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

Re: Summary of PDL Changes Effective April 1, 2025

Dear CareSource Member:

Your health care is our priority. That is why we are writing to tell you that on April 1, 2025, CareSource will change its Preferred Drug List (PDL). A PDL is a list of preferred drugs.

THE FOLLOWING MEDICINE WILL BE PREFERRED ON THE PDL EFFECTIVE APRIL 1, 2025.

Brand Name	Generic Name	Dose(s)	Notes
Enbrel vial	etanercept	25mg/0.5mL	Requires prior authorization

THE FOLLOWING MEDICINES WILL BE NON-PREFERRED ON THE PDL EFFECTIVE APRIL 1, 2025

Brand Name	Generic Name	Dose(s)	Notes
Aqneursa granules in packet	levacetylleucine	1gm	Quantity limit applies
Cobenfy capsule	xanomeline/ trospium chloride	All	
Cometriq capsule	cabozantinib s-malate	100mg	
Fabhalta capsule	iptacopan hydrochloride	200mg	
Livdelzi capsule	seladelpar	10mg	Quantity limit applies
Miplyffa capsule	arimoclomol citrate	All	Quantity limit applies
Neffy spray	epinephrine	2mg/spray	
Nemluvio pen injector	nemolizumab-ilto	30mg	Quantity limit applies
Ocrevus Zunova vial	ocrelizumab-hyaluronidase-ocsq	920 mg-23,000	
Ohtuvayre ampule for nebulization	ensifentrine	3mg/2.5mL	
Onyda XR suspension	clonidine hydrochloride	0.1mg/mL	
Vigafyde oral solution	vigabatrin	100mg/mL	
Yorvipath pen injector	palopegteriparatide	All	Quantity limit applies

THE FOLLOWING MEDICINES HAVE A CHANGE IN STATUS EFFECTIVE APRIL 1, 2025

Brand Name	Generic Name	Dose(s)	Notes
Adbry autoinjector	tralokinumab-ldrm	300mg/2mL	Updated quantity limit
Cipro microcapsule reconstituted suspension	ciprofloxacin	All	Criteria update; Applicable to Family Planning & Inter-pregnancy care also
Corlanor oral solution, tablet	ivabradine hydrochloride	All	Quantity limit applies
Duopa casette	carbidopa/levodopa	4.63-20/mL	Quantity limit applies
Ebglyss pen, syringe	lebrikizumab-lbkz	250mg/2mL	Requires prior authorization for medical benefit; Also covered but non-preferred with quantity limits on the pharmacy benefit.
Erzofri syringe	etanercept	All	Requires prior authorization for medical benefit
Esbriet tablet	pirfenidone	All	Updated quantity limit
Hympavzi pen injector	marstacimab-hncq	150 mg/mL	Now covered on the pharmacy benefit
Ilumya syringe	tildrakizumab-asmn	100mg/mL	Requires prior authorization for medical benefit code: J3245
Opfolda capsule	miglustat	65mg	Requires prior authorization for medical benefit code: J1202
Rybelsus tablet	semaglutide	All	Applicable to Inter-pregnancy care only: Trial requirement updated
Vijoice granules in packet	alpelisib	All	Updated quantity limit
Voquezna tablet	vonoprazan fumarate	All	Updated quantity limit
Vyalev vial	foscarbidopa/folevodopa	12-240/mL	Updating coverage from pharmacy to require prior authorization for medical benefit

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

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