



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

Re: Summary of Formulary Changes Effective January 1, 2023

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). 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 PREFERRED ON THE PDL EFFECTIVE JANUARY 1, 2023.

Brand Name	Generic Name	Strength(s)	Notes - If Applicable
Aimovig Autoinjector	Erenumab-aooe	70 mg/mL, 140 mg/mL	Preferred with prior authorization required. <ul style="list-style-type: none"> Not applicable to Inter-Pregnancy Care or Family Planning
Caya Contoured Diaphragm			Preferred without prior authorization. Quantity limit applies.
Emgality Pen, Syringe	Galcanezumab -GNLM	120 mg/mL, 300 mg/3 mL	Preferred with prior authorization required. <ul style="list-style-type: none"> Not applicable to Inter-Pregnancy Care or Family Planning
Femcap Cervical Cap		22 mm, 26 mm, 30 mm	Preferred without prior authorization. Quantity limit applies.
Firazyr Syringe	Icatibant acetate	30 mg/3 mL	Now accepted on pharmacy benefit. <u>Generic Icatibant</u> preferred with prior authorization required. <ul style="list-style-type: none"> Not applicable to Inter-Pregnancy Care

			or Family Planning
Haegarda Vial	C1 Esterase Inhibitor	2,000 unit, 3,000 unit	Now accepted on pharmacy benefit. Preferred with prior authorization required <ul style="list-style-type: none"> • Not applicable to Inter-Pregnancy Care or Family Planning
Hyftor Gel	Sirolimus	0.2%	Preferred with prior authorization required. <ul style="list-style-type: none"> • Not applicable to Inter-Pregnancy Care or Family Planning
Wide Seal Diaphragm		60 mm, 65 mm, 70 mm, 75 mm, 80 mm, 85 mm, 90 mm, 95 mm	Preferred without prior authorization. Quantity limit applies. <ul style="list-style-type: none"> • Applicable only to Family Planning

THE FOLLOWING MEDICATIONS HAVE A CHANGE IN STATUS EFFECTIVE JANUARY 1, 2023.

Brand Name	Generic Name	Strength(s)	Notes - If Applicable
Beriner Kit	C1 Esterase Inhibitor	500 unit	Now accepted on pharmacy benefit. Prior authorization required <ul style="list-style-type: none"> • Not applicable to Inter-Pregnancy Care or Family Planning
Bicillin L-A Syringe	Penicillin G Benzathine	600,000 unit, 1,200,000 unit, 2,400,000 unit	Now accepted on pharmacy benefit. <ul style="list-style-type: none"> • Not applicable to Inter-Pregnancy Care or Family Planning
Cinryze Vial	C1 Esterase Inhibitor (Human)	500 unit	Now accepted on pharmacy benefit. Prior authorization.



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			<ul style="list-style-type: none"> • Not applicable to Inter-Pregnancy Care or Family Planning
Kalbitor Vial	Ecallantide	10 mg/mL	<p>Now accepted on pharmacy benefit. Prior authorization required.</p> <ul style="list-style-type: none"> • Not applicable to Inter-Pregnancy Care or Family Planning
Ruconest Vial	C1 Esterase Inhibitor	2,100 unit	<p>Now accepted on pharmacy benefit. Prior authorization required.</p> <ul style="list-style-type: none"> • Not applicable to Inter-Pregnancy Care or Family Planning
Sajazir Syringe	Icatibant acetate	30 mg/3 mL	<p>Now accepted on pharmacy benefit. Prior authorization required.</p> <ul style="list-style-type: none"> • Not applicable to Inter-Pregnancy Care or Family Planning
Takhzyro Syringe, Vial	Lanadelumab-flyo	300 mg/2 mL	<p>Now accepted on pharmacy benefit. Prior authorization required.</p> <ul style="list-style-type: none"> • Not applicable to Inter-Pregnancy Care or Family Planning

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.

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DCH Approved: 2/21/2019