



To: Georgia Medicaid CareSource Providers
 From: CareSource
 Subject: Summary of Formulary Changes Effective October 1, 2019

Attention Georgia CareSource Providers:

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 OCTOBER 1, 2019.

Brand Name	Generic Name	Strength(s)	Notes
Prenate DHA, Prenate Essential, Prenate Pixie, Prenate Enhance, Prenate Restore	Prenatal vitamins without A/ferrous asparto glycinate/l-methylfolate/folic acid/ DHA	28-0.6-0.5-300 mg 10-0.6-0.4-200 mg 29-0.6-0.4-340 mg 27-0.6-0.4-400 mg 27-0.6-0.4-400 mg	Generic prescription and over-the-counter prenatal vitamins preferred (includes chewable options and products with DHA)
Prenate Mini	Prenatal vitamins without A/ferrous asparto glycinate/iron carbonyl/methylfolate/folic acid/DHA	29-0.6-0.4-350 mg	Generic prescription and over-the-counter prenatal vitamins preferred (includes chewable options and products with DHA)
Prenate Elite	Prenatal vitamins/ferrous asparto glycinate/l-methylfolate/folic acid	20-0.6-0.4 mg	Generic prescription and over-the-counter prenatal vitamins preferred (includes chewable options and products with DHA)
Prenate AM	Prenatal vitamins/calcium/vitamin B6/vitamin B12/folic acid/ginger	0.6-0.4 mg	Generic prescription and over-the-counter prenatal vitamins preferred (includes chewable options and products with DHA)
Prenate Chewable	Prenatal vitamins/minerals/l-methylfolate/folic acid	0.6-0.4 mg	Generic prescription and over-the-counter prenatal vitamins preferred (includes chewable options and products with DHA)
Arakoda	Tafenoquine	100 mg	
Arikayce	Amikacin	590 mg/8.4 mL	
Nuzyra	Omadacycline	150 mg	
Oxervate	Cenegermin	0.002%	
Spravato	Esketamine	56 mg, 84 mg	

Xerava	Eravacycline	50 mg	
Xofluza	Baloxavir	20 mg, 40 mg	
Yupelri	Revafenacin	175 mcg/3 mL	
Azedra	Iobenguane I 131	555 MBQ/mL	
Daurismo	Glasdegib	25 mg, 100 mg	
Libtayo	Cemiplimab-RWLC	350 mg	
Lorbrena	Loratiniib	25 mg, 100 mg	
Lumoxiti	Moxetumomab Pasudotox	1 mg	
Poteligeo	Mogamulizumab	20 mg	
Talzenna	Talazoparib	0.25 mg, 1 mg	
Tibsovo	Ivosidenib	250 mg	
Vitrakvi	Larotrectinib	25 mg, 100 mg, 20 mg/mL	
Vizimpro	Dacomitinib	15 mg, 30 mg, 45 mg	
Xospata	Gilteritinib	40 mg	

THE FOLLOWING MEDICATIONS WILL BE PREFERRED ON THE PDL EFFECTIVE OCTOBER 1, 2019.

Brand Name	Generic Name	Strength(s)
Wixela Inhub, Fluticasone-Salmeterol	Fluticasone-Salmeterol	250-50 mcg 500-50 mcg
Dovato	Dolutegravir-Lamivudine	50-300 mg

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.