



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

## Re: Summary of PDL Changes Effective January 1, 2025

Dear CareSource Member:

Your health care is our priority. That is why we are writing to tell you that on January 1, 2025, CareSource will change its Preferred Drug List (PDL). A PDL is a list of preferred drugs.

### THE FOLLOWING MEDICINES WILL BE PREFERRED ON THE PDL EFFECTIVE JANUARY 1, 2025

Brand Name	Generic Name	Dose(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

Brand Name	Generic Name	Dose(s)	Notes
	dapagliflozin-metformin ER	All	Preferred product: Authorized generic (AG) of Xigduo XR

**THE FOLLOWING MEDICINES WILL BE NON-PREFERRED ON THE PDL EFFECTIVE JANUARY 1, 2025**

Brand Name	Generic Name	Dose(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
	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

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

Brand Name	Generic Name	Dose(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 should you do?**

First, talk to your health care provider. There may be many 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 **1-855-202-0729** (TTY: 1-800-255-0056 or 711).

We are here to help you. The CareSource Member Services Department is open Monday through Friday, 7 a.m. to 7 p.m.

Sincerely,

CareSource RX Innovations

CareSource complies with applicable state and federal civil rights laws and does not discriminate on the basis of age, gender, gender identity, color, race, disability, national origin, marital status, sexual preference, religious affiliation, health status, or public assistance status.

Si usted o alguien a quien ayuda tienen preguntas sobre CareSource, tiene derecho a recibir esta información y ayuda en su propio idioma sin costo. Para hablar con un intérprete, Por favor, llame al número de Servicios para Afiliados que figura en su tarjeta de identificación.

如果您或者您在帮助的人对 CareSource 存有疑问，您有权 免费获得以您的语言提供的帮助和信息。如果您需要与一位翻译交谈，请拨打您的会员 ID 卡上的会员服务电话号码

GA-MMED-1760a-V.18

DCH Approved: 02/21/2019