



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

Re: Summary of Drug Coverage Changes Effective July 1, 2024.

Dear Health Partner,

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

We encourage you to actively work with your CareSource patients in advance of the effective date to ensure a smooth transition. A summary of this policy change, effective July 1, 2024, is on CareSource.com. Hover over the "Providers" drop down, find the Tools and Resources header and click "[Updates and Announcements](#)."

Drugs listed below have had a change in coverage. Details are included.

DRUG NAME	COVERAGE CHANGE
Bivigam	Prior authorization is required for medical benefit code: J1556
Ceprothin	Prior authorization is required for medical benefit code: J2724
Cinqair	Prior authorization is required for medical benefit code: J2786
Coagadex	Prior authorization is required for medical benefit code: J7175
Cresemba	Prior authorization is required for medical benefit code: J1833
Cuvitru	Prior authorization is required for medical benefit code: J1555
Daxxify	Medical Benefit with Medical Necessity Review; Prior authorization is required for medical benefit code: C9160
Eylea	Prior authorization is required for medical benefit code: J0178
Eylea HD	Prior authorization is required for medical benefit code: C9161
Feraheme	Prior authorization is required for medical benefit code: Q0139
Feraheme	Prior authorization is required for medical benefit code: Q0138
Fibryga	Prior authorization is required for medical benefit code: J7177
Gamifant	Prior authorization is required for medical benefit code: J9210



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Glassia	Prior authorization is required for medical benefit code: J0257
HyQvia	Prior authorization is required for medical benefit code: J1575
Iluvien	Prior authorization is required for medical benefit code: J7313
Injectafer	Prior authorization is required for medical benefit code: J1439
Izervay	Medical benefit with medical necessity review; Prior authorization is required for medical benefit code: C9162
Lumizyme	Prior authorization is required for medical benefit code: J0221
Mvasi	Prior authorization is required for medical benefit code: Q5107; Preferred
Myobloc	Prior authorization is required for medical benefit code: J0587
Ontruzant	Prior authorization is required for medical benefit code: Q5112; Preferred
Oxlumo	Prior authorization is required for medical benefit code: J0224
Ozurdex	Prior authorization is required for medical benefit code: J7312
Panhematin	Prior authorization is required for medical benefit code: J1640
Retisert	Prior authorization is required for medical benefit code: J7311
Rezzayo	Prior authorization is required for medical benefit code: J0349
RiaStap	Prior authorization is required for medical benefit code: J7178
Rituxan	Prior authorization is required for medical benefit code: J9312
Rixubis	Prior authorization is required for medical benefit code: J7200
Ruxience/Truxima	Prior authorization is required for medical benefit code: Q5119; Preferred
Trazimera	Prior authorization is required for medical benefit code: Q5116; Preferred
Triferic, Triferic AVNU	Prior authorization is required for medical benefit code: J1443
Vimizim	Prior authorization is required for medical benefit code: J1322



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Wilate	Prior authorization is required for medical benefit code: J7183
Yutiq	Prior authorization is required for medical benefit code: J7314
Zirabev	Prior authorization is required for medical benefit code: Q5118; Preferred

A list of CareSource members taking any medication can be provided upon request. Please email PharmacyConversionProgram@CareSource.com. Include medication names and your secure fax number or email. We will fax or send via secure email a list of your patients prescribed these medications.

We know patient care is of utmost importance to you. A letter was mailed to members who may be negatively impacted by this change. We recommended they contact their prescriber if they have questions.

Additional Resources

You can view outpatient Medical Benefit Drug policies at CareSource.com. Select “Provider Policies” from the Tools and Resources header, under the “Providers” drop down. The [Provider Policies page](#) includes links to applicable clinical and administrative policies.

We appreciate your partnership in transitioning members who may be impacted by the above policy changes. Please call CareSource Provider Services at 1-800-488-0134, available Monday through Friday, 7 a.m. to 8 p.m. Eastern Time (ET), with questions.

Sincerely,

CareSource RxInnovations

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