



Re: Summary of Formulary Changes Effective October 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 health care 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 August 14, 2024.

DRUG NAME	FORMULARY TIER	COVERAGE LIMITS
LUCEMYRA	3	

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
BEQVEZ	Billed to medical benefit. Drug-specific policy created.
BRILINTA	Generic Plavix (clopidogrel) step requirement removed.
DUPIXENT	Trial and failure of prior sinonasal surgery requirement removed for Chronic Rhinosinusitis with Nasal Polyps indication. Only trial of corticosteroids required.
EMGALITY	Trial requirement updated to one prophylactic medication for Episodic Cluster Headache indication.

ENTYVIO SQ	Remains non-formulary pharmacy benefit. Medical benefit with medical necessity review.
FARXIGA	Diagnosis requirement clarified and concurrent therapy with an ACE-inhibitor or ARB required for Chronic Kidney Disease indication.
HCPCS CODES	Prior authorization not required on specific medical benefit drugs. <i>*HCPCS codes and drug names listed below.</i>
LENMELDY	Billed to medical benefit. Drug-specific policy created.
LYFGENIA	Billed to medical benefit. Drug-specific policy updated to include $\beta S/\beta+$ genotype.
OPILL	Remains non-formulary. Drug-specific criteria created.
OPSYNVI	Remains non-formulary. Drug-specific policy created.
OXLUMO	Billed to medical benefit. Drug-specific policy updated, defined pyridoxine reduction percentage removed.
PEGFILGRASTIM (NYVEPRIA, ZIEXTENZO, UDENYCA, FULPHILA, NEULASTA)	Billed to the medical benefit. Drug-specific policy updated to include Udenyca Onbody as preferred and Stimufend and Fylnetra added as non-preferred.
REZDIFFRA	Remains non-formulary. Drug-specific policy created.
SEDATIVES / HYPNOTICS (DOXEPIN, ESTAZOLAM, ESZOPICLONE, FLURAZEPAM, QUAZEPAM, RAMELTEON, TEMAZEPAM, TRIAZOLAM, ZALEPLON, ZOLPIDEM)	Remains formulary. Quantity limit increased to 1 capsule / tablet per day.
SPEVIGO	Prefilled syringe formulation remains non-formulary. Drug-specific policy updated for new indication and new dosage form.
TREMFYA	Remains formulary pharmacy benefit. Medical benefit added with medical necessity review.
TRYVIO	Remains non-formulary. Drug-specific criteria created.
UPTRAVI	Remains non-formulary. Quantity limit 2 tablets per day.

VOQUEZNA	Remains non-formulary. Drug-specific criteria created for new indication.
VOYDEYA	Remains non-formulary. Drug-specific policy created.
WEGOVY	Remains non-formulary. Exclusion criteria added for patients with Type 1 or Type 2 diabetes.
WINREVAIR	Billed to medical benefit. Remains non-formulary pharmacy benefit. Drug specific policy created.
XOLAIR	Remains non-formulary. Drug-specific criteria created for new indication.
XOLREMDI	Remains non-formulary. Drug-specific policy created.

*HCPC	Drug Name
90380	BEYFORTUS
90381	BEYFORTUS
J0134	ACETAMINOPHEN 10MG/ML Solution
J0136	ACETAMINOPHEN 10MG/ML Solution
J0137	ACETAMINOPHEN 10MG/ML Solution
J0173	EPINEPHRINE 1MG/ML Solution
J0206	ALLOPURINOL SODIUM 500MG Solution Reconstituted
J0611	CALCIUM GLUCONATE-SODIUM CHLORIDE 1-0.675GM/50ML-% Solution
J0612	CALCIUM GLUCONATE 100MG/ML Solution
J0613	CALCIUM GLUCONATE-SODIUM CHLORIDE 1-0.675GM/50ML-% Solution
J0736	CLEOCIN PHOSPHATE 150MG/ML Solution
J0737	CLINDAMYCIN PHOSPHATE IN SODIUM CHLORIDE 300-0.9MG/50ML-% Solution
J0874	DAPTOMYCIN IN SODIUM CHLORIDE 350-0.9MG/50ML-% Solution
J0877	DAPTOMYCIN 350MG Solution Reconstituted
J1643	HEPARIN SODIUM (PORCINE) 1000UNIT/ML Solution
J1738	ANJESO 30MG/ML Solution
J1740	IBANDRONATE SODIUM 3MG/3ML Solution
J1805	BREVIBLOC 10MG/ML Solution
J1806	ESMOLOL HCL-SODIUM CHLORIDE 2500MG/250ML Solution
J1836	METRONIDAZOLE 500-0.74MG/100ML-% Solution
J1920	LABETALOL HCL 5MG/ML Solution
J1921	LABETALOL HCL-SODIUM CHLORIDE 1MG/ML Solution
J1940	FUROSEMIDE 10MG/ML Solution
J2021	LINEZOLID IN SODIUM CHLORIDE 2MG/ML Solution

J2184	MEROPENEM-SODIUM CHLORIDE 500MG Solution Reconstituted
J2251	MIDAZOLAM HCL-0.9% SODIUM CHLORIDE 1MG/ML Solution
J2272	MORPHINE SULFATE 10MG/ML Solution
J2281	MOXIFLOXACIN HCL 400MG/250ML Solution
J2305	NITROGLYCERIN IN D5W 100-5MCG/ML-% Solution
J2311	ZIMHI 5MG/0.5ML Solution
J2371	PHENYLEPHRINE HCL 10MG/ML Solution
J2372	BIORPHEN 0.1MG/ML Solution
J2401	CHLOROPROCAINE HCL 2% Solution
J2402	CLOROTEKAL 50MG/5ML Solution
J2561	SEZABY 100MG Solution Reconstituted
J2598	VASOPRESSIN 20UNIT/ML Solution
J2599	VASOPRESSIN 20UNIT/ML Solution
J0283	NEXTERONE 150-4.21MG/100ML-% Solution
J3371	VANCOMYCIN HCL 750MG Solution Reconstituted
J3372	VANCOMYCIN HCL 500MG/100ML Solution
J0665	BUPIVACAINE HCL 0.25% Solution
J1611	GLUCAGON EMERGENCY 1MG Solution Reconstituted
J9071	CYCLOPHOSPHAMIDE 200MG/ML Solution
J9072	CYCLOPHOSPHAMIDE 500MG/ML Solution

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 1-866-930-0019.

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

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