



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

Re: Summary of Formulary Changes Effective April 1, 2024.

Dear Health Partner:

We are dedicated to partnering with you to manage our members' care in the most effective way. The CareSource Pharmacy and Therapeutics (P&T) Committee meets regularly to review the Marketplace Drug Formulary and make updates as necessary.

The P&T Committee met recently to update the Formulary. Please review the tables below to see how the Formulary is changing. Additional information about viewing the full Formulary and drug-specific criteria and policies is found at the end of this notice.

Drugs in this table will be added to the Formulary effective April 1, 2024:

DRUG NAME	FORMULARY TIER	COVERAGE LIMITS
AUSTEDO XR	4	PA

Drugs in this table have had a change in how they are covered. This could include a change in their Formulary tier and/or adding or removing a coverage limit. The details are shown below.

DRUG NAME	COVERAGE CHANGE
BIMZELX	Quantity limit of 2mL per 28 days
BREO ELLIPTA	Quantity limit of 2 blisters per day
BRIXADI	Billed to medical benefit. Prior authorization is required for code C9154. Quantity limit of 32 mg per week or 128 mg per month.
CABLIVI	Billed to medical benefit. Prior authorization is required for code C9047. Quantity limit of 1 vial per day.
CYSTARAN, CYSTADROPS	Quantity limit of 4 bottles per 28 days
DAXXIFY	Medical benefit with medical necessity review. Prior authorization is required for code C9160. Effective 1/1/2024.
EGRIFTA SV	Quantity limit of 1 vial per day
EMPAVELI	Quantity limit of 8 vials per 28 days
ENSPRYNG	Quantity limit of 1 syringe per 28 days



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ENTYVIO	Quantity limit of 2 syringes per 28 days
EYLEA HD	Billed to medical benefit. Prior authorization is required for code C9161. Effective 1/1/2024.
FERAHEME	Billed to medical benefit. Prior authorization is required for code Q0138 and Q0139.
GLASSIA	Billed to medical or pharmacy benefit. Prior authorization is required for code J0257.
HERCEPTIN BIOSIMILARS	Billed to medical benefit. Prior authorization is required for brand and all biosimilars. Ontruzant and Trazimera preferred.
IBSRELA	Quantity limit of 2 tablets per day
ILUVIEN	Billed to medical benefit. Prior authorization is required for code J7313.
INGREZZA	Quantity limit of 1 capsule per day
INJECTAFER	Billed to medical benefit. Prior authorization is required for code J1443.
INPEFA	Quantity limit of 1 tablet per day
IZERVAY	Medical benefit with medical necessity review. Prior authorization is required for code C9162. Effective 1/1/2024.
JARDIANCE	Quantity limit of 1 tablet per day
KOSELUGO	Quantity limit of 8 capsules per day for 10mg and 4 capsules per day for 25mg
LAGEVIO	Changed from Tier 0 to Tier 2 effective 12/21/2023.
LINZESS	Quantity limit of 1 capsule per day
LITFULO	Quantity limit of 1 capsule per day
LODOCO	Quantity limit of 1 tablet per day
LUMIZYME	Billed to medical benefit. Prior authorization required is for code J0221.
MIEBO	Quantity limit of 1 bottle (5mL) per 12 days
MOTEGRITY	Quantity limit of 1 tablet per day
MYALEPT	Quantity limit of 1 vial per day
OCALIVA	Quantity limit of 1 tablet per day
OLUMIANT	Quantity limit of 1 tablet per day



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OMVOH	Quantity limit of 2mL per 28 days
OPFOLDA	Medical benefit with medical necessity review.
ORENCIA	Billed to medical benefit. Prior authorization is required for code J0129.
OXLUMO	Billed to medical benefit. Prior authorization is required for code J0224.
POMVILITI	Medical benefit with medical necessity review.
PREVYMIS	Quantity limit of 28 tablets or 28 vials per 28 days
RETISERT	Billed to medical benefit. Prior authorization is required for code J7311.
REXULTI	Quantity limit of 1 tablet per day
REZZAYO	Billed to medical benefit. Prior authorization is required for code J0349.
RIVFLOZA	Quantity limit of 1 syringe or vial per 28 days
SEROSTIM	Quantity limit of 1 vial per day
TRIFERIC	Billed to medical benefit. Prior authorization is required for code J1443.
TRULANCE	Quantity limit of 1 tablet per day
VELSIPITY	Quantity limit of 1 tablet per day
VEOPOZ	Medical benefit with medical necessity review.
VEOZAH	Quantity limit of 1 tablet per day
VOXZOGO	Quantity limit of 1 vial per day
XALKORI	Quantity limit of 4 capsules per day and 8 pellets per day
XENAZINE	Quantity limit of 4 tablets per day
XDEMVI	Quantity limit of 1 bottle per 6 weeks
ZORYVE	Quantity limit of 60 grams (1 tube) per 28 days
ZURZUVAE	Quantity limit of 28 capsules per 14 days



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Drugs in this table were reviewed by the P&T Committee and will have no changes to their Formulary status. Additional clinical updates are noted below.

DRUG NAME	NOTES
ADBRY	Remains non-formulary. No changes.
BIMZLEX	Remains non-formulary. Drug-specific policy created.
BOTOX	Billed to medical benefit. No changes.
BRENZAVVY	Remains non-formulary. Drug-specific policy created.
CABTREO	Remains non-formulary. Drug-specific policy created.
CIBINQO	Remains non-formulary. No changes.
CINQAIR	Billed to medical benefit. No changes.
COSENTYX	Remains formulary. Drug-specific criteria created for new dosage form and new indication.
DAXXIFY	Billed to medical benefit. Drug-specific policy created.
DUPIXENT	Remains formulary. No changes.
DYSPORT	Billed to medical benefit. No changes.
EMFLAZA	Remains non-formulary. No changes.
ENBREL	Remains formulary. Drug-specific criteria created for age expansion.
ENTYVIO	Billed to medical benefit. Remains non-formulary pharmacy benefit. Drug-specific criteria created for new dosage form.
EPCLUSA	Remains non-formulary. No changes.
EYLEA AND EYLEA HD	Billed to medical benefit. Drug-specific criteria created for new dosage form.
FASENRA	Billed to medical benefit. No changes.
GAMIFANT	Billed to medical benefit. No changes.
ILARIS	Remains non-formulary. No changes.
ILUVIEN	Billed to medical benefit. No changes.
INCRELEX	Remains formulary. No changes.
IZERVAY	Billed to medical benefit. Drug-specific policy created.
JARDIANCE	Remains formulary. No changes.
KOSELUGO	Remains non-formulary. No changes.



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LUMIZYME	Billed to medical benefit. No changes.
MACRILEN	Billed to medical benefit. Remains non-formulary pharmacy benefit. No changes.
MYALEPT	Remains non-formulary. No changes.
MYOBLOC	Billed to medical benefit. No changes.
NEXVIAZYME	Billed to medical benefit. No changes.
NUCALA	Remains non-formulary. No changes.
OMVOH	Billed to medical benefit. Remains non-formulary pharmacy benefit. Drug-specific policy created.
OXLUMO	Billed to medical benefit. No concurrent use with Rivfloza.
OZURDEX	Billed to medical benefit. No changes.
POMBILITI AND OPFOLDA	Billed to medical benefit. Drug-specific policy created.
PRALUENT	Remains non-formulary. No changes.
REPATHA	Remains formulary(pushtronix). No changes.
RETISERT	Billed to medical benefit. No changes.
RINVOQ	Remains formulary. No changes.
RIVFLOZA	Billed to medical benefit. Remains non-formulary pharmacy benefit. Drug-specific policy created.
SOHONOS	Remains non-formulary. Drug-specific policy created.
TYSABRI	Billed to medical benefit. No changes.
VABYSMO	Billed to medical benefit. Drug-specific criteria created for new indication.
VEOPOZ	Billed to medical benefit. Drug-specific policy created.
VOXZOGO	Remains formulary. Drug-specific criteria created for age expansion.
VISUDYNE	Billed to medical benefit. No changes.
XEOMIN	Billed to medical benefit. No changes.
XIPERE	Billed to medical benefit. No changes.
YUTIQ	Billed to medical benefit. No changes.

We will provide a list of your CareSource members who are taking any medication upon your request. Please email your request to



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PharmacyConversionProgram@CareSource.com. Include the medication names and your secure fax number in your request. We will fax you a list of your patients who have been prescribed these medications.

We know patient care is of the utmost importance to you. We have sent a letter to our members who may be negatively impacted of this change We have recommended that they contact their prescriber if they have questions.

Additional Resources

You can view the full CareSource Marketplace Drug Formulary on the Provider pages at CareSource.com. Select “Drug Formulary” from the **Tools and Resources** menu under the **Providers** drop down.

The Drug Formulary page also includes a link to our online Formulary Search Tool where you can find drug coverage criteria and links to applicable clinical and administrative policies.

We recognize each patient is unique, and we appreciate your partnership in transitioning members who may be impacted by the Formulary changes above. We are here to help you with any questions. Call the CareSource Pharmacy Services Department at **833-230-2101**. The Pharmacy Department is open Monday through Friday, 8 a.m. to 5 p.m.

Thank you for being a CareSource health partner.

Sincerely,
CareSource RxInnovations