



P.O. Box 8738, Dayton, OH 45401-8738 | CareSource.com

Re: Summary of Formulary Changes Effective Jan. 1, 2024

Dear Health Partner:

We are dedicated to partnering with you to manage our members' care in the most effective way. The CareSource Pharmacy and Therapeutics (P&T) Committee meets regularly to review the Marketplace Drug Formulary and make updates as necessary.

The P&T Committee met recently to update the Formulary. Please review the tables below to see how the Formulary is changing. Additional information about viewing the full Formulary and drug-specific criteria and policies is found at the end of this notice.

Drugs in this table will be added to the Formulary effective Jan. 1, 2024:

DRUG NAME	FORMULARY TIER	COVERAGE LIMITS
ADCIRCA	4	PA, QL
ADEMPAS	4	PA, QL
BELSOMRA	3	PA, QL
FLUTICASONE-VILANTEROL	2	
DUAVEE	3	PA, QL
FANAPT	3	PA, QL
FLUTICASONE PROPIONATE HFA	1	
FLURAZEPAM	1	
FORMOTEROL	1	QL
GYANZOLE-1	3	PA
HADLIMA, ADALIMUMAB-ADAZ, ADALIMUMAB-FKJP	4	PA
LURASIDONE	1	QL
MOTOFEN	3	PA, AR, QL
NALOXONE NASAL OTC	1	QL
OMNIPOD 5 & OMNIPOD DASH	2	PA
OPVEE	2	QL
OSPHENA	3	PA, QL
OTC – LASTACAFT ONCE DAILY	3	PA
OZEMPIC	2	PA
PRIFTIN	3	
REZVOGLAR	2	QL
RUFINAMIDE	1	PA
VELPHORO	3	PA, QL



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VERZENIO	4	PA, QL
ZEPATIER	4	PA, QL

Drugs in this table will be **removed from** the Formulary effective Jan. 1, 2024:

DRUG NAME	NOTES
AMJEVITA	Non-Formulary medical necessity review required
AUBAGIO	Non-Formulary medical necessity review required
BREO ELLIPTA	Trial of fluticasone-salmeterol (Advair, Airduo) and Dulera required.
FLOVENT HFA	Non-Formulary medical necessity review required; Moved to Tier 3
GILENYA	Non-Formulary medical necessity review required

Drugs in this table have had a **change** in how they are covered. This could include a change in their Formulary tier and/or adding or removing a coverage limit. The details are shown below.

DRUG NAME	COVERAGE CHANGE
AIRSUPRA	Trial of AG/generic Symbicort required.
AVASTIN BIOSIMILARS	Alymsys and Vegzelma are non-preferred.
BYLVAY	Trial of Livmarli required for ALGS (Alagille syndrome associated cholestatic pruritus) indication.
DALVANCE	Billed to medical benefit. Prior authorization not required with diagnosis check.
DIMETHYL FUMARATE	Changed from Tier 4 to Tier 1.
GLASSIA	Pharmacy benefit coverage added.
GRALISE AND LYRICA CR	Quantity limits added.
LITFULO	Conventional therapy trial required.
OLUMIANT	Trial of Litfulo required for Alopecia Areata (AA) indication.
SOFOSBUVIR-VELPATASVIR	Changed from Tier 4 to Tier 1.



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SOLIRIS	Trial of IV Vyvgart and Ultomiris required for new starts with gMG (Generalized Myasthenia Gravis).
ULTOMIRIS	Trial of IV Vyvgart required for new starts with gMG (Generalized Myasthenia Gravis).

Drugs in this table were reviewed by the P&T Committee and will have no changes to their Formulary status. Additional clinical updates are noted below.

DRUG NAME	NOTES
APRETUDE	Remains non-formulary. No changes.
BEYFORTUS	Billed to medical benefit. Drug-specific policy created.
BRIXADI	Billed to medical benefit. Remains non-formulary pharmacy benefit. Drug-specific criteria created for new dosage form.
CABLIVI	Billed to medical benefit. Remains non-formulary under pharmacy benefit. No changes.
CYSTEAMINE	Remains non-formulary. No changes.
ELEVIDYS	Billed to medical benefit. Drug-specific policy created.
ELFABRIO	Billed to medical benefit. Drug-specific policy created.
EMPAVELI	Remains non-formulary. No changes.
ENSPRYNG	Remains non-formulary. No changes.
GATTEX	Remains non-formulary. No changes.
IBSRELA	Remains non-formulary. No changes.
INPEFA	Remains non-formulary. Drug-specific criteria created. Trial of all preferred SGLT2 inhibitors (Sodium-glucose cotransporter 2) required.
IYUZEH	Remains non-formulary. Drug-specific criteria created.
LEQEMBI	Billed to medical benefit. No changes.
LEQVIO	Billed to medical benefit. No changes.
LINZESS	Remains non-formulary. Drug-specific criteria created for new indication.
MIEBO	Remains non-formulary. Drug-specific criteria created.



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MOTEGRITY	Remains non-formulary. No changes.
NGENLA	Remains non-formulary. Drug-specific policy created.
OCALIVA	Remains non-formulary. Drug-specific policy created.
PREVYMIS	Remains non-formulary. Drug-specific criteria created for new indication.
REXULTI	Remains non-formulary. Drug-specific criteria created for new indication.
REZZAYO	Billed to medical benefit. Drug-specific policy created.
RHOGAM	Remains non-formulary. No changes.
ROCTAVIAN	Billed to medical benefit. Drug-specific policy created.
RYSTIGGO	Billed to medical benefit. Drug-specific policy created.
SKYTROFA	Remains formulary. No changes.
SOGROYA	Remains non-formulary. No changes.
TRULANCE	Remains formulary. No changes.
UPLIZNA	Remains formulary. No changes.
VEOZAH	Remains non-formulary. Drug-specific criteria created.
VYEPTI	Remains non-formulary. No changes.
VYJUVEK	Billed to medical benefit. Drug-specific policy created.
VYVGART HYTRULO	Billed to medical benefit. Drug-specific criteria created for new dosage form.
YCANTH	Remains non-formulary. Drug-specific criteria created.
XDEMVY	Remains non-formulary. Drug-specific criteria created.

We will provide a list of your CareSource members who are taking any medication upon your request. Please email your request to PharmacyConversionProgram@CareSource.com. Include the medication names and your secure fax number in your request. We will fax you a list of your patients who have been prescribed these medications.

We know patient care is of the utmost importance to you. We have sent a letter to our members who may be negatively impacted of this change We have recommended that they contact their prescriber if they have questions.



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Additional Resources

You can view the full CareSource Marketplace Drug Formulary on the Provider pages menu at CareSource.com. Select “Drug Formulary” from the Tools and Resources heading, under the Providers drop down.

The Drug Formulary page also includes a link to our online Formulary Search Tool where you can find drug coverage criteria and links to applicable clinical and administrative policies.

We recognize each patient is unique, and we appreciate your partnership in transitioning members who may be impacted by the Formulary changes above. We are here to help you with any questions. Call the CareSource Pharmacy Services Department at **1-833-230-2101**. The Pharmacy Department is open Monday through Friday, 8 a.m. to 5 p.m. Eastern Time (ET).

Thank you for being a CareSource health partner.

Sincerely,

CareSource RxInnovations

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