



Re: Summary of Formulary Changes Effective July 1, 2024

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 health care 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 July 1, 2024:

DRUG NAME	FORMULARY TIER	COVERAGE LIMITS
OMNITROPE LIQUID/CARTRIDGE	4	PA, QL
NALOXONE NASAL OTC	1	
LIDOCAINE 4% OTC TRANSDERMAL PATCH	1	QL

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
ADAKVEO	Billed to medical benefit. Hydroxyurea trial length increased to 6 months.
ADBRY	Remains formulary. Drug-specific criteria created for age expansion. Quantity limit of 4MLs per 28 days.
ADZYNMA	Billed to medical benefit. Drug-specific policy created.
AGAMREE	Remains non-formulary. Drug-specific policy created.
ALDURAZYME	Billed to medical benefit. Age limit removed.

APTIOM	Remains formulary. No Prior Authorization required.
BENLYSTA	Billed to medical benefit. Remains non-formulary pharmacy benefit. No changes.
BUPRENORPHINE/NALOXONE SUBLINGUAL TABLETS 2 MG-0.5MG, 8 MG-2 MG	Remains formulary. Quantity Limit removed.
BUPRENORPHINE SUBLINGUAL TABLETS 2 MG, 8 MG	Remains formulary. No Prior Authorization required. Quantity Limit removed.
CAMBIA	Remains non-formulary. Trial of two preferred NSAIDs required.
CASGEVY	Billed to medical benefit. Drug-specific policy created.
DUPIXENT	Remains formulary. EoE indication age limit 1 year of age and greater than 15kg; updated dosing.
ELAPRASE	Billed to medical benefit. Age limit removed.
ENDOTHELIN RECEPTOR ANTAGONISTS (LETAIRIS, OPSUMIT, TRACLEER)	Remains non-formulary. Trial of generic ERA (ambrisentan or bosentan) required before brand approval.
FABHALTA	Remains non-formulary. Drug-specific policy created. Quantity limit of 2 capsules per day.
FILSUVEZ	Remains non-formulary. Drug-specific policy created.
IDOSE TR	Medical benefit with medical necessity review.
IMCIVREE	Remains non-formulary. Initial authorization increased to 12 months. Quantity limit of 10 vials per 30 days.
JYNARQUE	Remains non-formulary. Quantity limit of 2 tablets per day.
LUPKYNIS	Remains non-formulary. No changes. Quantity limit of 6 capsules per day.
LYFGENIA	Billed to medical benefit. Drug-specific policy created.
NALOXONE NASAL SPRAY 4MG	Remains formulary. Quantity Limit removed.
NARCAN NASAL SPRAY 4MG	Remains non-formulary. Quantity Limit removed.

OGSIVEO	Remains non-formulary. Drug-specific policy created. Quantity limit of 3 tablets per day.
OXBRYTA	Remains non-formulary. Quantity limit of 3 tablets per day.
SUBOXONE/BUPRENORPHINE-NALOXONE FILM 12 MG-3 MG	Remains non-formulary. Quantity limit of 2 films/per day
VEVYE	Remains non-formulary. Drug-specific criteria created.
WAINUA	Remains non-formulary. Drug-specific policy created.
XPHOZAH	Remains non-formulary. Drug-specific criteria created. Requires trial of at least 2 phosphate binders. Quantity limit of 60 tablets per 30 days.
ZILBRYSQ	Remains non-formulary. Drug-specific policy created.
ZUBSOLV TABLET SL 0.7MG-0.18MG, 1.4MG-0.36MG, 2.9MG-0.7MG, 5.7MG-1.4MG, 11.4MG - 2.9MG	Remains non-formulary. Quantity limit of 1 tablet per day
ZUBSOLV TABLET SL 8.6-2.1 MG	Remains non-formulary. Quantity limit of 2 tablets per day
ZITUVIO / ZITUVIMET	Remains non-formulary. Drug-specific criteria created.
ZORVYE FOAM	Remains non-formulary. Drug-specific criteria created. Quantity limit of 1 can per 30 days.
ZYMFENTRA	Remains non-formulary. Drug-specific criteria created.

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 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](https://www.caresource.com).**

OH-EXC-M-2373133-V.4