



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

Re: Summary of Formulary Changes Effective January 15, 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). 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 JANUARY 15, 2025.

Brand Name	Generic Name	Strength(s)	Notes
Angeliq	drospirenone/ estradiol	all strengths of tablet	
Climara Pro	estradiol/ levonorgestrel	0.045mg-0.015m g patch	
Combipatch	estradiol/ norethindrone	all strengths of patch	
Differin	adapalene	0.1% cream and 0.3% gel	
Eucrisa	crisaborole	2% ointment	prior authorization update
Flarex	fluorometholone	0.1% ophthalmic	
	fluocinolone acetonide oil	0.01% ear drops	
Fulphila	pegfilgrastim-jmdb	6mg/0.6mL injection	
Ingrezza	valbenazine	All strengths of sprinkle capsule	quantity limit and prior authorization update
	insulin lispro protamine/ insulin lispro	mix 75-25 KwikPen	
	insulin lispro	KwikPen and Jr. KwikPen	
Myfembree	relugolix/ estradiol/	40mg/ 1mg/ 0.5mg tablet	prior authorization
Nevanac	nepafenac	0.1% ophthalmic suspension	
Opzelura	ruxolitinib	1.5% cream	quantity limit and prior authorization
	prednisolone	1% eye drops	
Rextovv	naloxone	4mg nasal spray	

Rybelsus	semaglutide	all strengths of tablet	prior authorization update
Sogroya	somapacitan	all strengths of injection	prior authorization
Tresiba	insulin degludec	FlexTouch and vial	
Voquenza Triple Pak	vonoprazan/ amoxicillin/ clarithromycin	20mg-500mg-500mg	
ZTlido	lidocaine	1.8% patch	step therapy update

THE FOLLOWING MEDICATIONS WILL BE NON -PREFERRED ON THE PDL EFFECTIVE JANUARY 15, 2025.

Brand Name	Generic Name	Strength(s)	Notes
	adapalene	0.1% cream and 0.3% gel	
Apidra	insulin glulisine	vial	
Apidra SoloStar	insulin glulisine	Prefilled pen	
Clindacin P	clindamycin	1% swab	
Dermotic Oil	fluocinolone acetonide	0.01% ear drops	
Differin	adapalene	0.1% lotion	
Humalog	insulin lispro	KwikPen and Jr. KwikPen	
Humalog Mix75/25	insulin lispro protamine/ insulin lispro	KwikPen and vial	
Humulin N	insulin NPH	KwikPen	
	insulin degludec	FlexTouch and vial	
Invokamet	canagliflozin/ metformin	all strengths of tablet	
Invokana	canagliflozin	all strengths of tablet	
Nyvepria	pegfilgrastim-apgf	6mg/0.6mL injection	
	ondansetron	16mg ODT	quantity limit update
Pred Forte	prednisolone	1% eye drops	
ReliON Novolog Mix 70/30	insulin aspart protamine/ insulin aspart	FlexPen and vial	
Twyneo	tretinoin/ benzoyl peroxide	0.1%/ 3% cream	update step therapy
Undecatrex	testosterone undecanoate	200mg capsule	prior authorization
Vigafyde	vigabatrin	500mg packet for oral solution	prior authorization update

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 JANUARY 15, 2025.

Brand Name	Generic Name	Strength(s)	Notes
	alogliptin/ metformin	all strengths of tablet	update step therapy
	alogliptin	all strengths of tablet	update step therapy
	alogliptin/ pioglitazone	all strengths of tablet	update step therapy
Austedo	deutetrabenazine	all strengths of tablet	prior authorization
Austedo XR	deutetrabenazine	all strengths of XR tablet	quantity limit update
Bydureon BCise	exenatide	2mg/0.85mL injection	prior authorization
Byetta	exenatide	250mcg/mL injection	prior authorization update
	diazepam	all strengths of rectal gel	quantity limit update
Elidel	pimecrolimus	1% cream	prior authorization update
Focinvez	fosaprepitant	150mg/50 mL vial for injection	quantity limit update
Janumet	linagliptin/ metformin	all strengths of tablet	update step therapy
Janumet XR	sitagliptin/ metformin	all strengths of XR tablet	update step therapy
Januvia	sitagliptin	all strengths of tablet	update step therapy
Jentadueto	linagliptin/ metformin	all strengths of tablet	update step therapy
Jentadueto XR	linagliptin/ metformin	all strengths of XR tablet	update step therapy
Libervant	diazepam	all strengths of buccal film	quantity limit update
Lidotral	lidocaine	4.88% patch	quantity limit update
	liraglutide	all strengths of injection for authorized generic of Victoza	prior authorization update
Mounjaro	tirzepatide	all strengths of injection	prior authorization update
Nayzilam	midazolam	5mg/0.1mL nasal spray	quantity limit update
Ngenla	somatrogon	all strengths of injection	prior authorization update
Ozempic	semaglutide	all strengths of injection	prior authorization
	pioglitazone	all strengths of tablet	Quantity limit update
Posfrea	palonosetron	0.05mg/mL vial for injection	quantity limit and step therapy update
Protopic	tacrolimus	0.03% and 0.1% ointment	prior authorization update

Qdolo	tramadol	5mg/5mL oral solution	quantity limit and prior authorization
Sabril	vigabatrin	500mg packet for oral solution	prior authorization update
	saxagliptin/ metformin ER	all strengths of tablet	update step therapy
	saxagliptin	all strengths of tablet	update step therapy
	sitagliptin	all strengths of tablet for authorized generic of Zituvio	step therapy update
	sitagliptin free base/ metformin	all strengths of tablet for authorized generic of Zituvimet	step therapy update
Soliqua	Insulin glargine/	100units/33mcg per mL injection	prior authorization
Tradjenta	linagliptin	all strengths of tablet	update step therapy
Trulicity	dulaglutide	all strengths of injection	prior authorization
Valtoco	diazepam	all strengths of nasal spray	quantity limit update
Victoza	liraglutide	18mg/3mL injection	prior authorization
Vigadrone	vigabatrin	500mg packet for oral solution	prior authorization update
Vigpoder	vigabatrin	500mg packet for oral solution	prior authorization
Xultophy	Insulin degludec/ liraglutide	3.6mg/100units injection	prior authorization update
Zituvimet	sitagliptin free base/ metformin	all strengths of tablet	update step therapy
Zituvimet XR	sitagliptin free base/ metformin	all strengths of XR tablet	update step therapy
Zituvio	sitagliptin	all strengths of tablet	update step therapy
Zoryve	roflumilast	0.15% cream	quantity limit and prior authorization update
Zoryve	roflumilast	0.3% cream and foam	quantity limit update

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

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