

## Re: Summary of Formulary Changes Effective October 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 will be added to the Formulary effective October 1, 2025:**

DRUG NAME	FORMULARY TIER	COVERAGE LIMITS
OTC DICLOFENAC TOPICAL GEL 1%	1	

**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
BUPRENORPHINE EXTENDED-RELEASE (BRIXADI, SUBLOCADE)	Remains non-formulary pharmacy benefit. Billable to medical benefit. Drug-specific policy reviewed. Quantity limit of 128mg per month
DUPIXENT	Remains formulary pharmacy benefit. Drug-specific policy updated for new indication. Quantity limit of 2 syringes or pens per 28 days.
EPOETIN ALFA (EPOGEN, PROCRIT, RETACRIT)	Remains non-formulary pharmacy benefit. Billable to medical benefit. Drug-specific policy updated. Renewal duration increased from 6 months to 12 months for anemia indications.
HARVONI	Remains non-formulary pharmacy benefit. Drug-specific policy reviewed. Quantity limits added: 90mg / 400mg and 33.75mg / 150mg – 1 tablet or pellet packet per day 45mg / 200mg – 2 tablets or pellet packets per day
KOSELUGO	Remains non-formulary pharmacy benefit. Drug-specific policy updated; geneticist prescriber type removed.
LIVMARLI	Remains non-formulary pharmacy benefit. Drug-specific policy reviewed. Quantity limit of 60 tablets per 30 days.
MIRCERA	Remains non-formulary pharmacy benefit. Billable to the medical benefit. Drug-specific policy updated; renewal duration increased from 6 months to 12 months; minimum age lowered from 5 years to 3 months; dosing updated.

DRUG NAME	COVERAGE CHANGE
ODACTRA	Remains non-formulary pharmacy benefit. Drug-specific policy updated for age expansion; trial of at least two conventional therapies, including an antihistamine AND nasal steroid.
RETISERT	Billed to medical benefit. Drug-specific policy updated; Iluvien trial now required.
SOLIRIS	Requires trial of biosimilar agents (Bkemy, Epysqli) before originator (Soliris)
VOSEVI	Remains non-formulary pharmacy benefit. Drug-specific policy reviewed. Quantity limit of 28 tablets per 28 days.
VYVGART HYTRULO (PFS)	Remains non-formulary pharmacy benefit. Billable to medical benefit. Drug-specific policy reviewed. Quantity limit of 4 pre-filled syringes per 28 days.
ZEPATIER	Remains formulary pharmacy benefit. Drug-specific policy reviewed. Quantity limit of 28 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.**

DRUG NAME	NOTES
AMVUTTRA	Billed to medical benefit. Drug-specific policy updated for new indication.
APRETUDE	Billed to medical benefit. Drug-specific policy reviewed.
ARANESP	Remains non-formulary pharmacy benefit. Billable to medical benefit. Drug-specific policy reviewed.
BEQVEZ	Policy archived due to market withdrawal.
CERDELGA	Remains non-formulary pharmacy benefit. Drug-specific policy reviewed.
CHENODAL	Remains non-formulary pharmacy benefit. Drug-specific criteria created.
CHOLBAM	Remains non-formulary pharmacy benefit. Drug-specific criteria created.
CTEXLI	Remains non-formulary pharmacy benefit. Drug-specific policy created.
DALFAMPRIDINE (AMPYRA)	Remains formulary pharmacy benefit. Drug-specific policy reviewed.
ENCELTO	Billed to medical benefit. Drug-specific policy created.
ENZYME REPLACEMENT THERAPY (ERT): CEREZYME, ELELYSO, VPRIV	Billed to medical benefit. Drug-specific policy reviewed.
ENZYME REPLACEMENT THERAPY (ERT): ELFABRIO AND FABRAZYME	Billed to medical benefit. Drug-specific policy reviewed.
FILSUVEZ	Remains non-formulary pharmacy benefit. Drug-specific policy reviewed.
FUROSCIX	Remains non-formulary pharmacy benefit. Drug-specific policy updated for new indication.
GALAFOLD	Remains non-formulary pharmacy benefit. Drug-specific policy reviewed.
GOMEKLI	Remains non-formulary pharmacy benefit. Drug-specific policy created.
HETLIOZ	Remains non-formulary pharmacy benefit. Drug-specific policy reviewed.
ILUVIEN	Billed to medical benefit. Drug-specific policy updated for new indication.
IMAAVY	Billed to medical benefit. Drug-specific policy created.
ISTURISA	Remains non-formulary pharmacy benefit. Drug-specific policy reviewed.

DRUG NAME	NOTES
IZERVAY	Billed to medical benefit. Drug-specific policy reviewed.
JOURNAVX	Remains non-formulary pharmacy benefit. Drug-specific criteria created.
KORLYM	Remains non-formulary pharmacy benefit. Drug-specific policy reviewed.
MAVYRET	Remains formulary pharmacy benefit. Drug-specific policy reviewed.
MYCAPSSA	Remains non-formulary pharmacy benefit. Drug-specific policy reviewed.
NEFFY	Remains non-formulary pharmacy benefit. Drug-specific criteria updated for age expansion.
ONAPGO	Billed to medical benefit. Drug-specific policy updated for new dosage form.
ONPATTRO	Billed to medical benefit. Drug-specific policy reviewed.
OZEMPIC	Remains formulary pharmacy benefit. Drug-specific criteria updated for new indication.
OZURDEX	Billed to medical benefit. Drug-specific policy reviewed.
QFITLIA	Remains non-formulary pharmacy benefit. Billable to medical benefit. Drug-specific criteria created.
QUTENZA	Billed to medical benefit. Drug-specific policy reviewed.
RECORLEV	Remains non-formulary pharmacy benefit. Drug-specific policy reviewed.
RINVOQ	Remains formulary pharmacy benefit. Drug-specific policy updated for new indication.
ROMVIMZA	Remains non-formulary pharmacy benefit. Drug-specific policy created.
RYSTIGGO	Billed to medical benefit. Drug-specific policy reviewed.
SIGNIFOR	Remains non-formulary pharmacy benefit. Billable to medical benefit. Drug-specific policy reviewed
SOFOSBUVIR/ VELPATASVIR (EPCLUSA)	Remains formulary pharmacy benefit. Drug-specific policy reviewed.
SOMAVERT	Remains non-formulary pharmacy benefit. Drug-specific policy reviewed.
SOVALDI	Remains non-formulary pharmacy benefit. Drug-specific policy reviewed.
SUSVIMO	Billed to medical benefit. Drug-specific policy updated for new indication
SYFOVRE	Billed to medical benefit. Drug-specific policy updated for new indication
SYMBRAVO	Remains non-formulary pharmacy benefit. Drug-specific criteria created.
SYNAGIS	Billed to medical benefit. Drug-specific policy reviewed.
TOCILIZUMAB (ACTEMRA, TYENNE, TOFIDENCE)	Remains formulary pharmacy benefit (Actemra syringe and pen, Tynne auto-inject and syringe). Billable to medical benefit. Drug-specific policy reviewed.
TURALIO	Remains non-formulary pharmacy benefit. Drug-specific policy reviewed.
ULTOMIRIS	Remains non-formulary pharmacy benefit. Billable to medical benefit. Drug-specific policy reviewed.
UPLIZNA	Billed to medical benefit. Drug-specific policy updated for new indication.
VAFSEO	Billed to medical benefit. Drug-specific policy reviewed.
VALTOCO	Remains formulary pharmacy benefit. Drug-specific criteria reviewed.
VANRAFIA	Remains non-formulary pharmacy benefit. Drug-specific policy created.
VYJUVEK	Billed to medical benefit. Drug-specific policy reviewed.
VYKAT XT	Remains non-formulary pharmacy benefit. Drug-specific policy created.
WAINUA	Remains non-formulary pharmacy benefit. Drug-specific policy reviewed.
XIAFLEX	Billed to medical benefit. Drug-specific policy reviewed.
XIPERE	Billed to medical benefit. Drug-specific policy reviewed.
XROMI	Remains non-formulary pharmacy benefit. Drug-specific criteria created.

DRUG NAME	NOTES
YUTIQ	Billed to medical benefit. Drug-specific policy reviewed.
ZUNVEYL	Remains non-formulary pharmacy benefit. Drug-specific criteria created.

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**. 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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