



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

**Re: Summary of PDL Changes Effective January 1, 2023**

Dear CareSource Member:

Your health care is our priority. That is why we are writing to tell you that on January 1, 2023, 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 JANUARY 1, 2023.**

Brand Name	Generic Name	Dose(s)	Notes – If Applicable
Adlarity Weekly Patch	Donepezil HCL	5 mg/day, 10 mg/day	Preferred without prior authorization for members 18 and older. Quantity limit applies
Aimovig Autoinjector	Erenumab-aooe	70 mg/mL, 140 mg/mL	Preferred with prior authorization required
Auvelity ER Tablet	Dextromethorphan HBR- Bupropion	45-105 mg	Preferred without prior authorization for members 18 and older. Quantity limit applies
Caya Contoured Diaphragm			Preferred without prior authorization. Quantity limit applies
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
Haegarda Vial	C1 Esterase Inhibitor	2,000 unit, 3,000 unit	Now accepted on pharmacy benefit. Preferred with prior authorization required
Quetiapine Tablet	Quetiapine Fumarate	150 mg	Preferred without prior authorization. Quantity limit applies

Brand Name	Generic Name	Dose(s)	Notes – If Applicable
Relexxii ER Tablet	Methylphenidate HCL	18 mg, 27 mg, 36 mg, 45 mg, 54 mg, 63 mg	Preferred without prior authorization for members 6 – 18 years old. Quantity limit applies
Venlafaxine Besylate ER Tablet	Venlafaxine Besylate	112.5mg	Preferred without prior authorization. Quantity limit applies
Xelstrym Patch	Dextroamphetamine	4.5 mg/9 hr, 9 mg/9 hr, 13.5 mg/9 hr, 18 mg/9 hr	Preferred without prior authorization for members 6 – 18 years old. Quantity limit applies

**THE FOLLOWING MEDICINES WILL BE NON-PREFERRED ON THE PDL EFFECTIVE JANUARY 1, 2023.**

Brand Name	Generic Name	Dose(s)	Notes – If Applicable
Arcapta Neohaler Capsule	Indacaterol Maleate	75 mcg	No longer made
Blephamide Eye Drops	Sulfacetamide-Prednisolone	10%-0.2%	No longer made

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

Brand Name	Generic Name	Dose(s)	Notes – If Applicable
Berinert Kit	C1 Esterase Inhibitor	500 unit	Now accepted on pharmacy benefit. Prior authorization required
Bicillin L-A Syringe	Penicillin G Benzathine	600,000 unit, 1,200,000 unit, 2,400,000 unit	Now accepted on pharmacy benefit
Cinryze Vial	C1 Esterase Inhibitor	500 unit	Now accepted on pharmacy benefit. Prior authorization required
Gralise ER Tablet, Horizant ER Tablet, Neurontin Capsule/Tablet	Gabapentin, Gabapentin Enacarbil	All	Quantity limit of 3,600 mg per day added across all gabapentin products

Brand Name	Generic Name	Dose(s)	Notes – If Applicable
Hetlioz Capsule, LQ Suspension	Tasimelteon	20 mg, 4 mg/mL	Prior authorization required for all ages. Quantity limit applies
Kalbitor Vial	Ecallantide	10 mg/mL	Now accepted on pharmacy benefit. Prior authorization required
Mayzent Tablet	Siponimod	1 mg	Quantity limit of 1 tablet per day added
Nesina Tablet	Alogliptin	6.25 mg, 12.5 mg, 25 mg	Quantity limit of 1 tablet per day added
Paxil CR Tablet	Paroxetine ER	37.5 mg	Quantity limit updated to 2 tablets per day
Ruconest Vial	C1 Esterase Inhibitor, Recombinant	2,100 unit	Now accepted on pharmacy benefit. Prior authorization required
Sajazir Syringe	Icatibant acetate	30 mg/3 mL	Now accepted on pharmacy benefit. Prior authorization required
Takhzyro Syringe, Vial	Lanadelumab-flyo	300 mg/2 mL	Now accepted on pharmacy benefit. Prior authorization required
Vascepa Capsule	Icosapent Ethyl	0.5 gram, 1 gram	Quantity limit of 4 capsules per day added
Xywav Solution	Calcium, Magnesium, Potassium, Sodium Oxybates	0.5 gram/mL	Prior authorization required for all ages. Quantity limit applies
Zenzedi Tablet	Dextroamphetamine Sulfate	2.5 mg, 5 mg, 15 mg	Quantity limit updated to 2 tablets per day

### 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 CareSource Member Services Department is open Monday through Friday, 8 a.m. to 8 p.m.

Sincerely,

CareSource RX Innovations

CareSource complies with applicable state and federal civil rights laws and does not discriminate on the basis of age, gender, gender identity, color, race, disability, national origin, marital status, sexual preference, religious affiliation, health status, or public assistance status.

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