

## Re: Summary of Formulary Changes Effective July 1, 2025

Dear Health Partner,

We are dedicated to partnering with you to manage our members' care in the most effective way. The Common Ground Healthcare Cooperative (CGHC) 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. Details are below.**

DRUG NAME	COVERAGE CHANGE
GLP-1S/OZEMPIC, TRULICITY, MOUNJARO, RYBELSUS	Metformin removed from automated lookback on preferred GLP-1s
RAVICTI	Remains non-formulary pharmacy benefit. Drug-specific policy updated; initial authorization decreased from 12 months to 6 months.
SYMDEKO	Remains non-formulary pharmacy benefit. Drug-specific policy updated; initial authorization extended from 3 months to 6 months.
VYNDALIN/VYNDAMAX	Remains non-formulary pharmacy benefit. Drug-specific policy updated to include a step through Attruby.
XERMELO	Remains non-formulary pharmacy benefit. Drug specific criteria reviewed. Quantity limit of 84 tablets per 28 days.

**Drugs in this table were reviewed by the P&T Committee and will have no changes to their Formulary status. Additional clinical updates are noted below.**

DRUG NAME	NOTES
ABECMA	Billed to medical benefit. Drug-specific policy updated for new indication.
ALHEMO	Billed to medical benefit. Drug-specific policy created.
ALYFTREK	Remains non-formulary pharmacy benefit. Drug-specific policy created.
ATTRUBY	Remains non-formulary pharmacy benefit. Drug specific policy updated for age expansion.
AUCATZYL	Billed to medical benefit. Drug-specific policy created.
BETHKIS	Remains non-formulary pharmacy benefit. Drug-specific policy reviewed.

DRUG NAME	NOTES
BREYANZI	Billed to medical benefit. Drug-specific policy updated for new indication.
BRONCHITOL	Remains non-formulary pharmacy benefit. Drug-specific policy reviewed.
CARBAGLU	Remains non-formulary pharmacy benefit. Drug-specific policy reviewed.
CARVYKTI	Billed to medical benefit. Drug-specific policy updated for new indication.
CAYSTON	Remains non-formulary pharmacy benefit. Drug-specific policy reviewed.
CELECOXIB	Remains non-formulary pharmacy benefit. Drug-specific policy reviewed.
CIMZIA	Remains formulary pharmacy benefit. Billable to medical benefit. Drug-specific policy updated for new indication.
CUVRIOR	Remains non-formulary pharmacy benefit. Drug-specific policy reviewed.
CRENESSITY	Remains non-formulary pharmacy benefit. Drug-specific policy created.
DIACOMIT	Remains non-formulary pharmacy benefit. Drug-specific policy reviewed.
EPIDIOLEX	Remains non-formulary pharmacy benefit. Drug-specific policy reviewed.
FINTEPLA	Remains non-formulary pharmacy benefit. Drug-specific policy reviewed.
INJECTABLE SOMATOSTATIN ANALOGS (FIRST GENERATION)	Remains formulary pharmacy benefit. Billable to medical benefit. Drug-specific policy reviewed.
IMCIVREE	Remains non-formulary pharmacy benefit. Drug specific policy updated for age expansion.
JESDUVROQ	Policy archived due to market withdrawal.
KALYDECO	Remains formulary pharmacy benefit. Drug-specific policy reviewed.
KEBILIDI	Billed to medical benefit. Drug-specific policy created.
KITABIS	Remains non-formulary pharmacy benefit. Drug-specific policy reviewed.
KRYSTEXXA	Billed to medical benefit. Drug-specific policy reviewed.
KYMRIAH	Billed to medical benefit. Drug-specific policy reviewed.
LEQEMBI	Billed to medical benefit. Drug-specific policy reviewed.
LISDEXAMFETAMINE CHEW TAB	Remains formulary, pharmacy benefit. Drug-specific criteria added to approve if under age 12 years or unable to swallow.
MACI	Billed to medical benefit. Drug-specific policy reviewed.
MAVYRET	Tablets remain formulary, pharmacy benefit. Drug-specific policy reviewed.

DRUG NAME	NOTES
NEMLUVIO	Remains non-formulary pharmacy benefit. Drug specific policy updated for new indication.
NIKTIMVO	Billed to medical benefit. Drug-specific policy created.
OMVOH	Remains non-formulary pharmacy benefit. Billable to medical benefit. Drug-specific policy updated for new indication.
ORKAMBI	Remains formulary pharmacy benefit. Drug-specific policy reviewed.
ORLYNVAH	Remains non-formulary pharmacy benefit. Drug-specific policy created.
PHOTREXA	Billed to medical benefit. Drug-specific policy reviewed.
PREVYMIS	Remains non-formulary pharmacy benefit. Billable to medical benefit. Drug-specific policy updated for age expansion.
PULMOZYME	Remains formulary pharmacy benefit. Drug-specific policy reviewed.
REVCovi	Remains formulary pharmacy benefit. Drug-specific policy reviewed.
SODIUM PHENYLBUTYRATE	Remains formulary pharmacy benefit. Drug-specific policy reviewed.
SPRAVATO	Remains non-formulary pharmacy benefit. Billable to medical benefit. Drug-specific policy updated for new indication.
TECARTUS	Billed to medical benefit. Drug-specific policy reviewed.
TEGSEDI	Policy archived due to market withdrawal.
TOBI	Remains formulary pharmacy benefit. Drug-specific policy reviewed.
TRIKAFTA	Tablets remains formulary pharmacy benefit. Drug-specific policy updated for new indication.
TRYNGLOZA	Remains non-formulary pharmacy benefit. Drug specific policy created.
TZIELD	Billed to medical benefit. Drug-specific policy reviewed.
VTAMA	Remains non-formulary pharmacy benefit. Drug specific criteria updated for new indication.
ZEPBOUND	Remains non-formulary pharmacy benefit. Drug specific criteria updated for new indication.
YESCARTA	Billed to medical benefit. Drug-specific policy reviewed.
ZORBTIVE	Policy archived due to market withdrawal.
ZTALMY	Remains non-formulary pharmacy benefit. Drug specific policy reviewed.

We can provide a list of CareSource members taking any medication upon request. Please email your request to [PharmacyConversionProgram@CareSource.com](mailto:PharmacyConversionProgram@CareSource.com). Include medication names and your secure fax number in your request. We will fax you a list of your patients who were prescribed these medications.

We know patient care is of the utmost importance to you. We sent a letter to members who may be negatively impacted due to these changes. In our letter, we recommended members 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](https://www.caresource.com). Select “Drug Formulary” from the “Tools & 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.

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 Provider Services at **1-833-230-2101**. We are open Monday through Friday, 8 a.m. to 5 p.m. Eastern Time (ET).

Thank you for being a CGHC health partner.

Sincerely,

Common Ground Healthcare Cooperative (CGHC)

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