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Re: Summary of Formulary Changes Effective October 1, 2023

Dear Health Partner,

We are dedicated to partnering with you in the most effective way to manage our members' care. CareSource routinely reviews medications available on the Preferred Drug List (PDL). We encourage you to actively work with your CareSource patients in advance of the effective date above to ensure a smooth transition.

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

Brand Name	Generic Name	Strength(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	Added check for proper dose if used with another antipsychotic medication
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, unless intolerant to 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, unless intolerant to 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, unless intolerant to 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 step therapy, must be unable to swallow and must try Nexium packets and Protonix packets for a total length of therapy of 4 weeks, unless intolerant to 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, unless intolerant to 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, unless intolerant to 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, unless intolerant to 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 you should know

We know patient care is of the utmost importance to you. We are notifying our members of this change to help ensure their treatment plan is maintained. We have asked our members to contact their prescriber if they have questions.

Additional Resources

For the most up-to-date information, please utilize the [formulary search tools](#) online. To access the complete formulary, visit the Provider Pharmacy pages at CareSource.com. You may find your patient's plan formulary by clicking on:

- Your patient's CareSource plan
- Tools & Resources
- Drug Formulary

We recognize each patient is unique and we appreciate your partnership in making this a successful transition. We are here to help you with any questions. Call the CareSource RX Innovations Department at **1-844-607-2831**. The department is open Monday through Friday, 8 a.m. to 5 p.m. Eastern Time (ET). Thank you for being a CareSource Health Partner.

