



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

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

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 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
Advate (Antihemophilic Factor, Recombinant)	Prior authorization requirement added for medical benefit: J7192
Adynovate (Antihemophilic Factor, Recombinant, PEGylated)	Prior authorization requirement added for medical benefit: J7207; Trial of Jivi required
Afstyla (Antihemophilic Factor, Recombinant)	Prior authorization requirement added for medical benefit: J7210; Trial of Advate required
Bivigam (Immune Globulin IV) - IVIG	Prior authorization requirement added for medical benefit: J1556
Continuous Glucose Monitors (CGMs)	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
Eloctate (Antihemophilic Factor, Recombinant, PEGylated) Fc-VWF-XTEN fusion protein-ehtl	Prior authorization requirement added for medical benefit: J7205; Trial of Jivi required
Elelyso (taliglucerase alfa)	Prior authorization requirement added for medical benefit: J3060



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

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.

Additional Resources

You can view the full CareSource Marketplace Drug Formulary on the Provider pages at CareSource.com. Select “Drug Formulary” from the Tools and Resources menu 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.



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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 **833-230-2101**. The Pharmacy Department is open Monday through Friday, 8 a.m. to 5 p.m.

Thank you for being a CareSource health partner.

Sincerely,
CareSource RxInnovations