



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

Re: Summary of Formulary Changes Effective JANUARY 1, 2024

Dear Health Partner,

We are dedicated to partnering with you in the most effective way to manage our members' care. CareSource routinely reviews medications available on the Preferred Drug List (PDL). Medications are added, changed or removed periodically based on industry standard, market availability and/or usage. We encourage you to actively work with your CareSource patients in advance of the effective date above to ensure a smooth transition.

THE FOLLOWING MEDICATIONS WILL BE NON-PREFERRED ON THE PDL effective JANUARY 1, 2024.

Brand Name	Generic Name	Strength(s)	Notes if Applicable
Amjevita autoinjector	Adalimumab-atto	40mg/0.8mL	Applicable to the following NDCs. <ul style="list-style-type: none"> o 72511-0400-01 o 72511-0400-02
Brixadi solution, extended release syringe	Buprenorphine	All	Allows coverage on both medical and pharmacy benefits <ul style="list-style-type: none"> • 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
lyuzeh dropperette, 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 Eplusa (Asegua Therapeutics) is preferred
Miebo drops	Perfluorohexybutane/PF	100%	

Ngenla pen	Somatrogon-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%	

We will provide a list of CareSource patients who are taking any medication above upon your request. Please email your request to PharmacyConversionProgram@CareSource.com. In your request, include the medication names and your secure fax number. We will fax you a list of patients who have been prescribed these medications.

THE FOLLOWING MEDICATIONS WILL BE PREFERRED ON THE PDL effective JANUARY 1, 2024.

Brand Name	Generic Name	Strength(s)	Notes if Applicable
N/A	Adalumimabadaz (Sandoz®)	All	Prior authorization is required
N/A	Adalumimabfkjp (Mylan/Viatris®)	All	Prior authorization is required
Freestyle Libre 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 MEDICATIONS HAVE A CHANGE IN STATUS effective JANUARY 1, 2024.

Brand Name	Generic Name	Strength(s)	Notes if Applicable
Airsupra inhalation	Albuterol sulfate/Budesonide	90-80mcg	Step therapy applies <ul style="list-style-type: none"> Applies to Inter-Pregnancy Care
Beyfortus syringe	Nirsevimab-Alip	All	Medical Benefit only; No prior authorization is required; Not applicable to Inter-Pregnancy Care



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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-iwxj	20mg/10mL	Medical Benefit with Medical Necessity Review
Feraheme vial	Ferumoxylol	All	Prior authorization is required for medical benefit: Q0138 code
Ferrlecit 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
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 Carboxymalose	All	Prior authorization is required for medical benefit: J1439 code
Litfulo capsule	Ritlecitinib Tosylate	50mg	
Lyrica CR tablet	Pregabalin	All	Peripheral Neuropathy <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 Posthepetic Neuralgia <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 Maximum of 660mg per day
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	Antiserum	1500 units	Pharmacy benefit added; No Prior authorization is required; Applies to Inter-Pregnancy care
Roctavian vial	Valoctocogene Roxaparvovc-Rvox	2 X 10E13/mL	Medical Benefit with Medical Necessity Review
Rystiggo vial	Roandixizumab-Noli	280mg/2mL	Medical Benefit with Medical Necessity Review
Venofer vial	Iron sucrose complex	All	Prior authorization is required for medical benefit: J1756 code
Vyjuvek gel	Beremagene Geperpavec-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 you should know

We know patient care is of the utmost importance to you. We are notifying our members of this change to help ensure their treatment plan is maintained. We have asked our members to contact their prescriber if they have questions.

Additional Resources

For the most up-to-date information, please utilize the [formulary search tools](#) online. To access the complete formulary, visit the Provider Pharmacy pages at [CareSource.com](#).

You may find your patient's plan formulary by clicking on:

- Your patient's CareSource plan
- Tools & Resources
- Drug Formulary

We recognize each patient is unique and we appreciate your partnership in making this a successful transition. We are here to help you with any questions. Call the CareSource Pharmacy Services Department at 1-855-202-1058. The Department is open Monday through Friday, 7 a.m. to 7 p.m.

Thank you for being a CareSource health partner.