



**Re: Summary of Formulary Changes Effective April 1, 2024.**

Dear CareSource Member:

Your Formulary is an important part of your Prescription Drug Benefit because it shows what drugs may be covered for you, what limits may apply, and what tier drugs are in. A committee of healthcare providers, like doctors and pharmacists, decide what will be included on your Formulary. This is called the Pharmacy and Therapeutics (P&T) Committee.

The P&T Committee looks at your Formulary regularly to make sure it is up-to-date. The P&T Committee met recently to update the Formulary. Please review the tables below to see how the Formulary is changing.

**Drugs in this table will be added to your Formulary effective April 1, 2024:**

DRUG NAME	FORMULARY TIER	COVERAGE LIMITS
AUSTEDO XR	4	PA

**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
BIMZELX	Quantity limit of 2mL per 28 days
BREO ELLIPTA	Quantity limit of 2 blisters per day
BRIXADI	Billed to medical benefit. Prior authorization is required for code C9154. Quantity limit of 32 mg per week or 128 mg per month.
CABLIVI	Billed to medical benefit. Prior authorization is required for code C9047. Quantity limit of 1 vial per day.
CYSTARAN, CYSTADROPS	Quantity limit of 4 bottles per 28 days
DAXXIFY	Medical benefit with medical necessity review. Prior authorization is required for code C9160. Effective 1/1/2024.
EGRIFTA SV	Quantity limit of 1 vial per day
EMPAVELI	Quantity limit of 8 vials per 28 days

ENSPRYNG	Quantity limit of 1 syringe per 28 days
ENTYVIO	Quantity limit of 2 syringes per 28 days
EYLEA HD	Billed to medical benefit. Prior authorization is required for code C9161. Effective 1/1/2024.
FERAHEME	Billed to medical benefit. Prior authorization is required for code Q0138 and Q0139.
GLASSIA	Billed to medical or pharmacy benefit. Prior authorization is required for code J0257.
HERCEPTIN BIOSIMILARS	Billed to medical benefit. Prior authorization is required for brand and all biosimilars. Ontruzant and Trazimera preferred.
IBSRELA	Quantity limit of 2 tablets per day
ILUVIEN	Billed to medical benefit. Prior authorization is required for code J7313.
INGREZZA	Quantity limit of 1 capsule per day
INJECTAFER	Billed to medical benefit. Prior authorization is required for code J1443.
INPEFA	Quantity limit of 1 tablet per day
IZERVAY	Medical benefit with medical necessity review. Prior authorization is required for code C9162. Effective 1/1/2024.
JARDIANCE	Quantity limit of 1 tablet per day
KOSELUGO	Quantity limit of 8 capsules per day for 10mg and 4 capsules per day for 25mg
LAGEVIO	Changed from Tier 0 to Tier 2 effective 12/21/2023.
LINZESS	Quantity limit of 1 capsule per day
LITFULO	Quantity limit of 1 capsule per day
LODOCO	Quantity limit of 1 tablet per day
LUMIZYME	Billed to medical benefit. Prior authorization required is for code J0221.
MIEBO	Quantity limit of 1 bottle (5mL) per 12 days
MOTEGRITY	Quantity limit of 1 tablet per day
MYALEPT	Quantity limit of 1 vial per day
OCALIVA	Quantity limit of 1 tablet per day
OLUMIANT	Quantity limit of 1 tablet per day
OMVOH	Quantity limit of 2mL per 28 days

OPFOLDA	Medical benefit with medical necessity review.
ORENCIA	Billed to medical benefit. Prior authorization is required for code J0129.
OXLUMO	Billed to medical benefit. Prior authorization is required for code J0224.
POMVILITI	Medical benefit with medical necessity review.
PREVYMIS	Quantity limit of 28 tablets or 28 vials per 28 days
RETISERT	Billed to medical benefit. Prior authorization is required for code J7311.
REXULTI	Quantity limit of 1 tablet per day
REZZAYO	Billed to medical benefit. Prior authorization is required for code J0349.
RIVFLOZA	Quantity limit of 1 syringe or vial per 28 days
SEROSTIM	Quantity limit of 1 vial per day
TRIFERIC	Billed to medical benefit. Prior authorization is required for code J1443.
TRULANCE	Quantity limit of 1 tablet per day
VELSIPITY	Quantity limit of 1 tablet per day
VEOPOZ	Medical benefit with medical necessity review.
VEOZAH	Quantity limit of 1 tablet per day
VOXZOGO	Quantity limit of 1 vial per day
XALKORI	Quantity limit of 4 capsules per day and 8 pellets per day
XENAZINE	Quantity limit of 4 tablets per day
XDEMVI	Quantity limit of 1 bottle per 6 weeks
ZORYVE	Quantity limit of 60 grams (1 tube) per 28 days
ZURZUVAE	Quantity limit of 28 capsules per 14 days

Please talk to your provider or pharmacist about these changes. They can help you get a new prescription if needed. A new prescription may or may not be the best choice for you. If not, you or your provider can request an exception. You can find the request form on **CareSource.com** on the Drug Formulary page. Your provider can also submit a request electronically or by faxing it to 866-930-0019.

If you or your provider have any questions, please contact Member Services at the number on your ID card.

Sincerely,

CareSource RxInnovations

**You and your provider can find the full Formulary and other information on the Drug Formulary page on [CareSource.com](https://www.caresource.com).**

All NC health plans offered by CareSource North Carolina Co. d/b/a CareSource.

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