



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

Re: Summary of PDL Changes Effective JANUARY 1, 2024

Dear CareSource Member:

Your health care is our priority. That is why we are writing to tell you that on JANUARY 1, 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 JANUARY 1, 2024

Brand Name	Generic Name	Dose(s)	Notes (If Applicable)
N/A	Adalumimabadaz (Sandoz®)	All	Prior authorization is required
N/A	Adalumimabfkjp (Mylan/Viatris®)	All	Prior authorization is required
FreestyleLibre 3	N/A	N/A	Took effect 10/20/2023
Hadlima auto-injector, syringe	Adalumimabbwwd	All	Prior authorization is required
Opvee spray	Nalmefene	2.7mg	Quantity limit of 2 units per month
Ozempic pen injector	Semaglutide	All	Step therapy is applicable
Pancreaze delayed release capsule	Lipase/Protease/Amylase	All	

THE FOLLOWING MEDICINES WILL BE NON-PREFERRED ON THE PDL EFFECTIVE JANUARY 1, 2024

Brand Name	Generic Name	Dose(s)	Notes (If Applicable)
Amjevita autoinjector	Adalumimabatto	40mg/0.8mL	Applicable to the following NDCs. o 72511-0400-01 o 72511-0400-02
Brixadi solution, extended release syringe	Buprenorphine	All	Allows coverage on both medical and pharmacy benefits • Medical Benefit with Medical Necessity Review • Pharmacy Benefit: Non-Preferred

Flovent Diskus, HFA	Fluticasone propionate	All	The authorized generic fluticasone propionate is preferred
Inpefa tablet	Sotagliflozin	200mg	Step therapy applies
Iyuzeh droppøette, single-use drop dispenser	Latanoprost PF	0.005%	
Mavyret tablet	Glecaprevir/ Pibrentasvir	All	Prior authorization is required; Continuation of therapy is applicable; Authorized generic of Epclusa (Asegua Therapeutics) is preferred
Miebo drops	Perfluorohexyloctane/PF	100%	
Ngenla pen	Somatogon-ghla	All	
Trulicity pen injector	Dulaglutide	All	Continuation of therapy is not applicable; Quantity limit of 2ml per 28 days
Veozah tablet	Fezolinetant	45mg	
Xdemvy drops	Lotilaner	0.25%	

THE FOLLOWING MEDICINES HAVE A CHANGE IN STATUS EFFECTIVE JANUARY 1, 2024.

Brand Name	Generic Name	Dose(s)	Notes (If Applicable)
Airsupra inhalation	Albuterol sulfate/Budesonide	90-80mcg	Step therapy applies Applies to Inter-Pregnancy Care
Beyfortus syringe	Nirsevimab-Alip	All	Medical Benefit only; No prior authorization is required; Not applicable to Inter-Pregnancy Care
Dalvance vial	Dalbavancin HCl	500mg	Medical benefit; No prior authorization is required; Diagnosis check is required
Elevidys kit	Delandistrogen Moxeparvc-Rokl	All	Medical Benefit with Medical Necessity Review
Elfabrio vial	Pegunigalsidase alfa-ixj	20mg/10mL	Medical Benefit with Medical Necessity Review
Feraheme vial	Ferumoxylol	All	Prior authorization is required for medical benefit: Q0138 code
Ferlecit vial	Sodium Ferric Gluconate/Sucrose	All	Prior authorization is required for medical benefit: J2916 code
Glassia vial	Alpha-1-Proteinase Inhibitor	1gm/50mL	Pharmacy benefit added



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

Gralise ER tablet	Gabapentin	All	Quantity limit applies: 300mg - 1 tablet per day 450mg - 1 tablet per day 600mg - 2 tablets per day 750mg - 2 tablets per day 900mg - 2 tablets per day Titration pack - 1 pack per 90 days
Infed vial	Iron dextran complex	All	Prior authorization is required for medical benefit: J1750 code
Injectafer vial	Ferric Carboxymaltose	All	Prior authorization is required for medical benefit: J1439 code
Litfulo capsule	Ritlecitinib Tosylate	50mg	
Lyrica QR tablet	Pregabalin	All	<p>Peripheral Neuropathy</p> <ul style="list-style-type: none"> • Quantity limit as follows: <ul style="list-style-type: none"> ○ 82.5mg - 3 tablets per day ○ 165mg - 1 tablet per day ○ 330mg - 1 tablet per day • Maximum of 330mg per day <p>Posthepetic Neuralgia</p> <ul style="list-style-type: none"> • Quantity limit as follows: <ul style="list-style-type: none"> ○ 82.5 mg - 3 tablets per day ○ 165 mg - 3 tablets per day ○ 330mg - 2 tablets per day <p>Maximum of 660mg per day</p>
Mvasi vial	Bevacizumab-Awwb	All	Medical benefit- Preferred; Prior authorization is required
N/A	Naloxone nasal spray	4mg	Quantity limit of 2 units per month
Rezzayo vial	Rezafungin Acetate	200mg	Medical Benefit with Medical Necessity Review

Rhogam syringe	Antisera	1500 units	Pharmacy benefit added; No Prior authorization is required; Applies to Inter-Pregnancy care
Roctavan vial	Valoctocogene Roxaparvovc-Rvox	2 X 10E13/mL	Medical Benefit with Medical Necessity Review
Rysfiggo vial	Roanlixizumab-Noli	280mg/2mL	Medical Benefit with Medical Necessity Review
Venofervial	Iron sucrose complex	All	Prior authorization is required for medical benefit: J1756 code
Vyjuvek gel	Beremagene Geperpavoc-svdt	All	Medical Benefit with Medical Necessity Review
Vyvgart Hytrulo vial	Efgartigimod-Hyaluronidas-qvfc	1008mg/5.6mL	Medical Benefit with Medical Necessity Review
Ycanth solution	Cantharidin	0.7%	Pharmacy benefit added; Quantity limit of 4 treatment courses (max of 12 weeks) per infection
Zirabev vial	Bevacizumab-bvzr	25mg/mL	Medical benefit- Preferred; Prior authorization is required

What should you do?

First, talk to your health care provider. If needed, your prescriber can submit a prior authorization for a drug that is being removed from the PDL if you need to remain on the drug for medical necessity. 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.



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

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

GA-MMED-1760a-V.14
DCH Approved: 02/21/2019