



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

Dear Health Partner:

We are dedicated to partnering with you to manage our members' care in the most effective way. The CareSource Pharmacy and Therapeutics (P&T) Committee meets regularly to review the Marketplace Drug Formulary and make updates as necessary.

The P&T Committee met recently to update the Formulary. Please review the tables below to see how the Formulary is changing. Additional information about viewing the full Formulary and drug-specific criteria and policies is found at the end of this notice.

Drugs in this table will be added to the Formulary effective August 14, 2024:

DRUG NAME	FORMULARY TIER	COVERAGE LIMITS
LUCEMYRA	3	

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
BRILINTA	Generic Plavix (clopidogrel) step requirement removed.
DUPIXENT	Trial and failure of prior sinonasal surgery requirement removed for Chronic Rhinosinusitis with Nasal Polyps indication. Only trial of corticosteroids required.
EMGALITY	Trial requirement updated to one prophylactic medication for Episodic Cluster Headache indication.
FARXIGA	Diagnosis requirement clarified and concurrent therapy with an ACE-inhibitor or ARB required for Chronic Kidney Disease indication.
HCPCS CODES	Prior authorization not required on specific medical benefit drugs. <i>*HCPCS codes and drug names listed below.</i>

MAVYRET	Trial and failure of sofosbuvir/velpatasvir (generic for Epclusa) required or acceptable clinical reason of inappropriateness must be provided.
REPATHA	Quantity limit clarified.
SKYRIZI	Ulcerative Colitis indication and associated criteria added to policy.
SYNAGIS	Policy updated to include provider attestation acceptance, exception dosing added and removal of quantity limit.
UPTRAVI	Quantity limit 2 tablets per day.

Drugs in this table were reviewed by the P&T Committee and will have no changes to their Formulary status. Additional clinical updates are noted below.

DRUG NAME	NOTES
BEQVEZ	Billed to medical benefit. Drug-specific policy created.
EOHILIA	Remains non-formulary. Drug-specific policy created.
ENTYVIO SQ	Remains non-formulary pharmacy benefit. Medical benefit with medical necessity review.
LYFGENIA	Billed to medical benefit. Drug-specific policy updated to include β S/ β + genotype. Hydroxyurea trial clarified.
LENMELDY	Billed to medical benefit. Drug-specific policy created.
NEXLETOL / NEXLIZET	Remains non-formulary. Drug-specific criteria created for new indication.
OPILL	Remains non-formulary. Drug-specific criteria created.
OPSYNVI	Remains non-formulary. Drug-specific policy created.
OXLUMO	Billed to medical benefit. Drug-specific policy updated; defined pyridoxine reduction percentage removed.
PEGFILGRASTIM (NYVEPRIA, ZIEXTENZO, UDENYCA, FULPHILA, NEULASTA)	Billed to the medical benefit. Drug-specific policy updated to include Udenyca Onbody as preferred and

	Stimufend and Fynetra added as non-preferred.
REZDIFFRA	Remains non-formulary. Drug-specific policy created.
SEDATIVES / HYPNOTICS (DOXEPIN, ESTAZOLAM, ESZOPICLONE, FLURAZEPAM, QUAZEPAM, RAMELTEON, TEMAZEPAM, TRIAZOLAM, ZALEPLON, ZOLPIDEM)	Remains formulary. Quantity limit increased to 1 capsule / tablet per day.
SPEVIGO	Prefilled syringe formulation remains non-formulary. Drug-specific policy updated for new indication and new dosage form.
TREMFYA	Remains formulary pharmacy benefit. Medical benefit added with medical necessity review.
TRYVIO	Remains non-formulary. Drug-specific criteria created.
VOQUEZNA	Remains non-formulary. Drug-specific criteria created for new indication.
VOYDEYA	Remains non-formulary. Drug-specific policy created.
WEGOVY	Remains non-formulary. Exclusion criteria added for patients with Type 1 or Type 2 diabetes.
WINREVAIR	Billed to medical benefit. Remains non-formulary pharmacy benefit. Drug specific policy created.
XOLAIR	Remains non-formulary. Drug-specific criteria created for new indication.
XOLREMDI	Remains non-formulary. Drug-specific policy created.

*HCPC	Drug Name
90380	BEYFORTUS
90381	BEYFORTUS
J0134	ACETAMINOPHEN 10MG/ML Solution
J0136	ACETAMINOPHEN 10MG/ML Solution
J0137	ACETAMINOPHEN 10MG/ML Solution

J0173	EPINEPHRINE 1MG/ML Solution
J0206	ALLOPURINOL SODIUM 500MG Solution Reconstituted
J0611	CALCIUM GLUCONATE-SODIUM CHLORIDE 1-0.675GM/50ML-% Solution
J0612	CALCIUM GLUCONATE 100MG/ML Solution
J0613	CALCIUM GLUCONATE-SODIUM CHLORIDE 1-0.675GM/50ML-% Solution
J0736	CLEOCIN PHOSPHATE 150MG/ML Solution
J0737	CLINDAMYCIN PHOSPHATE IN SODIUM CHLORIDE 300-0.9MG/50ML-% Solution
J0874	DAPTOMYCIN IN SODIUM CHLORIDE 350-0.9MG/50ML-% Solution
J0877	DAPTOMYCIN 350MG Solution Reconstituted
J1643	HEPARIN SODIUM (PORCINE) 1000UNIT/ML Solution
J1738	ANJESO 30MG/ML Solution
J1740	IBANDRONATE SODIUM 3MG/3ML Solution
J1805	BREVIBLOC 10MG/ML Solution
J1806	ESMOLOL HCL-SODIUM CHLORIDE 2500MG/250ML Solution
J1836	METRONIDAZOLE 500-0.74MG/100ML-% Solution
J1920	LABETALOL HCL 5MG/ML Solution
J1921	LABETALOL HCL-SODIUM CHLORIDE 1MG/ML Solution
J1940	FUROSEMIDE 10MG/ML Solution
J2021	LINEZOLID IN SODIUM CHLORIDE 2MG/ML Solution
J2184	MEROPENEM-SODIUM CHLORIDE 500MG Solution Reconstituted
J2251	MIDAZOLAM HCL-0.9% SODIUM CHLORIDE 1MG/ML Solution
J2272	MORPHINE SULFATE 10MG/ML Solution
J2281	MOXIFLOXACIN HCL 400MG/250ML Solution
J2305	NITROGLYCERIN IN D5W 100-5MCG/ML-% Solution
J2311	ZIMHI 5MG/0.5ML Solution
J2371	PHENYLEPHRINE HCL 10MG/ML Solution
J2372	BIORPHEN 0.1MG/ML Solution
J2401	CHLOROPROCAINE HCL 2% Solution
J2402	CLOROTEKAL 50MG/5ML Solution
J2561	SEZABY 100MG Solution Reconstituted
J2598	VASOPRESSIN 20UNIT/ML Solution
J2599	VASOPRESSIN 20UNIT/ML Solution
J0283	NEXTERONE 150-4.21MG/100ML-% Solution
J3371	VANCOMYCIN HCL 750MG Solution Reconstituted
J3372	VANCOMYCIN HCL 500MG/100ML Solution
J0665	BUPIVACAINE HCL 0.25% Solution
J1611	GLUCAGON EMERGENCY 1MG Solution Reconstituted
J9071	CYCLOPHOSPHAMIDE 200MG/ML Solution
J9072	CYCLOPHOSPHAMIDE 500MG/ML Solution

We will provide a list of your CareSource members who are taking any medication upon your request. Please email your request to PharmacyConversionProgram@CareSource.com. Include the medication names and your secure fax number in your request. We will fax you a list of your patients who have been prescribed these medications.

We know patient care is of the utmost importance to you. We have sent a letter to our members who may be negatively impacted of this change We have recommended that they contact their prescriber if they have questions.

Additional Resources

You can view the **full CareSource Marketplace Drug Formulary** on the Provider pages at CareSource.com. Select “Drug Formulary” from the Tools and Resources menu under the Providers drop down.

The Drug Formulary page also includes a link to our online Formulary Search Tool where you can find **drug coverage criteria** and links to applicable clinical and administrative policies.

We recognize each patient is unique, and we appreciate your partnership in transitioning members who may be impacted by the Formulary changes above. We are here to help you with any questions. Call the CareSource Pharmacy Services Department at **833-230-2101**. The Pharmacy Department is open Monday through Friday, 8 a.m. to 5 p.m.

Thank you for being a CareSource health partner.

Sincerely,
CareSource RxInnovations

KY-EXC-P-3176092

<KDOI Approved: xx/xx/xxxx>