



P.O. Box 8738, Dayton, OH 45401-8738 | www.CareSource.com

Re: Summary of Formulary Changes Effective October 15, 2024

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). 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 PREFERRED ON THE PDL EFFECTIVE OCTOBER 15, 2024.

Brand Name	Generic Name	Strength(s)	Notes
Advair Diskus	fluticasone/ salmeterol	All strengths of diskus inhalers	
Aimovig	erenumab-aooe	Prefilled syringe and autoinjector	Also, update to prior authorization
Ampyra	dalfampridine	10 mg extended- release tablet	Also, update to prior authorization
Avsola	infliximab- axxq	Injection for IV use	Also, update to prior authorization
Azasite	azithromycin	1% solution eye drops	
Cimzia	certolizumab	Prefilled syringe	Also, update to prior authorization
Cosentyx	secukinumab	Injection for IV use, prefilled syringe, and pen	Also, update to prior authorization
Entyvio	vedolizumab	Injection for IV use	Also, update to prior authorization
Entyvio Pen	vedolizumab	Prefilled pen	Also, update to prior authorization
	fenofibrate	67 mg micronized	
	icosapent	All strengths of capsules	
Kevzara	sarilumab	Prefilled syringe and pen	Also, update to prior authorization
Litfulo	ritlecitinib	50mg capsule	Also, update to prior authorization
	metronidazole	250 mg and 500 mg tablets	

Rinvoq	upadacitinib	All strengths of extended-release tablet	Also, update to prior authorization
Rinvoq LQ	upadacitinib	1 mg/1 mL oral solution	Also, update to prior authorization
	rufinamide	400mg tablet	
Siliq	brodalumab	Prefilled syringe	Also, update to prior authorization
Simlandi	adalimumab-ryvk	Autoinjector	Also, update to prior authorization
	sodium polystyrene sulfonate	Powder for oral suspension	
Tobradex	tobramycin	0.1%/0.3% eye ointment	
Tyenne	tocilizumab-aazg	Injection for IV use, prefilled syringe and pen	Also, update to prior authorization
Tysabri	natalizumab	Injectable solution	Also, update to prior authorization
Ventolin HFA	albuterol	90 mcg inhaler	
Xaciato	clindamycin	2% vaginal gel	Also, update to step therapy
Xeljanz XR	tofacitinib	11 mg, and 22 mg extended-release tablet	Also, update to prior authorization

THE FOLLOWING MEDICATIONS WILL BE NON -PREFERRED ON THE PDL EFFECTIVE OCTOBER 15, 2024.

Brand Name	Generic Name	Strength(s)	Notes
	adalimumab-aaty	Prefilled syringe and autoinjector	Also, update to prior authorization
	adalimumab-ryvk	Prefilled syringe and autoinjector	Also, update to prior authorization
	albuterol HFA	90 mcg inhaler	
Banzel	rufinamide	400mg tablet	
	captopril/ hydrochlorothiazide	All strengths of tablets	
Entresto	sacubitril-valsartan	Sprinkle capsules	Also, update to prior authorization
	fluticasone/salmeterol	All strengths of diskus Inhaler	
	insulin aspart 70/30	FlexPen and vial	
Kionex	sodium polystyrene sulfonate	15 g/60 mL oral suspension	
Mycozyl AL	tolnaftate	1% topical solution	

Mycozyl HC	tolnaftate- hydrocortisone	Topical gel and liquid	
	neomycin/ polymyxin B/	Eye drops	
Plegridy	interferon beta-1a	Prefilled syringe or pen	Also, update to prior authorization
Proair Respiclick	albuterol	90 mcg inhaler	
	quinapril/ hydrochlorothiazide	All strengths of tablets	
Solosec	secnidazole	Oral granules	
	tinidazole	250mg and 500mg tablets	Also, update to step therapy
Tofidence	tocilizumab-bavi	Injection for IV use	Also, update to prior authorization
Vascepa	icosapent	All strengths of capsules	
Zymfentra	infliximab-dyyb	Prefilled syringe and pen	Also, update to prior authorization

We will provide a list of CareSource patients who are taking any medication above upon your request. Please send your request via email to the email address 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 HAVE A CHANGE IN STATUS EFFECTIVE OCTOBER 15, 2024.

Brand Name	Generic Name	Strength(s)	Notes
Ajovy	fremanezumab- vfrm	Prefilled syringe and autoinjector	Prior authorization update
Dupixent	dupilumab	Injectable solution	Prior authorization update
Emgality	galcanezumab- gnlm	Prefilled pen and syringe	Prior authorization update
	itraconazole	10 mg/mL oral solution	Update to step therapy
Praluent	alirocumab	Injectable solution	Prior authorization update
Qulipta	atogepant	All strengths of tablet	Prior authorization update
Skyrizi	spesolimab-sbzo	All dosage forms	Prior authorization update
Spevigo	spesolimab-sbzo	Injection for IV use and prefilled syringe	Prior authorization update

Vafseo	vadadustat	All strengths of tablet	Update to quantity limit effective Oct 1
	voriconazole	200 mg/5 mL oral suspension	Update to step therapy

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 RX Innovations Department at 1-844-607-2831. The department is open Monday through Friday, 8 a.m. to 6 p.m. Eastern Time (ET). Thank you for being a CareSource Health Partner.

Sincerely,

CareSource