



Re: Summary of Formulary Changes Effective January 1, 2025

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 review how the formulary is changing. Additional information for locating the full formulary and drug-specific criteria and policies is at the end of this notice.

Drugs in this table will be added to the 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	
A POMORPHINE 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
CEFACLOR 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 and 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 a change in how they are covered. This could include a change in their formulary tier and/or adding or removing a coverage limit. Details are 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.
ELMIRON CAPSULE	Removed from formulary. Cost share updated to Tier 3.
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.
LIDOCAINE 4% OTC PATCH	Remains formulary pharmacy benefit. Drug-specific criteria updated to remove diagnosis check prior authorization.
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.
TOBRAMYCIN SULFATE INJECTION	Removed from formulary. Cost share updated to Tier 1.
TREXALL TABLET	Removed from formulary. Cost share updated to Tier 3.
WAKIX TABLET	Removed from formulary. Cost share updated to Tier 4.

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

DRUG NAME	NOTES
DUVYZAT	Remains non-formulary. Drug-specific policy created.
ELEVIDYS	Billed to medical benefit. Drug-specific criteria created for new indication.
IQIRVO	Remains non-formulary. Drug-specific policy created.
KISUNLA	Billed to medical benefit. Drug-specific policy created.
LANTHANUM CARBONATE	Remains formulary. Drug-specific criteria created.
PIASKY	Billed to medical benefit. Drug-specific policy created.
PIVYA	Remains non-formulary. Drug-specific criteria created.
SOFDRA	Remains non-formulary. Drug-specific criteria created.
VAFSEO	Remains non-formulary. Drug-specific policy created.

We will provide a list of your CareSource members who are taking any medication upon request. Please email PharmacyConversionProgram@CareSource.com for this information. Include 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 sent a letter to our members who may be negatively impacted by these changes. We recommended they contact their prescriber if they have questions.

Additional Resources

You can find the full **CareSource Marketplace Drug Formulary** on our provider pages at **CareSource.com**. Hover over the Providers drop down, locate the Tools and Resources menu, and select “Drug Formulary.”

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 with any questions. Please call the CareSource Provider Services department at **1-833-230-2101**. We are available Monday through Friday from 8 a.m. to 6 p.m. Eastern Time (ET).

Thank you for being a CareSource health partner.

Sincerely,

CareSource RxInnovations

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