

## P.O. Box 8738, Dayton, OH 45401-8738 | www.CareSource.com

Re: Summary of Formulary Changes Effective October 1, 2024

Dear Health Partner,

We are dedicated to partnering with you in the most effective way to manage our members' care. CareSource routinely reviews medications available on the Preferred Drug List (PDL). We encourage you to actively work with your CareSource patients in advance of the effective date above to ensure a smooth transition.

We will provide a list of CareSource patients who are taking any medication listed upon your request. Please send your request via email to the email address <a href="mailto:PharmacyConversionProgram@CareSource.com">PharmacyConversionProgram@CareSource.com</a>. In your request, include the medication names and your secure fax number. We will fax you a list of patients who have been prescribed these medications.

## THE FOLLOWING MEDICATIONS HAVE A CHANGE IN STATUS EFFECTIVE OCTOBER 1, 2024.

<u> 2024.                                      </u>			
Brand Name	Generic Name	Strength(s)	Notes
		All strengths, medical	Add prior authorization
Acthar gel	Corticotropin	benefit only	for J0801
		All strengths, medical	Add prior authorization
Brineura	Cerliponase alfa	benefit only	for J0567
		8.86 mg/mL oral	
Duvyzat	Givinostat	suspension	Update to quantity limit
Joenja	Leniolisib	70 mg tablet	Update to quantity limit
		All strengths, medical	Add prior authorization
Kanuma	Sebelipase alfa	benefit only	for J2840
	Velmanase alfa-	All strengths, medical	Add prior authorization
Lamzede	tycv	benefit only	for J0217
		All strengths of	
Pyrukynd	Mitapivat	tablets	Update to quantity limit
		All strengths of	
Rezdiffra	Resmetirom	tablets	Update to quantity limit
	Plasminogen,	All strengths, medical	Add prior authorization
Ryplazim	human-tvmh	benefit only	for J2998
		All strengths of	Update to quantity limit
Voydeya	Danicopan	tablets	
			Update to age limit and
		All strengths of	prior authorization
Wakix	Pitolisant	tablets	criteria
		45 mg and 60 mg vial	
Winrevair	Sotatercept-csrk	for injection	Update to quantity limit
	Olipudase alfa-	All strengths, medical	Add prior authorization
Xenpozyme	rpcp	benefit only	for J0218
Xolremdi	Mavorixafor	100 mg capsules	Update to quantity limit

## What you should know

We know patient care is of the utmost importance to you. We are notifying our members of this change to help ensure their treatment plan is maintained. We have asked our members to contact their prescriber if they have questions.

## **Additional Resources**

For the most up-to-date information, please utilize the formulary search tools online. To access the complete formulary, visit the Provider Pharmacy pages at **CareSource.com**. You may find your patient's plan formulary by clicking on:

- Your patient's CareSource plan
- Tools & Resources
- Drug Formulary

We recognize each patient is unique and we appreciate your partnership in making this a successful transition. We are here to help you with any questions. Call the CareSource RX Innovations Department at 1-844-607-2831. The department is open Monday through Friday, 8 a.m. to 6 p.m. Eastern Time (ET). Thank you for being a CareSource Health Partner.

Sincerely,

CareSource

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