



P.O. Box 8738, Dayton, OH 45401-8738 | 800.488.0134 | CareSource.com

Re: Summary of Formulary Changes Effective January 1, 2022

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 JANUARY 1, 2022.

Brand Name	Generic Name	Strength(s)	Notes
Advair Diskus	Fluticasone / Salmeterol	100mcg-50mcg, 250mcg-50mcg, 500mcg-50mcg	Authorized generics move to non-preferred. Brand preferred without prior authorization (see section below)
Aptensio XR	Methylphenidate ER	10mg, 15mg, 20mg, 30mg, 40mg, 50mg, 60mg	Moves to non-preferred. Members currently taking this product will not need a prior authorization filed until July 1, 2022
Atripla Tablet	Efavirenz / Emtricitabine / Tenofovir	600mg-200mg-300mg	Brand moves to non-preferred. Generic preferred without prior authorization (see section below)
Bevespi Aerosphere Inhaler	Glycopyrrolate / Formoterol	9mcg-4.8mcg	Moves to non-preferred
Bonjesta ER Tablet	Doxylamine / Vitamin B6	20mg-20mg	Moves to non-preferred
Cetirizine Chewable tablet	Cetirizine	5mg, 10mg	Moves to non-preferred. Will require prior authorization for members of all ages
Derma-SmoothFS Body, Scalp Oil	Fluocinolone Acetonide	0.01%	Generic moves to non-preferred. Brand preferred without prior authorization (see section below)
Diastat Rectal Gel	Diazepam	2.5mg, 5mg-7.5mg-10mg, 12.5mg-15mg-20mg	Generic moves to non-preferred. Brand preferred without prior authorization (see section below)

Brand Name	Generic Name	Strength(s)	Notes
Elidel Cream	Pimecrolimus	1%	Generic labeler 68682 moves to non-preferred. Brand preferred with step therapy required (see section below)
Eryped Suspension	Erythromycin Ethylsuccinate	200mg/5mL, 400mg/5mL	Moves to non-preferred
Ery-tab, Erythromycin Filmtab, Erythromycin capsule, Erythromycin tablet	Erythromycin Base	250mg, 333mg, 500mg	Moves to non-preferred
Erythrocin Filmtab	Erythromycin Stearate	250mg	Moves to non-preferred
Erythromycin ES Tablet	Erythromycin Ethylsuccinate	400mg	Moves to non-preferred
Galantamine Solution	Galantamine	4mg/mL	Solution moves to non-preferred. Members currently taking this product will be able to continue without a prior authorization
Genotropin Cartridge and Syringe	Somatropin	0.2mg, 0.4mg, 0.6mg, 0.8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg, 5mg, 12mg	Moves to non-preferred
Glucagon Emergency Kit	Glucagon	1mg	Labeler 00548 and 63323 move to non-preferred. Labeler 00002 remains preferred without prior authorization
Humalog 200 unit/mL Kwikpen	Insulin Lispro	200 unit/mL	Moves to non-preferred
Humulin R 100 unit/mL vial	Insulin Regular	100 unit/mL	Moves to non-preferred
Kitabis Pak	Tobramycin	300mg/5mL	Moves to non-preferred
Mitigare Capsule	Colchicine capsule	0.6mg	Capsule moves to non-preferred

Brand Name	Generic Name	Strength(s)	Notes
Norvir Powder Packet	Ritonavir	100mg	Moves to non-preferred. Members currently taking this product will be able to continue without a prior authorization
Norvir Solution	Ritonavir	80mg/mL	Moves to non-preferred. Members currently taking this product will be able to continue without a prior authorization
Novolin 70/30 Flexpen and Vial	Regular Insulin; Isophane Insulin (NPH)	70-30	Moves to non-preferred
Novolin R 100 unit/mL Flexpen and Vial	Insulin Regular	100 unit/mL	Moves to non-preferred
Nurtec ODT	Rimegepant	75mg	Moves to non-preferred for migraine prevention use
Proair HFA, Ventolin HFA, Proventil HFA	Albuterol Sulfate	90mcg	Generics move to non-preferred. Proair HFA and Ventolin HFA brands move to preferred without prior authorization (see section below)
Proair Respiclick Inhaler	Albuterol Sulfate	90mcg	Moves to non-preferred
Relexxii Tablet	Methylphenidate ER	72mg	Moves to non-preferred. Members currently taking this product will not need a prior authorization filed until July 1, 2022
Symlinpen 60 and 120 Pen Injector	Pramlintide	1,000 mcg/mL	Moves to non-preferred
Truvada Tablet	Emtricitabine / Tenofovir Disoproxil Fumarate	100mg-150mg, 133mg-200mg, 167mg-250mg, 200mg-300mg	Brand moves to non-preferred. Generic preferred without prior authorization (see section below)
Udenyca Syringe	Pegfilgrastim-cbqv	6mg/0.6mL	Moves to non-preferred
Vyvanse Chewable Tablet	Lisdexamfetamine Dimesylate	10mg, 20mg, 30mg, 40mg, 50mg, 60mg	Moves to non-preferred for members of all ages. Members currently taking this product will not need a prior authorization filed until July 1, 2022

Brand Name	Generic Name	Strength(s)	Notes
Zyprexa Relprev Vial, Kit	Olanzapine Pamoate	210mg, 300mg, 405mg	Moves to non-preferred. Members currently taking this product will be able to continue without a prior authorization

- 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. 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 JANUARY 1, 2022.

Brand Name	Generic Name	Strength(s)	Notes
Advair Diskus	Fluticasone Propionate / Salmeterol	100mcg-50mcg, 250mcg-50mcg, 500mcg-50mcg	Brand moves to preferred with no prior authorization
Advair HFA	Fluticasone Propionate / Salmeterol	45mcg-21mcg, 115mcg-21mcg, 230mcg-21mcg	Moves to preferred with no prior authorization
Anoro Ellipta	Umeclidinium / Vilanterol	62.5mcg-25mcg	Moves to preferred with no prior authorization
Apidra Solostar, Vial	Insulin Glulisine	100 units/mL	Moves to preferred with no prior authorization
Aricept ODT	Donepezil	5mg, 10mg	Generic moves to preferred with no prior authorization
Atripla Tablet	Efavirenz / Emtricitabine / Tenofovir	600mg-200mg - 300mg	Generic moves to preferred with no prior authorization
Banzel Suspension, Tablet	Rufinamide	40mg/mL, 200mg, 400mg,	Brand moves to preferred with no prior authorization
Benicar HCT Tablet	Olmesartan / Hydrochlorothiazide	20mg-12.5mg, 40mg-12.5mg, 40mg-25mg	Generic moves to preferred with no prior authorization
Benicar Tablet	Olmesartan	5mg, 20mg, 40mg	Generic moves to preferred with no prior authorization
Byetta Pen Injector	Exenatide	5mcg/0.02mL, 10mcg/0.04mL	Moves to preferred with no prior authorization
Bystolic Tablet	Nebivolol	2.5mg, 5mg, 10mg, 20mg	Brand moves to preferred with no prior authorization
Concerta Extended Release Tablet	Methylphenidate	18mg, 27mg, 36mg, 54mg	Brand moves to preferred with no prior authorization (generic remains preferred with no prior authorization)
Cordran Cream, Lotion, Ointment	Flurandrenolide	0.05%	Generic moves to preferred with no prior authorization

Brand Name	Generic Name	Strength(s)	Notes
Cortisporin-TC Ear Suspension	Colistin / Hydrocortisone / Neomycin / Thonzonium	3mg-10mg-3.3mg-0.5mg/mL	Moves to preferred with no prior authorization
Derma-Smoothe-FS Body, Scalp Oil	Fluocinolone Acetonide	0.01%	Brand moves to preferred with no prior authorization
Dextroamphetamine Solution	Dextroamphetamine	5mg/5mL	Moves to preferred with no prior authorization required for members 12 years old and under
Diastat Rectal Gel	Diazepam	2.5mg, 5mg-7.5mg-10mg, 12.5mg-15mg-20mg	Brand moves to preferred with no prior authorization
Diclegis Tablet	Doxylamine / Vitamin B6	10mg-10mg	Brand moves to preferred with no prior authorization
Elidel Cream	Pimecrolimus	1%	Brand moves to preferred with step therapy required
Empaveli Vial	Pegcetacoplan	1,080mg/20mL	Moves to preferred with prior authorization required
Exelon Patch	Rivastigmine	4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	Brand moves to preferred with no prior authorization
Focalin XR Capsule	Dexmethylphenidate	5mg, 10mg, 15mg, 20mg, 25mg, 30mg, 35mg, 40mg	Brand moves to preferred with no prior authorization (generic remains preferred with no prior authorization)
Gelnique Pump, Sachet	Oxybutynin	10%	Moves to preferred with no prior authorization
Geodon Capsule	Ziprasidone	20mg, 40mg, 60mg, 80mg	Brand moves to preferred with no prior authorization (generic remains preferred with no prior authorization)
Gvoke Hypopen, PFS	Glucagon	0.5mg/0.1mL, 1mg/0.2mL	Moves to preferred with no prior authorization
Humalog Cartridge, Kwikpen, Vial	Insulin Lispro	100 units/mL	Brand moves to preferred with no prior authorization (authorized generic remains preferred with no prior authorization)
Incruse Ellipta	Umeclidinium Bromide	62.5mcg	Moves to preferred with no prior authorization
Invega Extended Release Tablet	Paliperidone	1.5mg, 3mg, 6mg, 9mg	Brand moves to preferred with no prior authorization
Kapvay Extended Release Tablet	Clonidine	0.1mg	Generic moves to preferred with no prior authorization

Brand Name	Generic Name	Strength(s)	Notes
Kineret Syringe	Anakinra	100mg/0.67mL	Moves to preferred with prior authorization required
Kloxxado Nasal Spray	Naloxone	8mg	Moves to preferred with no prior authorization
Methylin Solution	Methylphenidate	5mg/5mL, 10mg/5mL	Moves to preferred with no prior authorization required for members 12 years old and under
Myrbetriq Tablet	Mirabegron	25mg, 50mg	Moves to preferred with no prior authorization
Neupogen Syringe, Vial	Filgrastim	300mcg/0.5mL, 300mcg/mL, 480mcg/0.8mL, 480mcg/1.6mL	Moves to preferred with prior authorization required
Novolog Cartridge, Flexpen, Vial	Insulin Aspart	100 units/mL	Brand moves to preferred with no prior authorization (authorized generic remains preferred with no prior authorization)
Novolog Mix 70/30 Flexpen, Vial	Insulin Aspart / Insulin Aspart Protamine	70/30	Brand moves to preferred with no prior authorization (authorized generic remains preferred with no prior authorization)
Omnitrope Cartridge, Vial	Somatropin	5mg/1.5mL, 10mg/1.5mL, 5.8mg vial	Moves to preferred with prior authorization required
Otezla Tablet, Starter Pack	Apremilast	30mg, 10mg- 20mg-30mg pack	Moves to preferred with prior authorization required
Praluent Pen	Alirocumab	75mg/mL, 150mg/mL	Moves to preferred with prior authorization required
Proair HFA, Ventolin HFA	Albuterol Sulfate	90mcg	Proair HFA and Ventolin HFA brands move to preferred without prior authorization
Qelbree ER Capsule	Viloxazine	100mg, 150mg, 200mg	Moves to preferred with step therapy required
Quillivant XR Suspension	Methylphenidate	5mg/mL	Moves to preferred with no prior authorization
Repatha Pushtronx, Sureclick, Syringe	Evolocumab	140mg/mL, 420mg/3.5mL	Moves to preferred with prior authorization required
Rhopressa Ophthalmic Solution	Netarsudil	0.02%	Moves to preferred with no prior authorization
Risperdal Solution, Tablet	Risperidone	1mg/mL, 0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg	Brand moves to preferred with no prior authorization (generic remains preferred with no prior authorization)

Brand Name	Generic Name	Strength(s)	Notes
Ritalin LA Capsule	Methylphenidate	10mg, 20mg, 30mg, 40mg	Brand moves to preferred with no prior authorization (generic remains preferred with no prior authorization)
Rocklatan	Netarsudil / Latanoprost	0.02%-0.005%	Moves to preferred with no prior authorization
Rukobia ER Tablet	Fostemsavir	600mg	Moves to preferred with prior authorization required
Stiolto Respimat	Tiotropium / Olodaterol	2.5mcg-2.5mcg	Moves to preferred with no prior authorization
Striverdi Respimat	Olodaterol	2.5mcg	Moves to preferred with no prior authorization
Tecfidera Capsule, Starter Pack	Dimethyl Fumarate	120mg, 240mg, 30 day starter pack	Generic moves to preferred with no prior authorization except labelers 00378 & 69097
Toujeo Solostar, Max Solostar	Insulin Glargine	300 units/mL	Moves to preferred with no prior authorization
Toviaz Tablet	Fesoterodine	4mg, 8mg	Moves to preferred with no prior authorization
Tribenzor Tablet	Olmesartan / Amlodipine / Hydrochlorothiazide	20mg-5mg-12.5mg, 40mg-5mg-12.5mg, 40mg-5mg-25mg, 40mg-10mg-12.5mg, 40mg-10mg-25mg	Generic moves to preferred with no prior authorization
Truvada Tablet	Emtricitabine / Tenofovir Disoproxil Fumarate	100mg-150mg, 133mg-200mg, 167mg-250mg, 200mg-300mg	Generic moves to preferred with no prior authorization
Xeljanz Tablet	Tofacitinib	10mg	10mg tablet moves to preferred with prior authorization required (5mg tablet already preferred with prior authorization required)
Zegalogue Autoinjector, Syringe	Dasiglucagon	0.6mg/0.6mL	Moves to preferred with no prior authorization

THE FOLLOWING MEDICATIONS HAVE A CHANGE IN STATUS EFFECTIVE JANUARY 1, 2022.

Brand Name	Generic Name	Strength(s)	Notes
Actoplus Met XR	Pioglitazone / Metformin	15mg-1,000mg, 30mg-1,000mg	Step therapy no longer required

Brand Name	Generic Name	Strength(s)	Notes
Cetirizine Solution	Cetirizine	1mg/mL, 5mg/5mL	Prior authorization no longer required for members of any age
Farxiga Tablet	Dapagliflozin	5mg, 10mg	Step therapy no longer required
Glyset Tablet	Miglitol	25mg, 50mg, 100mg	Step therapy no longer required for generic
Invokamet Tablet	Canagliflozin / Metformin	50mg-500mg, 50mg-1,000mg, 150mg-500mg, 150mg-1,000mg	Step therapy no longer required
Invokana Tablet	Canagliflozin	100mg, 300mg	Step therapy no longer required
Janumet Tablet	Sitagliptin / Metformin	50mg-500mg, 50mg-1,000mg	Step therapy no longer required
Janumet XR Tablet	Sitagliptin / Metformin	50mg-500mg, 50mg-1,000mg, 100mg-1,000mg	Step therapy no longer required
Januvia Tablet	Sitagliptin	25mg, 50mg, 100mg	Step therapy no longer required
Jardiance Tablet	Empagliflozin	10mg, 25mg	Step therapy no longer required
Jentadueto Tablet	Linagliptin / Metformin	2.5mg-500mg, 2.5mg-850mg, 2.5mg-1,000mg	Step therapy no longer required
Nayzilam Nasal Spray	Midazolam	5mg	Age limit added requiring prior authorization for any member < 12 years old
Probenecid / Colchicine Tablet	Probenecid / Colchicine	500mg-0.5mg	Will remain preferred but require prior authorization
Quillichew ER Chew Tablet	Methylphenidate	20mg, 30mg, 40mg	Prior authorization no longer required for members of any age
Synjardy Tablet	Empagliflozin / Metformin	5mg-500mg, 5mg-1,000mg, 12.5mg-500mg, 12.5mg-1,000mg	Step therapy no longer required
Taltz Autoinjector, Syringe	Ixekizumab	80mg/mL	Moves from prior authorization required to step therapy required
Tradjenta Tablet	Linagliptin	5mg	Step therapy no longer required
Trulicity Pen	Dulaglutide	0.75mg/0.5mL, 1.5mg/0.5mL, 3mg/0.5mL, 4.5mg/0.5mL	Step therapy no longer required

Brand Name	Generic Name	Strength(s)	Notes
Valtoco Nasal Spray	Diazepam	5mg, 10mg, 15mg, 20mg	Age limit added requiring prior authorization for any member < 6 years old
Vesicare LS Suspension	Solifenacin Succinate	1mg/mL	Prior authorization will not be required for members 2 to 5 years of age
Vesicare Tablet	Solifenacin	5mg, 10mg	Step therapy no longer required
Victoza Pen	Liraglutide	18mg/3mL	Step therapy no longer required

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 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 RX Innovations** Department at **1-800-488-0134**.

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