



Dear <Parent or Guardian of> <First Name> <Last Name>,

There is a change to the requirements* of one or more of the drugs you are prescribed. These are not the drugs you get through a pharmacy. These are the drugs given to you by a provider in an office or your home.

*These requirements can include prior authorization, quantity and dose limits, or step therapy.

Drug Name	Other Information	Effective Date
Bivigam	This now needs prior authorization. This means that CareSource needs to review it before you can get it again.	07/01/2024
Ceprothin	This now needs prior authorization. This means that CareSource needs to review it before you can get it again.	07/01/2024
Cinqair	This now needs prior authorization. This means that CareSource needs to review it before you can get it again.	07/01/2024
Coagadex	This now needs prior authorization. This means that CareSource needs to review it before you can get it again.	07/01/2024
Cresemba	This now needs prior authorization. This means that CareSource needs to review it before you can get it again.	07/01/2024
Cuvitru	This now needs prior authorization. This means that CareSource needs to review it before you can get it again.	07/01/2024
Daxxify	This now needs prior authorization. This means that CareSource needs to review it before you can get it again.	07/01/2024
Eylea	This now needs prior authorization. This means that CareSource needs to review it before you can get it again.	07/01/2024
Eylea HD	This now needs prior authorization. This means that CareSource needs to review it before you can get it again.	07/01/2024
Feraheme	This now needs prior authorization. This means that CareSource needs to review it before you can get it again.	07/01/2024
Feraheme	This now needs prior authorization. This means that CareSource needs to review it before you can get it again.	07/01/2024

Fibryga	This now needs prior authorization. This means that CareSource needs to review it before you can get it again.	07/01/2024
Gamifant	This now needs prior authorization. This means that CareSource needs to review it before you can get it again.	07/01/2024
HyQvia	This now needs prior authorization. This means that CareSource needs to review it before you can get it again.	07/01/2024
Iluvien	This now needs prior authorization. This means that CareSource needs to review it before you can get it again.	07/01/2024
Injectafer	This now needs prior authorization. This means that CareSource needs to review it before you can get it again.	07/01/2024
Izervay	This now needs prior authorization. This means that CareSource needs to review it before you can get it again.	07/01/2024
Lumizyme	This now needs prior authorization. This means that CareSource needs to review it before you can get it again.	07/01/2024
Myobloc	This now needs prior authorization. This means that CareSource needs to review it before you can get it again.	07/01/2024
Oxlumo	This now needs prior authorization. This means that CareSource needs to review it before you can get it again.	07/01/2024
Ozurdex	This now needs prior authorization. This means that CareSource needs to review it before you can get it again.	07/01/2024
Panhematin	This now needs prior authorization. This means that CareSource needs to review it before you can get it again.	07/01/2024
Retisert	This now needs prior authorization. This means that CareSource needs to review it before you can get it again.	07/01/2024
Rezzayo	This now needs prior authorization. This means that CareSource needs to review it before you can get it again.	07/01/2024
RiaStap	This now needs prior authorization. This means that CareSource needs to review it before you can get it again.	07/01/2024
Rituxan	This now needs prior authorization. This means that CareSource needs to review it before you can get it again.	07/01/2024
Rixubis	This now needs prior authorization. This means that CareSource needs to review it before you can get it again.	07/01/2024

Ruxience/Truxima	This now needs prior authorization. This means that CareSource needs to review it before you can get it again.	07/01/2024
Trazimera	This now needs prior authorization. This means that CareSource needs to review it before you can get it again.	07/01/2024
Triferic, Triferic AVNU	This now needs prior authorization. This means that CareSource needs to review it before you can get it again.	07/01/2024
Vimizim	This now needs prior authorization. This means that CareSource needs to review it before you can get it again.	07/01/2024
Wilate	This now needs prior authorization. This means that CareSource needs to review it before you can get it again.	07/01/2024
Yutiq	This now needs prior authorization. This means that CareSource needs to review it before you can get it again.	07/01/2024
Infed	This no longer needs to have prior authorization. This means that CareSource does not need to review and approve it before you get it again.	07/01/2024
Ferrlecit	This no longer needs to have prior authorization. This means that CareSource does not need to review and approve it before you get it again.	07/01/2024
Venofer	This no longer needs to have prior authorization. This means that CareSource does not need to review and approve it before you get it again.	07/01/2024

Please share this letter with your provider or tell them about this change before you are due to receive the drug again.

Questions? Call Member Services at **1-800-488-0134** (TTY: 711). We are open Monday through Friday, 7 a.m. to 8 p.m. We are here to help.

Sincerely,

CareSource

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