



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

**Re: Summary of Formulary Changes Effective July 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 NON-PREFERRED ON THE PDL EFFECTIVE JULY 1, 2023.**

Brand Name	Generic Name	Strength(s)	Notes
Covaryx Half Strength tablet	esterified estrogens/methyltestosterone	0.625mg/1.25mg	Not reimbursable by the Georgia Medicaid program
Covaryx tablet	esterified estrogens/methyltestosterone	1.25mg/2.5mg	Not reimbursable by the Georgia Medicaid program
Ed-Spaz orally disintegrating tablet	hyoscyamine sulfate	0.125mg	Not reimbursable by the Georgia Medicaid program
EEMT Double Strength tablet	esterified estrogens/methyltestosterone	1.25mg/2.5mg	Not reimbursable by the Georgia Medicaid program
EEMT Half Strength tablet	esterified estrogens/methyltestosterone	0.625mg/1.25mg	Not reimbursable by the Georgia Medicaid program
Esterified estrogens/Methyl testosterone Full Strength tablet	esterified estrogens/methyltestosterone	1.25mg/2.5mg	Not reimbursable by the Georgia Medicaid program
Esterified estrogens/Methyl testosterone Half Strength tablet	esterified estrogens/methyltestosterone	0.625mg/1.25mg	Not reimbursable by the Georgia Medicaid program
Hyoscyamine sulfate drops	hyoscyamine sulfate	0.125mg/mL	Not reimbursable by the Georgia Medicaid program
Hyoscyamine sulfate elixir	hyoscyamine sulfate	0.125mg/5ml	Not reimbursable by the Georgia Medicaid program

Hyoscyamine sulfate orally disintegrating tablet, oral tablet, sublingual	hyoscyamine sulfate	0.125mg	Not reimbursable by the Georgia Medicaid program
Nulev chewable melt	hyoscyamine sulfate	0.125mg	Not reimbursable by the Georgia Medicaid program
Oscimin oral tablet, sublingual	hyoscyamine sulfate	0.125mg	Not reimbursable by the Georgia Medicaid program
Phenazopyridine tablet	phenazopyridine	100mg, 200mg	Not reimbursable by the Georgia Medicaid program
Sodium sulfacetamide/Sulfur pad	sodium sulfacetamide/sulfur	10-4%	Not reimbursable by the Georgia Medicaid program
Urea cream	urea	40%	Not reimbursable by the Georgia Medicaid program

We will provide a list of CareSource patients who are taking any medication above upon your request. Please email your request to [PharmacyConversionProgram@CareSource.com](mailto: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 WILL BE PREFERRED ON THE PDL EFFECTIVE JULY 1, 2023**

Brand Name	Generic Name	Strength(s)	Notes
Nalmefene vial	nalmefene	2mg/2mL	<ul style="list-style-type: none"> <li>Allows coverage on both medical and pharmacy benefits</li> <li>Medical Benefit: Prior authorization not required</li> <li>Pharmacy Benefit: Preferred without prior authorization</li> <li>Quantity limit of 2 units per month</li> <li>Not applicable to Inter-Pregnancy Care or Family Planning</li> </ul>
Ferrlecit vial	sodium ferric gluconate/sucrose	62.5mg/5mL	<ul style="list-style-type: none"> <li>Trial of either Ferrlecit, Infed or Venofer is required for approval of non-preferred intravenous iron agents</li> <li>Not applicable to Inter-Pregnancy Care or Family Planning</li> </ul>



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Infed vial	iron dextran complex	100mg/2mL	<ul style="list-style-type: none"> <li>• Trial of either Ferrlecit, Infed or Venofer is required for approval of non-preferred intravenous iron agents</li> <li>• Not applicable to Inter-Pregnancy Care or Family Planning</li> </ul>
Venofer vial	iron sucrose complex	200mg/10mL	<ul style="list-style-type: none"> <li>• Trial of either Ferrlecit, Infed or Venofer is required for approval of non-preferred intravenous iron agents</li> <li>• Not applicable to Inter-Pregnancy Care or Family Planning</li> </ul>

**THE FOLLOWING MEDICATIONS HAVE A CHANGE IN STATUS EFFECTIVE JULY 1, 2023**

Brand Name	Generic Name	Strength(s)	Notes
Briumvi vial	ublituximab	150mg/6mL	<ul style="list-style-type: none"> <li>• Medical benefit with medical necessity review</li> <li>• Not applicable to Inter-Pregnancy Care or Family Planning</li> </ul>
Hemgenix kit	etranacogene dezaparvovec	All	<ul style="list-style-type: none"> <li>• Medical benefit with medical necessity review</li> <li>• Not applicable to Inter-Pregnancy Care or Family Planning</li> </ul>
Leqembi vial	lecanemab	All	<ul style="list-style-type: none"> <li>• Medical benefit with medical necessity review</li> <li>• Not applicable to Inter-Pregnancy Care or Family Planning</li> </ul>
Rebyota rectal suspension	fecal microbiota	500mL	<ul style="list-style-type: none"> <li>• Medical benefit with medical necessity review</li> <li>• Not applicable to Inter-Pregnancy Care or Family Planning</li> </ul>

Tzielid vial	teplizumab-mzww	2mg/2mL	<ul style="list-style-type: none"> <li>• Medical benefit with medical necessity review</li> <li>• Not applicable to Inter-Pregnancy Care or Family Planning</li> </ul>
Amjevita auto-injector	adalumimab	40mg/0.8mL	Quantity limit of 4 pens per month
Amjevita syringe	adalumimab	40mg/0.8mL	Quantity limit of 4 syringes per month
Cibinqo tablet	abrocitinib	All	Quantity limit of 1 tablet per day
Doptelet tablet	avatrombopag	20mg	Quantity limit of 15 tablets per 30 days
Mulpleta tablet	lusutrombopag	3mg	Quantity limit of 7 tablets per 90 days
Odactra House Dust Mite sublingual tablet	dermatophagoides farinae/ dermatophagoides pteronyssinus	12 SQ-HDM	Quantity limit of 1 tablet per day
Pheburane granules	sodium phenylbutyrate	500mg	Quantity limit of 7 bottles of granules per 28 days
Promacta powder in packet, tablet	eltrombopag	All	Quantity limit of 1 packet/tablet per day
Ravicti liquid	glycerol phenylbutyrate	1.1gm/mL	Quantity limit of 525mL per 30 days
Sodium Phenylbutyrate powder	sodium phenylbutyrate	500mg	Quantity limit of 2 bottles of powder per 25 days
Sodium Phenylbutyrate tablet	sodium phenylbutyrate	500mg	Quantity limit of 40 tablets per day
Sunlenca tablet	lenacapavir	300mg	Quantity limit of 6 tablets per 6 months
Sunlenca vial	lenacapavir	463.5mg/1.5mL	Quantity limit of 2 vials (1 kit) per 6 months
Takhzyro syringe, vial	lanadelumab-flyo	All	Quantity limit of 2 syringes/vials per 28 days
Vraylar capsule	cariprazine	All	Quantity limit of 1 capsule per day
Welchol powder in packet	colesevelam	All	Quantity limit of 1 packet per day
Welchol tablets	colesevelam	All	Quantity limit of 6 tablets per day



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Zorbtive vial	somatropin	8.8mg	Quantity limit of 30 vials per 30 days
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### 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: 02/21/2019