETINE CAPSULE	1	
MIFEPRISTONE TABLET	1	PA, QL
MIGLUSTAT CAPSULE	4	PA, QL
MULTAQ TABLET	2	
NEUPRO TRANSDERMAL	2	PA
NITISINONE CAPSULE	4	
NUCYNTA TABLET	3	PA, QL
ORIAHNN CAPSULE	3	PA
ORPHENADRINE-ASPIRIN-CAFFEINE TABLET	3	QL
OSMOPREP TABLET	3	PA
PARICALCITOL CAPSULE	1	ST
PAROMOMYCIN SULFATE CAPSULE	1	QL
PIRFENIDONE TABLET / CAPSULE	4	PA, QL

POSACONAZOLE TABLET	1	PA
RENACIDIN IRRIGATION SOLUTION	3	
RILUZOLE TABLET	1	PA
RINVOQ LQ ORAL SOLUTION*	4	PA
RYALTRIS NASAL SPRAY	3	PA, QL
SILDENAFIL (25MG & 50MG) TABLET	1	PA, QL
SIRTURO	3	PA
TADALAFIL (5MG) TABLET	1	PA, QL
TRIENTINE 250MG CAPSULE	1	PA
TYENNE SUBCUTANEOUS	4	PA, QL
VALCHLOR GEL	4	PA
VALGANCICLOVIR TABLET	1	
VARDENAFIL TABLET	1	PA, QL
VARUBI TABLET	3	PA, QL
XOFLUZA TABLET	3	QL
XTANDI CAPSULE / TABLET	4	PA, QL
ZIDOVUDINE SYRUP / CAPSULE	1	QL
ZORBTIVE SQ INJECTION	4	PA, QL

*Effective October 1, 2024.

Drugs in this table have had a change in how they are covered. This could include a change in their Formulary tier and/or adding or removing a coverage limit. The details are shown below.

DRUG NAME	COVERAGE CHANGE
ARISTADA	Remains formulary pharmacy benefit. Quantity limit removed.
ATRIPLA	Removed from formulary. Cost share updated to Tier 3.
AVITA GEL	Removed from formulary. Cost share updated to Tier 3.
CHANTIX	Removed from formulary. Cost share updated to Tier 3.
COARTEM TABLET	Removed from formulary. Cost share updated to Tier 3.
COVID-19 HOME TESTS	Removed from formulary. Cost share updated to Tier 3.
DUVYZAT	Billed to medical benefit. Drug-specific policy created.
ELEVIDYS	Billed to medical benefit. Drug-specific criteria created for new indication.
ELMIRON CAPSULE	Removed from formulary. Cost share updated to Tier 3.

IQIRVO	Remains non-formulary. Drug-specific policy created.
J1335 – ERTAPENEM SODIUM INJECTION	Billed to medical benefit. Prior Authorization NOT required.
J0742 – IMIPENEM / CILASTATIN / RELEBACTAM INJECTION	Billed to medical benefit. Prior Authorization NOT required.
J2185 MEROPENEM INJECTION	Billed to medical benefit. Prior Authorization NOT required.
JYNARQUE TABLET	Removed from formulary. Cost share updated to Tier 4.
KISUNLA	Billed to medical benefit. Drug-specific policy created.
LANTHANUM CARBONATE	Remains formulary. Drug-specific criteria created.
LIDOCAINE 4% OTC PATCH	Remains formulary pharmacy benefit. Drug-specific criteria updated to remove diagnosis check prior authorization.
PIASKY	Billed to medical benefit. Drug-specific policy created.
PIVYA	Remains non-formulary. Drug-specific criteria created.
RECTIVE OINTMENT	Removed from formulary. Cost share updated to Tier 3.
RINVOQ	Remains formulary pharmacy benefit, Tier 4, Prior Authorization required. Drug-specific criteria created for new indication.
RYKINDO	Remains non-formulary. Drug-specific criteria updated to include diagnosis, age limit and quantity limit per package insert.
SANTYL OINTMENT	Removed from formulary. Cost share updated to Tier 3.
SOFDRA	Remains non-formulary. Drug-specific criteria created.
TOBRAMYCIN SULFATE INJECTION	Removed from formulary. Cost share updated to Tier 1.
TREXALL TABLET	Removed from formulary. Cost share updated to Tier 3.
VAFSEO	Remains non-formulary. Drug-specific policy created.
WAKIX TABLET	Removed from formulary. Cost share updated to Tier 4.

Please talk to your provider or pharmacist about these changes. They can help you get a new prescription if needed. A new prescription may or may not be the best choice for

you. If not, you or your provider can request an exception. You can find the request form on **CareSource.com** on the Drug Formulary page. Your provider can also submit a request electronically or by faxing it to 1-866-930-0019.

If you or your provider have any questions, please contact Member Services at the number on your CareSource member ID card.

Sincerely,

CareSource RxInnovations

You and your provider can find the full Formulary and other information on the Drug Formulary page on CareSource.com.

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