



**Re: Summary of Formulary Changes Effective October 1, 2025**

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 to ensure a smooth transition.

**THE FOLLOWING MEDICATIONS WILL BE PREFERRED ON THE PDL EFFECTIVE OCTOBER 1, 2025:**

| Brand Name         | Generic Name                  | Strength(s) | Notes   |
|--------------------|-------------------------------|-------------|---|
|                    | Diclofenac sodium topical gel | 1%          | Over-the-counter  |
| Xarelto suspension | Rivaroxaban                   | All         | Prior authorization is not required; Age limits apply; Also applies to the GA Inter-Pregnancy Care (IPC) plan |

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

**THE FOLLOWING MEDICATIONS HAVE A CHANGE IN STATUS EFFECTIVE OCTOBER 1, 2025:**

| Brand Name                        | Generic Name                             | Strength(s) | Notes   |
|-----------------------------------|--|-------------|---|
|                                   | blood pressure monitor                   | N/A         | Over-the-counter; Added pharmacy billing                                |
|                                   | buprenorphine extended-release injection | 100mg       | Requires prior authorization for medical benefit codes: Q9991 and Q9992 |
| Chenodal tablet                   | chenodiol                                | 250mg       | Quantity limit updated  |
| Cholbam capsule                   | cholic acid                              | All         | Quantity limit updated  |
| Ctexli tablet                     | chenodiol                                | All         | Quantity limit updated  |
| Harvoni tablet, pellets in packet | ledipasvir/sofosbuvir                    | All         | Quantity limit updated  |
| Journavx tablet                   | suzetrigine                              | All         | Quantity limit updated  |
| Livmarli oral solution            | maralixibat chloride                     | 19 mg/ml    | Quantity limit updated  |
| Qfitlia pen injector, vial        | fitusiran sodium                         | All         | Updated to pharmacy benefit coverage; Quantity limit applies            |
| Romvimza capsule                  | vimseltinib                              | All         | Quantity limit updated  |

| Brand Name              | Generic Name                   | Strength(s) | Notes  |
|-------------------------|--------------------------------|-------------|--|
|                         | rozanolixizumab-noli injection | 1mg         | Requires prior authorization for medical benefit code: J9333   |
| Symbravo tablet         | rizatriptan benzoate/meloxicam | All         | Quantity limit updated   |
| Vanrafia tablet         | atrasentan hydrochloride       | All         | Quantity limit updated   |
| Vosevi tablet           | sofosbuvir/velpatas/voxilaprev | All         | Quantity limit updated   |
| Vykat XR tablet         | diazoxide choline              | All         | Quantity limit updated   |
| Vyvgart Hytrulo syringe | efgartigimod-hyaluronidas-qvfc | All         | Quantity limit updated   |
| Xarelto tablet          | Rivaroxaban                    | 2.5mg       | Criteria updated for both brand and generic tablet; Also applies to the GA Inter-Pregnancy Care (IPC) plan |
| Zepatier tablet         | elbasvir/grazoprevir           | All         | Quantity limit update  |

### 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. You can access the complete formulary, via the Provider Pharmacy pages at **CareSource.com**, 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. Call Pharmacy Services at **1-855-202-1058**, Monday through Friday, 7 a.m. to 7 p.m. Eastern Time (ET).

Thank you for being a CareSource health partner.

Sincerely,

CareSource