



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

Re: Summary of Formulary Changes Effective July 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 JULY 15, 2024.

Brand Name	Generic Name	Strength(s)	Notes
	Aprepitant	40 mg capsules	
Finacea	Azelaic acid	15% Foam	
Releuko	Filgrastim – ayow	All strengths of injection	

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

Brand Name	Generic Name	Strength(s)	Notes
Myfembree	Relugolix/ estradiol/ norethindrone	40 mg/ 1 mg/ 0.5 mg tablet	Update to prior authorization and step therapy
Zituvimet	Sitagliptin/ metformin	All strengths of tablet	

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 JULY 15, 2024.

Brand Name	Generic Name	Strength(s)	Notes
	Baclofen	10 mg/ 5mL solution	Prior authorization update
	Belladonna and Opium	All strengths	Prior authorization update

Brixadi	Buprenorphine	All strengths of injection	Update to quantity limits
Fabhalta	Iptacopan	200 mg capsule	Update to quantity limits
Flector	Diclofenac	1.3% (180 mg) patch	Update to quantity limits
Forteo	Teriparatide	250 mcg/ mL injection	Prior authorization update
Igalmi	Dexmedetomidine	All strengths of film	Update to quantity limits and prior authorization
Konvomep	omeprazole/ sodium bicarbonate	Suspension	Update to step therapy and quantity limits
Licart ER	Diclofenac epolamine	1.3 % patch	Update to quantity limits
Narcotic Cough Medications		All dosage forms and strengths	Prior authorization update
	Opium Tincture	All strengths	Prior authorization update
Restasis Multidose	Cyclosporine	0.05% eye drop	Update to quantity limits
Tuxarin ER	Codeine/ chlorpheniramine	40 mg/ 5.6 mg extended-release tablet	Added prior authorization, age limit and quantity limits
Tymlos	Abaloparatide	All strengths	Prior authorization update
Vevye	Cyclosporine	0.1 % eye drop	Added prior authorization
Wakix	Pitolisant	All strengths of tablet	Prior authorization update
Zoryve	Roflumilast	0.3% Foam	Added prior authorization
Adzynma	ADAMTS13	All strengths for medical benefit only	Add prior authorization for J3490 effective August 1, 2024

Aldurazyme	Laronidase	All strengths for medical benefit only	Add prior authorization for J7325 effective August 1, 2024
Atryn	Antithrombin alfa	All strengths for medical benefit only	Add prior authorization for J7196 effective August 1, 2024
Avsola	Infliximab	All strengths for medical benefit only	Add prior authorization for Q5121 effective August 1, 2024
Benlysta	Belimumab	All strengths for medical benefit only	Add prior authorization for J0490 effective August 1, 2024
Ceprotrin	Protein C concentrate	All strengths for medical benefit only	Add prior authorization for J2724 effective August 1, 2024
Cresemba	Isavuconazonium sulfate	All strengths for medical benefit only	Add prior authorization for J1833 effective August 1, 2024
Durysta	Bimatoprost implant	All strengths for medical benefit only	Add prior authorization for J7351 effective August 1, 2024
Elaprase	Idursulfase	All strengths for medical benefit only	Add prior authorization for J1743 effective August 1, 2024
Fulphila	Pegfilgrastim	All strengths for medical benefit only	Add prior authorization for Q5108 effective August 1, 2024
Givlaari	Givosiran	All strengths for medical benefit only	Add prior authorization for J0223 effective August 1, 2024
Herzuma	Trastuzumab	All strengths for medical benefit only	Add prior authorization for Q5113 effective August 1, 2024

iDose TR	Travoprost implant	All strengths for medical benefit only	Add prior authorization for J3490 effective August 1, 2024
Inflectra	Infliximab	All strengths for medical benefit only	Add prior authorization for Q5103 effective August 1, 2024
Immune Globulin		All strengths for medical benefit only	Add prior authorization for J1599, J1556, J1567, J1569, J1561, J1557, J1568, J1576, J1459, J1551, J1555, J1559, J1575, J1558 effective August 1, 2024
Mepsevii	Vestronidase alfa-vjvk	All strengths for medical benefit only	Add prior authorization for J3397 effective August 1, 2024
Naglazyme	Galsulfase	All strengths for medical benefit only	Add prior authorization for J1458 effective August 1, 2024
Neulasta	Pegfilgrastim	All strengths for medical benefit only	Add prior authorization for J2506 effective August 1, 2024
Nyvepria	Pegfilgrastim	All strengths for medical benefit only	Add prior authorization for Q5122 effective August 1, 2024
Ogivri	Trastuzumab	All strengths for medical benefit only	Add prior authorization for Q5114 effective August 1, 2024
Ontruzant	Trastuzumab	All strengths for medical benefit only	Add prior authorization for Q5112 effective August 1, 2024
Oxlumo	Lumasiran	All strengths for medical benefit only	Add prior authorization for J0224 effective August 1, 2024

Panhematin	Hemin	All strengths for medical benefit only	Add prior authorization for J1640 effective August 1, 2024
Reblozyl	Luspatercept	All strengths for medical benefit only	Add prior authorization for J0896 effective August 1, 2024
Remicade	Infliximab	All strengths for medical benefit only	Add prior authorization for J1745 effective August 1, 2024
Renflexis	Infliximab	All strengths for medical benefit only	Add prior authorization for Q5104 effective August 1, 2024
Rivfloza	Nedosiran	All strengths for medical benefit only	Add prior authorization for J3490 effective August 1, 2024
Saphnelo	Anifrolumab	All strengths for medical benefit only	Add prior authorization for J0491 effective August 1, 2024
Sunleca	Lenacapavir	All strengths for medical benefit only	Add prior authorization for J1961 effective August 1, 2024
Trastuzumab	Herceptin	All strengths for medical benefit only	Add prior authorization for J9355 and J9356 effective August 1, 2024
Trazimera	Trastuzumab	All strengths for medical benefit only	Add prior authorization for Q5116 effective August 1, 2024
Trogarzo	Ibalizumab	All strengths for medical benefit only	Add prior authorization for J1746 effective August 1, 2024
Udenyca	Pegfilgrastin	All strengths for medical benefit only	Add prior authorization for Q5111 effective August 1, 2024

Vimizim	Elosulfase alfa	All strengths for medical benefit only	Add prior authorization for J1322 effective August 1, 2024
Ziextenzo	Pegfilgrastim	All strengths for medical benefit only	Add prior authorization for Q5120 effective August 1, 2024

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