



**Re: Summary of Formulary Changes Effective October 1, 2023.**

**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 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.**

<b>DRUG NAME</b>	<b>COVERAGE CHANGE</b>
<b>Advate (Antihemophilic Factor, Recombinant)</b>	<b>Prior authorization requirement added for medical benefit: J7192</b>
<b>Adynovate (Antihemophilic Factor, Recombinant, PEGylated)</b>	<b>Prior authorization requirement added for medical benefit: J7207; Trial of Jivi required</b>
<b>Afstyla (Antihemophilic Factor, Recombinant)</b>	<b>Prior authorization requirement added for medical benefit: J7210; Trial of Advate required</b>
<b>Bivigam (Immune Globulin IV) - IVIG</b>	<b>Prior authorization requirement added for medical benefit: J1556</b>
<b>Continuous Glucose Monitors (CGMs)</b>	<b>Newer CMS codes required: A4239 (pharmacy only), E2102 (medical or pharmacy), E2103 (pharmacy only); Codes A9276 and A9277 will require prior authorization on 10/1/2023, claims are permitted until 11/1/2023</b>
<b>Eloctate (Antihemophilic Factor, Recombinant, PEGylated) Fc-VWF-XTEN fusionprotein-ehtl</b>	<b>Prior authorization requirement added for medical benefit: J7205; Trial of Jivi required</b>
<b>Elelyso (taliglucerase alfa)</b>	<b>Prior authorization requirement added for medical benefit: J3060</b>

<b>Carimune NF, Gammagard S/D (Immune Globulin IV) - IVIG</b>	<b>Prior authorization requirement added for medical benefit: J1566</b>
<b>Gammaked, Camunex-C (Immune Globulin IV) - IVIG</b>	<b>Prior authorization requirement added for medical benefit: J1561</b>
<b>Kovaltry (Antihemophilic Factor, Recombinant)</b>	<b>Prior authorization requirement added for medical benefit: J7211; Trial of JIVI required</b>
<b>Nuwiq (Antihemophilic Factor, Recombinant)</b>	<b>Prior authorization requirement added for medical benefit: J7209</b>
<b>Panzyga (Immune Globulin IV) - IVIG</b>	<b>Prior authorization requirement added for medical benefit: J1576</b>
<b>Privigen (Immune Globulin IV) - IVIG</b>	<b>Prior authorization requirement added for medical benefit: J1459</b>
<b>Cuvitru (Immune Globulin SC) - SCIG</b>	<b>Prior authorization requirement added for medical benefit: J1555</b>
<b>Hizentra (Immune Globulin SC) - SCIG</b>	<b>Prior authorization requirement added for medical benefit: J1559</b>
<b>Xyntha (Antihemophilic Factor, Recombinant)</b>	<b>Prior authorization requirement added for medical benefit: J7185</b>
<b>Zinplava (Bezlotoxumab)</b>	<b>Prior authorization requirement added for medical benefit: J0565</b>

**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](https://www.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 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).**