



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

**Re: Summary of PDL Changes Effective October 1, 2023**

Dear CareSource Member:

Your health care is our priority. That is why we are writing to tell you that on October 1, 2023, CareSource will change its Preferred Drug List (PDL). A PDL is a list of preferred drugs.

**THE FOLLOWING MEDICINES HAVE A CHANGE IN STATUS EFFECTIVE OCTOBER 1, 2023.**

Brand Name	Generic Name	Dose(s)	Notes
Abilify Asimtufi	Aripiprazole	All strengths of injection	Added age limit of 18 years or older. Added quantity limit of one injection per 56 days
Amvuttra	Vutrisiran	1 mg injection	J0225– added prior authorization for medical benefit
Apretude	Cabotegravir	1mg injection	J0739– added prior authorization for medical benefit
Bivigam	Immune globulin IV (IVIG)	500 mg injection	J1556– added prior authorization for medical benefit
	Butorphanol	10 mg/mL nasal spray	Updated quantity limit to one bottle (2.5 mL) per month
Byooviz	ranibizumab-nuna	0.1 mg injection	Q5124– added prior authorization for medical benefit
Caplyta	Lumateperone	All strengths of capsules	Updated prior authorization
Catapres	Clonidine	All strengths of patches and tablets	Prior authorization required if taken together with guanfacine
Cerezyme	imiglucerase	10 units injection	J1786– added prior authorization for medical benefit

Cimerli	ranibizumab-eqrn	0.1 mg injection	Q5128– added prior authorization for medical benefit
Cutaquig	Immune globulin SC (SCIG)	100 mg injection	J1551– added prior authorization for medical benefit
Cuvitru	Immune globulin SC (SCIG)	100 mg injection	J1555– added prior authorization for medical benefit
Elelyso	taliglucerase alfa	10 units injection	J3060– added prior authorization for medical benefit
Enjaymo	Sutimlimab-jome	1 mg injection	J1302– added prior authorization for medical benefit
Eprontia	Topiramate	25 mg/mL oral solution	Added quantity limit of 16 mL per day. Added step therapy, member must be under 18 years of age or unable to swallow solid dosage forms (e.g. tablets or capsules)
	Esomeprazole	All strengths of packets	Added step therapy: must be unable to swallow, and must try Nexium packets and Protonix packets for a total length of therapy of 4 weeks, or unable to take these products
Eylea	Aflibercept	1 mg injection	J0178 – added prior authorization for medical benefit
Flebogamma; Flebogamma DIF	Immune globulin IV (IVIG)	500 mg injection	J1572– added prior authorization for medical benefit
Gamastan S/D	Gamma globulin IM (IGIM)	1 mL injection	J1460– added prior authorization for medical benefit
Gamastan S/D	Gamma globulin IM (IGIM)	Injection greater than 10 mL	J1560– added prior authorization for medical benefit
Gammagard	Immune globulin IV (IVIG)	500 mg injection	J1569– added prior authorization for medical benefit

Gammagard S/D; Carimune NF	Immune globulin IV (IVIG)	500 mg injection	J1566– added prior authorization for medical benefit
Gammaked; Gamunex-C	Immune globulin IV (IVIG)	500 mg injection	J1561– added prior authorization for medical benefit
Gammaplex	Immune globulin IV (IVIG)	500 mg injection	J1557– added prior authorization for medical benefit
	Guanfacine	All strengths of tablets, and extended-release tablets	Prior authorization required if taken together with clonidine
Hizentra	Immune globulin SC (SCIG)	100 mg injection	J1559– added prior authorization for medical benefit
Hyqvia	immune globulin/hyaluronidase	100 mg injection	J1575– added prior authorization for medical benefit
Konvomep	Omeprazole/ Sodium Bicarbonate	2 mg - 84 mg/mL oral suspension	Updated age limit to 18 year or older. Updated step therapy: must be unable to swallow, and must try Nexium packets, Protonix packets, and Zegerid powder for a total of 4 weeks, or unable to take these products
	Lansoprazole	All strengths of orally disintegrating tablets	Added step therapy: must be unable to swallow, and must try Nexium packets and Protonix packets for a total length of therapy of 4 weeks, or unable to take these products
Lucentis	ranibizumab	0.1 mg injection	J2778– added prior authorization for medical benefit
Macugen	pegaptanib sodium	0.3 mg injection	J2503– added prior authorization for medical benefit
Octagam	Immune globulin IV (IVIG)	500 mg injection	J1568– added prior authorization for medical benefit

	Pantoprazole	40mg packets	Added therapy: must be unable to swallow, and must try Nexium packets and Protonix packets for a total length of therapy of 4 weeks, or unable to take these products
Panzyga	Immune globulin IV (IVIG)	500 mg injection	J1576– added prior authorization for medical benefit
Prilosec	Omeprazole	All strengths of packets	Added step therapy: must be unable to swallow, and must try Nexium packets and Protonix packets for a total length of therapy of 4 weeks, or unable to take these products
Privigen	Immune globulin IV (IVIG)	500 mg injection	J1459– added prior authorization for medical benefit
	Rabeprazole	10 mg sprinkle capsule	Added step therapy: must be unable to swallow, and must try Nexium packets and Protonix packets for a total length of therapy of 4 weeks, or unable to take these products
Tepezza	teprotumumab-trbw	10 mg injection	J3241– added prior authorization for medical benefit
Uzedy	Risperidone	50 mg, 75 mg, and 100 mg injection	Added quantity limit of one injection per 28 days and age limit of 18 years or older
Uzedy	Risperidone	125 mg, 150 mg, 200 mg, and 250 mg injection	Added quantity limit of one injection per 56 days and age limit of 18 years or older
Vabysmo	faricimab-svoa	0.1 mg injection	J2777– added prior authorization for medical benefit
Vpriv	velaglucerase alfa	100 units injection	J3385– added prior authorization for medical benefit

Vraylar Starter Pack		1.52 mg – 3mg	Added quantity limit of one pack per year
Xembify	Immune globulin SC (SCIG)	100 mg injection	J1558– added prior authorization for medical benefit
Zegerid	Omeprazole/ Sodium Bicarbonate	40 mg -1680 mg	Added age limit of 18 years or older. Added step therapy: must be unable to swallow, and must try Nexium packets and Protonix packets for a total of 4 weeks, or unable to take these products
Zinplava	Bezlotoxumab	10 mg injection	J0565– added prior authorization for medical benefit
	Zolpidem	7.5 mg capsules	Added quantity limit of one capsule per day

### What should you do?

First, talk to your prescriber. There may be other medicines on the CareSource PDL that you can take instead. There are a few ways you and your prescriber can find medicines:

- You can look on our website at **CareSource.com**. On the Members page, go to Tools & Resources and click on “Find My Prescriptions”.
- Or, call our Member Services Department at **1-844-607-2829** (TTY: 1-800-743-3333 or 711).

We are here to help you. The Member Services Department is open Monday through Friday, 8 a.m. to 8 p.m. Eastern Time.

Sincerely,

CareSource RxInnovations