



PO Box 723308, Atlanta, GA 31139-1308 | CareSource.com

Re: Summary of PDL Changes Effective October 1, 2023

Dear CareSource Member:

Your health care is our priority. That is why we are writing to tell you that on October 1, 2023, CareSource will change its Preferred Drug List (PDL). A PDL is a list of preferred drugs.

THE FOLLOWING MEDICINES HAVE A CHANGE IN STATUS EFFECTIVE OCTOBER 1, 2023.

Brand Name	Generic Name	Dose(s)	Notes (If Applicable)
Abilify Asimtufii extended release syringe	Aripiprazole	All	Now accepted on both the medical and pharmacy benefits <ul style="list-style-type: none"> • Medical benefit; Prior authorization is required • Pharmacy Benefit: Non-Preferred • This does not apply to Inter-pregnancy Care or Family Planning
Acthar vial	Corticotropin	80 units/mL	Quantity limit of 3 vials (15 mL) per 21 days
Altuviio vial	Antihemophilic factor (recombinant), Fc-VWF-XTEN fusion protein-ehl]	All	Now accepted on both the medical and pharmacy benefits <ul style="list-style-type: none"> • Medical benefit; Prior authorization is required • Pharmacy Benefit: Non-Preferred • This does not apply to Inter-pregnancy Care or Family Planning
Apretude extended release vial	cabotegravir	600mg/3mL	Prior authorization is required for medical benefit: J0739 code <ul style="list-style-type: none"> • This does not apply to Inter-pregnancy Care or Family Planning
Asceniv vial	Immune globulin	10%	Prior authorization is required for medical benefit: J1554 code <ul style="list-style-type: none"> • This does not apply to Inter-pregnancy Care or Family Planning
Austedo extended release tablet	Deutetrabenazine	All	Quantity limit of 2 tablets per day

Brand Name	Generic Name	Dose(s)	Notes (If Applicable)
Byooviz vial	Ranibizumab-nuna	0.5mg/0.05mL	Prior authorization is required for medical benefit: Q5124 code <ul style="list-style-type: none"> This does not apply to Inter-pregnancy Care or Family Planning
Cerdelga capsule	Eliglustate tartrate	84mg	Quantity limit of 2 capsules per day
Cutaquig vial	Immune globulin	16.5%	Prior authorization is required for medical benefit: J1551 code <ul style="list-style-type: none"> This does not apply to Inter-pregnancy Care or Family Planning
Daraprim tablet	Pyrimethamine	25mg	Quantity limit of 3 tablets per day
Dificid reconstituted oral suspension	Fidaxomicin	40mg/mL	Quantity limit of 136 mL per 10 days
Dificid tablet	Fidaxomicin	200mg	Quantity limit of 20 tablets per 10 days
Eylea syringe, vial	Aflibercept	All	The use of bevacizumab first, is required to receive Eylea <ul style="list-style-type: none"> This does not apply to Inter-pregnancy Care or Family Planning
Filspari tablet	Sparsentan	All	Quantity limit of 1 tablet per day
Hydroxyprogesterone Caproate vial		250mg/mL	Prior authorization is required for medical benefit: J1729 code <ul style="list-style-type: none"> This does not apply to Inter-pregnancy Care or Family Planning
HyQvia vial	Immune globulin	All	Prior authorization is required for medical benefit: J1575 code <ul style="list-style-type: none"> This does not apply to Inter-pregnancy Care or Family Planning
Juxtapid capsule	Lomitapide mesylate	20mg, 30mg	Quantity limit of 60 capsules per 30 days
Kalydeco granules in packet	Ivacaftor	13.4mg	Quantity limit of 2 packets per day
Lamzedo vial	Velmanase Alfa-Tycv	10mg	Medical benefit: Prior authorization is required <ul style="list-style-type: none"> This does not apply to Inter-pregnancy Care or Family Planning
Lumryz extended release granule packet	Sodium oxybate	All	Quantity limit of 1 packet per day
Macugen syringe	Pegaptanib sodium	0.3mg/90 mL	Prior authorization is required for medical benefit: J2503 code <ul style="list-style-type: none"> This does not apply to Inter-pregnancy Care or Family Planning



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Novoeight vial	Antihemophilic factor, recombinant	All	Prior authorization is required for medical benefit: J7182 code <ul style="list-style-type: none"> This does not apply to Inter-pregnancy Care or Family Planning
Panzyga vial	Immune globulin	10%	Prior authorization is required for medical benefit: J1576 code <ul style="list-style-type: none"> This does not apply to Inter-pregnancy Care or Family Planning
Proton Pump Inhibitors (PPIs): Aciphex, Dexilant, Konvomep, Nexium, Prilosec, Protonix, Zegerid	Proton Pump Inhibitors	All	Quantity is limited for any combination of PPIs to 180 days of therapy per 365 days <ul style="list-style-type: none"> Includes both brand and generic
Pyrimethamine tablet		25mg	Quantity limit of 3 tablets per day
Qalsody vial	Towermen	100mg/15mL	Medical benefit; Prior authorization is required <ul style="list-style-type: none"> This does not apply to Inter-pregnancy Care or Family Planning
Rebyota rectal suspension	Fecal microbiota, live	150ml	Medical benefit; Prior authorization is required <ul style="list-style-type: none"> The use of Zinplava first, is required to receive Rebyota This does not apply to Inter-pregnancy Care or Family Planning
Rinvoq extended release tablet	Upadacitinib	All	Prior authorization is required for Crohn's disease <ul style="list-style-type: none"> This does not apply to Inter-pregnancy Care or Family Planning
Skyclarys capsule	Omaveloxolone	50mg	Quantity limit of 3 capsules per day
Syfovre vial	Pegcetacoplan	15mg/0.1mL	Medical benefit; Prior authorization is required <ul style="list-style-type: none"> This does not apply to Inter-pregnancy Care or Family Planning

Brand Name	Generic Name	Dose(s)	Notes (If Applicable)
Tezspire pen injector	Tezepelumab	210mg/ 1.91mL	Now accepted on both the medical and pharmacy benefits <ul style="list-style-type: none"> Medical benefit; Prior authorization is required Pharmacy Benefit: Non-Preferred Quantity limit of 1 pen per 21 days This does not apply to Inter-pregnancy Care or Family Planning
Tezspire syringe	Tezepelumab	210mg/ 1.91mL	Quantity limit of 1 syringe per 28 days
Trikafta packet, tablet	Elexacaftor; tezacaftor; ivacaftor	All	Quantity limit of 3 packets/tablets per day
Turalio capsule	Pexidartinib	All	Quantity limit of 4 capsules per day
Tyvaso ampule for nebulization	Treprostinil	1.74mg/2.9mL	Quantity limit of 1 ampule (2.9 mL) per day
Tyvaso DPI cartridge with inhaler	Treprostinil	16-32mcg, 16-32-48mcg, 32-48mcg	Quantity limit of 1 package per lifetime
Tyvaso DPI cartridge with inhaler	Treprostinil	16mcg, 32mcg, 48mcg, 64mcg	Quantity limit of 4 cartridges per day
Tyvaso inhalation starter kit, institutional starter kit	Treprostinil	1.74mg/2.9mL	Quantity limit of 1 package per lifetime
Uzedy extended release syringe	Risperidone	All	Now accepted on both the medical and pharmacy benefits <ul style="list-style-type: none"> Medical benefit; Prior authorization is required Pharmacy Benefit: Non-Preferred This does not apply to Inter-pregnancy Care or Family Planning
Vabysmo vial	Faricimab-svoa	6mg/0.05mL	Prior authorization is required for medical benefit: J2777 code <ul style="list-style-type: none"> This does not apply to Inter-pregnancy Care or Family Planning
Ventavis ampule for nebulization	Iloprost	All	Prior authorization is required for medical benefit: Q4074 code <ul style="list-style-type: none"> This does not apply to Inter-pregnancy Care or Family Planning



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Brand Name	Generic Name	Dose(s)	Notes (If Applicable)
Vowst capsule	Fecal microbiota, live	N/A	The use of Zinplava, then Rebyota is required first to receive Vowst <ul style="list-style-type: none">Quantity limit of 12 capsules per 3 daysThis does not apply to Inter-pregnancy Care or Family Planning
Vraylar starter pack	Cariprazine	1.5-3mg	Quantity limit of 1 pack per 365 days
Zavzpret nasal spray	Zavegepant	10mg	Quantity limit of 1 carton per 28 days
Zinplava vial	Bezlotoxumab	1000mg/40mL	Prior authorization is required for medical benefit: J0565 code <ul style="list-style-type: none">This does not apply to Inter-pregnancy Care or Family Planning

What should you do?

First, talk to your health care provider. There may be many 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 **1-855-202-0729** (TTY: 1-800-255-0056 or 711).

We are here to help you. The CareSource Member Services Department is open Monday through Friday, 7 a.m. to 7 p.m.

Sincerely,

CareSource RX Innovations

CareSource complies with applicable state and federal civil rights laws and does not discriminate on the basis of age, gender, gender identity, color, race, disability, national origin, marital status, sexual preference, religious affiliation, health status, or public assistance status.

Si usted o alguien a quien ayuda tienen preguntas sobre CareSource, tiene derecho a recibir esta información y ayuda en su propio idioma sin costo. Para hablar con un intérprete, Por favor, llame al número de Servicios para Afiliados que figura en su tarjeta de identificación.

如果您或者您在帮助的人对 CareSource 存有疑问，您有权 免费获得以您的语言提供的帮助和信息。如果您需要与一位翻译交谈，请拨打您的会员 ID 卡上的会员服务电话号码