



Re: Summary of Formulary Changes Effective September 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). 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 SEPTEMBER 1, 2025.

Brand Name	Generic Name	Strength(s)	Notes
Leukine	Sargramostim	All strengths of injection	Prior authorization update
Vanrafia	Atrasentan hydrochloride	All strengths of tablets	Prior authorization update; quantity limit added
Tezruly	Terazosin hydrochloride	All strengths of solution	Prior authorization update
Onpattro	Patisiran lipid complex	All strengths of injection	Prior authorization update; quantity limit added
Wainua	Eplontersen sodium	All strengths of injection	Prior authorization update; quantity limit added
Isturisa	Osilodrostat phosphate	All strengths of tablets	Prior authorization update
Korlym	Mifepristone	300mg tablet	Prior authorization update
Lysodren	Mitotane	All strengths of tablets	Quantity limit added
Metopirone	Metyrapone	All strengths of capsules	Prior authorization update; quantity limit added
Recorlev	Levoketoconazole	All strengths of tablets	Prior authorization update
Signifor	Pasireotide diaspertate	All strengths of injection	Prior authorization update
Signifor LAR	Pasireotide pamoate	All strengths of injection	Prior authorization update
Kerendia	Finerenone	All strengths of tablets	Prior authorization update
Jubbonti	Denosumab-bbdz	All strengths of injection	Prior authorization update
Wyost	Denosumab-bbdz	All strengths of injection	Prior authorization update
Otulfi	Ustekinumab-aaaz	All strengths of injection	Prior authorization update
Pyzchiva	Ustekinumab-ttwe	All strengths of injection	Prior authorization update
Ustekinumab-ttwe	Ustekinumab-ttwe	All strengths of injection	Prior authorization update
Selarsdi	Ustekinumab-aekn	All strengths of injection	Prior authorization update
Ustekinumab-aekn	Ustekinumab-aekn	All strengths of injection	Prior authorization update
Ustekinumab	Ustekinumab	All strengths of injection	Prior authorization 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. 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 with any questions. Call Provider Services at **1-844-607-2831**. We are open Monday through Friday, 8 a.m. to 8 p.m. Eastern Time (ET)/7 a.m. to 7 p.m. Central Time (CT).

Thank you for being a CareSource Health Partner.

Sincerely,

CareSource

IN-MED-P-3685888-V.3; Issued Date: 4/29/2025

OMPP Approved: 4/29/2025