



P.O. Box 8738, Dayton, OH 45401-8738 | 800.488.0134 | 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). 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 ADDED TO THE FORMULARY EFFECTIVE OCTOBER 1, 2023

Brand Name	Generic Name	Dose(s)	Notes
FARXIGA	DAPAGLIFLOZIN	5MG,10MG	Added to formulary; Step Therapy (Metformin) required
VUMERITY	DIROXIMEL FUMARATE	231 MG	Added to formulary; Prior Authorization required

### THE FOLLOWING MEDICATIONS WILL BE REMOVED FROM THE FORMULARY EFFECTIVE OCTOBER 1, 2023

Brand Name	Generic Name	Dose(s)	Notes
TRUVADA (brand)	EMTRICITABINE/ TENOFVIR DF	200-300MG	Moved to non-formulary. Medical Necessity Review for DAW (Dispense As Written) required

- 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](mailto: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.
- For your patient's safety, it's important to cancel the brand product prescription with the pharmacy. Note that the brand product prescriptions are still available through brand medical necessity requests.



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**THE FOLLOWING MEDICINES HAVE A CHANGE IN STATUS October 1, 2023**

Brand Name	Generic Name	Dose(s)	Notes
ABILIFY ASIMTUFII	ARIPIRAZOLE	720MG/2.4, 960MG/3.2	MEDICAL BENEFIT with medical necessity review; Pharmacy Benefit; Non- Formulary; Prior Authorization required
ALTUVIIIIO	FVIII REC,FC-VWF-XTE		MEDICAL BENEFIT with medical necessity review
EYLEA	AFLIBERCEPT	2MG/0.05ML	Trial of bevacizumab required
HYDROXYPROGESTERONE CAPROATE		250 MG/ML, 100% PWD	Prior Authorization required for J1729
JOENJA	LENIOLISIB PHOSPHATE	70MG	MEDICAL BENEFIT with medical necessity review
LAMZEDE	VELMANASE ALFA-TYCV	10MG	MEDICAL BENEFIT with medical necessity review
MOUNJARO, RYBELSUS, TRULICITY		Various	Effective 8/15/2023, diagnosis of Type 2 diabetes required: (provider attestation without chart notes or other documentation acceptable)
PPIs: ACIPHEX, DEXILANT, NEXIUM, PREVACID,	PROTON PUMP INHIBITORS (PPIS)	Various	Quantity limit to include any



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<b>PRILOSEC, PROTONIX</b>			combination of PPIs for a total of 180 days per 365 days
<b>QALSODY</b>	<b>TOFERSEN</b>	<b>100MG/15ML</b>	<b>MEDICAL BENEFIT</b> with medical necessity review
<b>REBYOTA</b>	<b>FECAL MICROBIOTA, LI</b>	<b>150 ML</b>	Step Therapy required (Zinplava)
<b>RINVOQ</b>	<b>UPADACITINIB</b>	<b>15MG, 30MG, 45MG</b>	Prior Authorization required (Crohn's Disease)
<b>SYFOVRE</b>	<b>PEGCETACOPLAN/PF</b>	<b>15MG/0.1ML</b>	<b>MEDICAL BENEFIT</b> with medical necessity review
<b>TEZSPIRE</b>	<b>TEZEPELUMAB-EKKO</b>	<b>210MG/1.91</b>	Pharmacy benefit added; Non-Formulary
<b>VOWST</b>	<b>FECAL MICROBIO SPORE</b>		Step Therapy required (Zinplava then Rebyota)
<b>VRAYLAR STARTER PACKS</b>	<b>CARIPRAZINE HCL</b>	<b>1.5MG-3MG</b>	Quantity Limit of 1 pack per 365 days
<b>UZEDY</b>	<b>RISPERIDONE</b>	<b>50MG/0.14, 75MG/0.21, 100MG/0.28, 125MG/0.35, 150MG/0.42, 200MG/0.56, 250MG/0.7</b>	<b>MEDICAL BENEFIT</b> with medical necessity review

### 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.



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### **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 state**
- Your patient's CareSource plan
- **The Patient Care link**
- **The Pharmacy link**

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 RX Innovations Department at 1-800-479-9502. The Department is open Monday through Friday, 8 a.m. to 5 p.m. Thank you for being a CareSource health partner.

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