



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

Re: Summary of PDL Changes Effective October 15, 2024

Dear CareSource Member:

Your health care is our priority. That is why we are writing to tell you that on October 15, 2024, 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 OCTOBER 15, 2024.

Brand Name	Generic Name	Dose(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 capsules	
	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 MEDICINES WILL BE NON-PREFERRED ON THE PDL EFFECTIVE OCTOBER 15, 2024.

Brand Name	Generic Name	Dose(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/gramicidin	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

THE FOLLOWING MEDICINES HAVE A CHANGE IN STATUS EFFECTIVE OCTOBER 15, 2024.

Brand Name	Generic Name	Dose(s)	Notes
Ajovy	fremanezumab-vfrm	Prefilled syringe and autoinjector	Prior authorization update
Dupilixent	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 should you do?

First, talk to your prescriber. There may be 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 **1-844-607-2829** (TTY: 1-800-743-3333 or 711).

We are here to help you. The Member Services Department is open Monday through Friday, 8 a.m. to 8 p.m. Eastern Time.

Sincerely,

CareSource