

<Date>

<FIRST_NAME> <LAST_NAME>

<ADDRESS1>

<ADDRESS2>

<CITY>, <STATE> <ZIP>

Re: Summary of Formulary Changes Effective AUGUST 1, 2022

Dear CareSource Member:

Your health care is our priority. That is why we are writing to tell you that on AUGUST 1, 2022, CareSource will change its Marketplace Drug Formulary. A formulary is a list of covered drugs.

THE FOLLOWING MEDICINES WILL BE ADDED TO THE FORMULARY EFFECTIVE AUGUST 1, 2022.

Brand Name	Generic Name	Dose(s)	Notes – If Applicable
DEPO-SUBQ PROVERA SYRINGE	MEDROXYPROGESTERONE ACETATE	104 MG/ 0.65 ML	
INCRELEX VIAL	MECASERMIN	40 MG/4 ML	Prior authorization required

THE FOLLOWING MEDICINES WILL BE REMOVED FROM THE FORMULARY EFFECTIVE AUGUST 1, 2022.

Brand Name	Generic Name	Dose(s)	Notes – If Applicable
NORDITROPIN FLEXPRO	SOMATROPIN	5 MG/1.5; 10 MG/1.5; 15 MG/1.5; 30 MG/3	Preferred formulary alternative is Omnitrope.
KUVAN TABLET, POWDER PACKET	SAPROPTERIN	100 MG, 500 MG	Preferred formulary alternative is generic sapropterin tablets, powder packets.
KEVZARA SYRINGE, PEN	SARILUMAB	150 MG/ 1.14 ML; 200 MG/ 1.14 ML	Preferred formulary alternatives include: Actemra, Enbrel, and others

SILIQ SYRINGE	BRODALUMAB	210 MG/ 1.5 ML	Preferred formulary alternatives include: Stelara, Tremfya, Cosentyx, Enbrel, and others
OLUMIANT TABLET	BARICITINIB	1 MG, 2 MG	Preferred formulary alternatives include: Rinvoq, Xeljanz

THE FOLLOWING MEDICINES HAVE A CHANGE IN STATUS EFFECTIVE AUGUST 1, 2022.

Brand Name	Generic Name	Dose(s)	Notes – If Applicable
REMICADE, AVSOLA, INFLECTRA, RENFLEXIS	INFLIXIMAB		MEDICAL BENEFIT – Inflectra and Renflexis move to preferred; Remicade and Avsola move to non-preferred
RUXIENCE, TRUXIMA, RITUXAN	RITUXIMAB		MEDICAL BENEFIT – Ruxience and Truxima move to preferred; Rituxan move to non-preferred
MVASI, ZIRABEV, AVASTIN, ALYMSYS	BEVACIZUMAB		MEDICAL BENEFIT – Mvasi and Zirabev move to preferred; Avastin and Alymsys move to non- preferred
KANJINTI, TRAZIMERA, HERCEPTIN	TRASTUZUMAB		MEDICAL BENEFIT – Kanjinti and Trazimera move to preferred; Herceptin move to nonpreferred
NEULASTA, UDENYCA, ZIEXTENZO, FULPHILA, NYVEPRIA	PEGFILGRASTIM		MEDICAL BENEFIT – Neulasta and Udenyca move to preferred; Ziextenzo, Fulphila, and Nyvepria move to non- preferred

What should you do?

First, talk to your prescriber. There may be other medicines on the CareSource Marketplace Drug Formulary 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](https://www.caresource.com). Go to the Member's page and click on "Find My Prescriptions" and then you can either download a complete list**

of the Formulary medications by clicking on “2022 Drug Formulary” or you may search by individual drugs following the “My Prescriptions” link.

- **Or, call our Member Services Department at:**
 - **Georgia – 1-833-230-2030 (TTY: 800-255-0056 or 711)**
 - **Indiana - 1-877-806-9284 (TTY: 800-743-3333 or 711)**
 - **Kentucky - 1-888-815-6446 (TTY: 800-648-6056 or 711)**
 - **Ohio - 1-800-479-9502 (TTY: 800-750-0750 or 711)**
 - **West Virginia - 1-855-202-0622 (TTY: 800-982-8771 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 Pharmacy Department

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.