



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

## Re: Summary of PDL Changes Effective July 15, 2024

Dear CareSource Member:

Your health care is our priority. That is why we are writing to tell you that on July 15, 2024, CareSource will change its Preferred Drug List (PDL). A PDL is a list of preferred drugs.

### THE FOLLOWING MEDICINES WILL BE PREFERRED ON THE PDL EFFECTIVE JULY 15, 2024.

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

### IF APPLICABLE: THE FOLLOWING MEDICINES WILL BE NON-PREFERRED ON THE PDL EFFECTIVE JULY 15, 2024.

Brand Name	Generic Name	Dose(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	

### IF APPLICABLE: THE FOLLOWING MEDICINES HAVE A CHANGE IN STATUS EFFECTIVE JULY 15, 2024.

Brand Name	Generic Name	Dose(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	Prior authorization update
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	Also 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 should you do?**

First, talk to your prescriber. There may be other medicines on the CareSource PDL that you can take instead. There are a few ways you and your prescriber can find medicines:

- You can look on our website at **CareSource.com**. On the Members page, go to Tools & Resources and click on “Find My Prescriptions”.
- Or, call our Member Services Department at **1-844-607-2829** (TTY: 1-800-743-3333 or 711).

We are here to help you. The Member Services Department is open Monday through Friday, 8 a.m. to 8 p.m. Eastern Time.

Sincerely,

CareSource