



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

Re: Summary of Formulary Changes Effective December 15, 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.

THE FOLLOWING MEDICATIONS WILL BE PREFERRED ON THE PDL EFFECTIVE DECEMBER 15, 2024.

| Brand Name | Generic Name | Strength(s) | Notes |
|-------------------|-------------------------------|------------------------|----------------------------|
| | Aprepitant | 125MG-80MG dose pack | |
| | Bosentan | 125mg, 62.5 mg tablets | |
| Ocrevus Zunovo | Ocrelizumab/ hyaluronidase | Injection | Prior authorization update |

THE FOLLOWING MEDICATIONS WILL BE NON -PREFERRED ON THE PDL EFFECTIVE DECEMBER 15, 2024.

| Brand Name | Generic Name | Strength(s) | Notes |
|------------------|--------------|------------------------|-------|
| Emend Tripack | Aprepitant | 125MG-80MG dose pack | |
| Tracleer | Bosentan | 125mg, 62.5 mg tablets | |

We will provide a list of CareSource patients who are taking any medication above upon your request. Please send your request via email to the email address PharmacyConversionProgram@CareSource.com. 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 DECEMBER 15, 2024.

| Brand Name | Generic Name | Strength(s) | Notes |
|------------|--------------|--|---|
| Benlysta | Belimumab | All strengths for medical benefit only | Add prior authorization for J0490 effective January 1, 2025 |

| | | | |
|-----------|---------------------------------|---|---|
| Cobenfy | Xanomeline & Trosipium chloride | All strengths and dosage forms | Update to age limit, quantity limit, and prior |
| Iqirvo | Elafibranor | 80 mg tablet | Update quantity limit effective January 1, 2025 |
| Kisunla | Donanemab | All strengths for medical benefit only | Requires medical benefit billing. Add prior authorization for J0175 effective January 1, 2025 |
| Leqselvi | Deuruxolitinib | 8 mg tablet | Update quantity limit effective January 1, 2025 |
| Northera | Droxidopa | All strengths of capsule | Update quantity limit effective January 1, 2025 |
| Ohtuvayre | Ensifentrine | 3mg/ 2.5 mg unit dose ampule | Update quantity limit effective January 1, 2025 |
| OnydaXR | Clonidine | 0.1 mg/ mL Suspension | Update age limit, quantity limit, and prior authorization |
| Piasky | Crovalimab-akkz | All strengths for medical benefit only | Requires medical benefit billing. Add prior authorization effective January 1, 2025 |
| Rykindo | Risperidone | All strengths of injection for medical benefit only | Update prior authorization for J2801 effective January 1, 2025 |
| Sofdra | Sofpironium | 12.45% Topical gel | Update quantity limit effective January 1, 2025 |

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

RR2022-IN-MED-P-1708506-V.13; Issue Date: 12/08/2022

OMPP Approved: 12/08/2022