



PO Box 723308, Atlanta, GA 31139-1308 | CareSource.com

**Re: Summary of Formulary Changes Effective January 1, 2025**

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). Medications are added, changed or removed periodically based on industry standard, market availability and/or usage. 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 WILL BE NON-PREFERRED ON THE PDL EFFECTIVE JANUARY 1, 2025**

Brand Name	Generic Name	Strength(s)	Notes
	adalimumab-fkjp	All	Unbranded Hulio updating to non-preferred
Afinitor, Afinitor Disperz	everolimus	All	Preferred product: Everolimus, effective 10/31/2024
	albuterol HFA	90mcg	Excluded from Family Planning
	colchicine	All	Excluded from Family Planning
	folic acid	All	Excluded from Inter-pregnancy Care & Family Planning
Ery-Tab DR	erythromycin delayed release	500mg tablet	Preferred product: Erythromycin DR, effective 11/20/2024 (Includes Inter-pregnancy Care, effective 10/31/2024)
Invokamet	canagliflozin/metformin	All	Preferred products: Dapagliflozin (Authorized generic of Farxiga) & dapagliflozin-metformin ER (Authorized generic of Xigduo XR)
	medroxyprogesterone oral	All	Excluded from Family Planning
	metformin	All	Excluded from Family Planning
	metyrosine	All	Excluded from Family Planning

Brand Name	Generic Name	Strength(s)	Notes
	progesterone micronized	All	Excluded from Family Planning
Segluromet	ertugliflozin/metformin	All	Preferred products: Dapagliflozin (Authorized generic of Farxiga) & dapagliflozin-metformin ER (Authorized generic of Xigduo XR)
Steglatro	ertugliflozin	All	Preferred products: Dapagliflozin (Authorized generic of Farxiga) & dapagliflozin-metformin ER (Authorized generic of Xigduo XR)
Synthroid	levothyroxine	All	Excluded from Family Planning

We will provide a list of CareSource patients who are taking any medication above upon your request. Please email your request to [PharmacyConversionProgram@CareSource.com](mailto:PharmacyConversionProgram@CareSource.com). In your request, include the medication names and your secure fax number. We will fax you a list of patients who have been prescribed these medications.

**THE FOLLOWING MEDICATIONS WILL BE PREFERRED ON THE PDL EFFECTIVE JANUARY 1, 2025**

Brand Name	Generic Name	Strength(s)	Notes
	adalimumab-adbm	All	Unbranded Cyltezo; Preferred & requires prior authorization
Bimzelx	bimekizumab-bkzx	All	Requires prior authorization
Dupixent	dupilumab	All	Requires prior authorization
	erythromycin delayed release	500mg tablet	Effective 11/20/2024 brand Ery-Tab DR is non-preferred (Includes Inter-pregnancy Care, effective 10/31/2024)
	everolimus	2.5mg, 5mg, 7.5mg tablet/tablet for suspension	Effective 10/31/2024 brand Afinitor/Afinitor Disperz are non-preferred
	dapagliflozin	All	Preferred product: Authorized generic (AG) of Farxiga

Tyenne	tocilizumab-aazg	All	Subcutaneous (SQ) dosage forms are preferred & require prior authorization
Xeljanz	tofacitinib	5mg	Adding 5mg tablet as preferred and requires prior authorization; Aligns with 10mg tablet
	dapagliflozin-metformin ER	All	Preferred product: Authorized generic (AG) of Xigduo XR

**THE FOLLOWING MEDICATIONS HAVE A CHANGE IN STATUS EFFECTIVE JANUARY 1, 2025.**

Brand Name	Generic Name	Strength(s)	Notes
Kisunla	donanemab-azbt	All	Requires prior authorization for medical benefit code: J0175
Nivestym	filgrastim-aafi	1 mcg	Requires prior authorization for medical benefit code: Q5110
Piasky	crovalimab-akkz	All	Requires prior authorization for medical benefit
Tofidence	tocilizumab-bavi	All	Adding intravenous dosage form to policy which requires prior authorization for medical benefit
Tyenne	tocilizumab-aazg	All	Adding intravenous dosage form to policy which requires prior authorization for medical benefit
Vafseo	vadadustat	All	Updated quantity limit effective 10/1/2024
Zarxio	filgrastim-sndz	1 mcg	Requires prior authorization for medical benefit code: Q5101. Your currently approved prior authorization will remain in effect until its documented expiration date

**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 Pharmacy Services** Department at **1-855-202-1058**. The Department is open Monday through Friday, 7 a.m. to 7 p.m.

Thank you for being a CareSource health partner.

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