



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

Re: Summary of Formulary Changes Effective July 1, 2019

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 above to ensure a smooth transition.

THE FOLLOWING MEDICATIONS WILL BE NON-PREFERRED ON THE PDL EFFECTIVE JULY 1, 2019.

Brand Name	Generic Name	Strength(s)	Notes
Emgality	Galcanezumab	120 mg/mL	
Aimovig	Erenumab	70 mg/mL	
Ajovy	Fremanezumab	225 mg/1.5 mL	

THE FOLLOWING MEDICATIONS WILL BE PREFERRED ON THE PDL EFFECTIVE JULY 1, 2019.

Brand Name	Generic Name	Strength(s)	Notes
Delstrigo	Doravirine/Lamivudine/Tenofovir Disoproxil Fumarate	100-300-300 mg	
Pifeltro	Doravirine	100 mg	

THE FOLLOWING MEDICATIONS HAVE A CHANGE IN STATUS EFFECTIVE JULY 1, 2019.

Brand Name	Generic Name	Strength(s)	Notes
Copaxone	Glatiramer Acetate	20 mg/mL 40 mg/mL	Prior authorization removed.

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 1-844-607-2829. The Department is open Monday through Friday, 8 a.m. to 5 p.m. Thank you for being a CareSource health partner.

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