



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

Re: Summary of Formulary Changes Effective OCTOBER 1, 2023

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 HAVE A CHANGE IN STATUS EFFECTIVE OCTOBER 1, 2023.

Brand Name	Generic Name	Strength(s)	Notes if Applicable
Abilify Asimtufii ER syringe	Aripiprazole	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 • Not applicable 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-ehtl]	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 • Not applicable to Inter-pregnancy Care or Family Planning
Apretude ER vial	cabotegravir	600mg/3mL	Prior authorization is required for medical benefit: J0739 code <ul style="list-style-type: none"> • Not applicable 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"> • Not applicable to Inter-pregnancy Care or Family Planning
Austedo XR tablet	Deutetrabenazine	All	Quantity limit of 2 tablets per day

Brand Name	Generic Name	Strength(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"> Not applicable 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"> Not applicable 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	Trial of bevacizumab is required for approval of Eylea <ul style="list-style-type: none"> Not applicable 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"> Not applicable 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"> Not applicable 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 with medical necessity review <ul style="list-style-type: none"> Not applicable to Inter-pregnancy Care or Family Planning
Lumryz ER granule packet	Sodium oxybate	All	Quantity limit of 1 packet per day
Macugen syringe	Pegaptanib sodium	0.3mg/90 mcL	Prior authorization is required for medical benefit: J2503 code <ul style="list-style-type: none"> Not applicable 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"> Not applicable 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"> Not applicable 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	Tofersen	100mg/15mL	Medical benefit with medical necessity review <ul style="list-style-type: none"> Not applicable to Inter-pregnancy Care or Family Planning
Rebyota rectal suspension	Fecal microbiota, live	150ml	Medical benefit with medical necessity review <ul style="list-style-type: none"> Trial of Zinplava is required for approval of Rebyota Not applicable to Inter-pregnancy Care or Family Planning
Rinvoq ER tablet	Upadacitinib	All	Prior authorization is required for Crohn's disease <ul style="list-style-type: none"> Not applicable 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 with medical necessity review <ul style="list-style-type: none"> Not applicable to Inter-pregnancy Care or Family Planning

Brand Name	Generic Name	Strength(s)	Notes if Applicable
Tezspire pen injector	Tezepelumab	210mg/ 1.91mL	Allows coverage on both medical and pharmacy benefits <ul style="list-style-type: none"> • Medical benefit with medical necessity review • Pharmacy Benefit: Non-Preferred • Quantity limit of 1 pen per 28 days • Not applicable 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	Allows coverage on both medical and pharmacy benefits <ul style="list-style-type: none"> • Medical benefit with medical necessity review • Pharmacy Benefit: Non-Preferred • Not applicable 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"> • Not applicable 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"> • Not applicable to Inter-pregnancy Care or Family Planning



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Brand Name	Generic Name	Strength(s)	Notes if Applicable
Vowst capsule	Fecal microbiota, live	N/A	Trial of Zinplava then Rebyota is required for approval of Vowst <ul style="list-style-type: none"> Quantity limit of 12 capsules per 3 days Not applicable 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"> Not applicable to Inter-pregnancy Care or Family Planning

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.