



**Re: Summary of Formulary Changes Effective July 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 to ensure a smooth transition.

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

Brand Name	Generic Name	Dose(s)	Notes
	Exenatide	All strengths of injection	Prior authorization update
	Naproxen/esomeprazole	All strengths of tablets	
	Novolog Mix 70/30	FlexPen and vial	
Azmiro	Testosterone cypionate	All strengths of injection	Prior authorization update
Humalog	Insulin lispro	All strengths of vial	
Wegovy	Semaglutide	All strengths of injection	Prior authorization update

We will provide a list of CareSource patients who are taking any medication above, upon your request. Email [PharmacyConversionProgram@CareSource.com](mailto:PharmacyConversionProgram@CareSource.com) with your request. Include 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 15, 2025.**

Brand Name	Generic Name	Dose(s)	Notes
	Ibandronate sodium	All strengths of tablets	
	Insulin aspart 70/30	FlexPen and vial	
	Insulin lispro	All strengths of vial	
	Testosterone gel packets	All 1% (50 mg/5 grams)	Prior authorization update
	Tolterodine immediate release (IR)/extended release (ER)	All strengths of tablets and capsules	
Fiasp	Insulin aspart	All strengths of cartridge, FlexTouch, vial	
Prolensa	Bromfenac	0.07% solution	
Simbrinza	Brinzolamide/brimonidine tartrate	All strengths of suspension	
Zepbound	Tirzepatide	All strengths of injection	Prior authorization update

**THE FOLLOWING MEDICATIONS HAVE A CHANGE IN STATUS EFFECTIVE JULY 15, 2025.**

Brand Name	Generic Name	Dose(s)	Notes
	Cromolyn sodium	All strengths of eye solution	Removed from Statewide Uniform Preferred Drug List (SUPDL)
	Clonidine IR tablets, ER tablets, and patches	All available	Prior authorization update; quantity limit update for IR tablets
	Glipizide/metformin hydrochloride	All strengths of tablet	Step therapy removed
	Glyburide/metformin hydrochloride	All strengths of tablet	Step therapy removed
	Guanfacine IR/ER	All strengths of tablets	Prior authorization update
	Tramadol hydrochloride	75 mg tablets	Quantity limit update
	Varenicline tartrate	All starting month boxes	Quantity limit added
	Liraglutide	All strengths of injection	Prior authorization update
	Proton Pump Inhibitors (PPIs)	All strengths of all PPI	Prior authorization update
	Benzoyl peroxide	4.25% cleanser	Removed from SUPDL
	Insulin glargine	All pens and vials from manufacturer, Winthrop	Removed from SUPDL
	Metipranolol	All strengths of eye drop	Removed from SUPDL
	Lindane	1% shampoo	Removed from SUPDL
	Pioglitazone hydrochloride	All strengths of tablets	Step therapy removed
Aciphex	Rabeprazole sodium	All strengths of product	Removed from SUPDL
Alocril	Nedocromil sodium	2% solution	Removed from SUPDL
Alomide	Lodoxamide tromethamine	0.1% solution	Removed from SUPDL
Amvuttra	Vutrisiran sodium	Injection	Prior authorization update
Attruby	Acoramidis hydrochloride	356 mg tablets	Prior authorization update
Austedo IR	Deutetrabenazine	Titration kit	Removed from SUPDL
Avodart	Dutasteride	0.5 mg brand capsules	Removed from SUPDL
Catapres	Clonidine	All strengths of patches	Prior authorization update
Durlaza extended release	Aspirin	162.5 mg capsule	Removed from SUPDL
Entadfi	Finasteride/tadalafil	5 mg-5 mg capsule	Removed from SUPDL
Fabhalta	Iptacopan hydrochloride	200 mg capsule	Prior authorization update
Gemtesa	Vibegron	75 mg tablet	Step therapy update
Helidac	Bismuth subsalicylate/metronidazole/tetracycline	All strengths of product	Removed from SUPDL
Inzirqo	Hydrochlorothiazide	Oral suspension	Prior authorization update
Lorzone	Chlorzoxazone	All strength of brand tablet	Removed from SUPDL
Myorisan	Isotretinoin	All strengths of Myorisan capsules	Removed from SUPDL

Brand Name	Generic Name	Dose(s)	Notes
Nexiclon XR	Clonidine hydrochloride	0.17 mg tablets	Prior authorization update; Quantity limit added
Onyda XR	Clonidine hydrochloride	All strengths of suspension	Prior authorization update
Ortikos	Budesonide	All strengths of capsule	Removed from SUPDL
Ozempic	Semaglutide	All strengths of injection	Prior authorization update
Raldesy	Trazodone hydrochloride	Oral solution	Quantity limit added
Spravato	Esketamine hydrochloride	All strengths of nasal spray	Quantity limit update for 84mg; criteria update
Synera	Lidocaine/tetracaine	70mg-70mg patches	Removed from SUPDL
Timoptic-XE	Timolol maleate	All strengths of brand gel solution	Removed from SUPDL
Victoza	Liraglutide	All strengths of injection	Prior authorization update
Vuity	Pilocarpine hydrochloride	All strengths of solution	Quantity limit update
Vyndamax	Tafamidis	61 mg capsule	Prior authorization update
Vyndaqel	Tafamidis meglumine	20 mg capsule	Prior authorization update
Xyrem	Sodium oxybate	Oral solution	Prior authorization update
Xywav	Calcium/magnesium/potassium/sodium oxybate	Oral solution	Prior authorization update
Zontivity	Vorapaxar sulfate	2.08 mg tablet	Removed from SUPDL
Zunveyl	Benzgalantamine gluconate	All strengths of tablets	Quantity limit added

### 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're here to help. Call Provider Services at **1-844-607-2831**, Monday through Friday, 8 a.m. to 8 p.m., Eastern Time (ET)/7 a.m. to 7 p.m. Central Time (CT) with your questions or concerns.

Sincerely,

CareSource