



P.O. Box 8738, Dayton, OH 45401-8738 | [www.CareSource.com](http://www.CareSource.com)

Re: Summary of Formulary Changes Effective January 1, 2024

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 PREFERRED ON THE PDL EFFECTIVE JANUARY 1, 2024.**

Brand Name	Generic Name	Strength(s)	Notes
	Adalimumab- fkjp	Mylan brand – all strengths	
Austedo XR	Deutetrabenazine	All strengths of XR tablets and titration kit	Updated prior authorization criteria
	Benztropine	All strengths of injection	
Buphenyl	Sodium phenylbutyrate	All strengths of brand name tablet and powder	Updated prior authorization criteria
Celontin	Methsuximide	All strengths of brand name capsules	
	Doxylamine/ Pyridoxine	All strengths of generic tablets	
Fulphilia	Pegfilgrastim – jmdb	All strengths	
Hadlima	Adalimumab- bwwd	All strengths	
	Insulin aspart	All generic strengths	
	Insulin degludec	All generic strengths of flex pen and vials	Updated step therapy
Natroba	Spinosad	0.9% topical suspension	
Neupogen	Filgrastim	All strengths	
Nivestym	Filgrastim – aafi	All strengths	
Nucynta	Tapentadol	All strengths (excluding ER)	Updated quantity limits
Nyvepria	Filgrastim - apgf	All strengths	
	Opium tincture	1% (10 mg/mL)	
Pheburane	Sodium phenylbutyrate	Oral pellets	Updated prior authorization criteria

Relistor	Methyhaltrexone	All strengths of injection	Updated step therapy
Skytrofa	Lonapegsonatropin-tcgd	All strengths of injection	Updated step therapy
Sublocade	Buprenorphine	All strengths	Updated prior authorization criteria
	Tramadol	All strengths (excluding ER)	Updated quantity limits

THE FOLLOWING MEDICATIONS WILL BE NON -PREFERRED ON THE PDL EFFECTIVE JANUARY 1, 2024.

Brand Name	Generic Name	Strength(s)	Notes
	Belladonna and opium	Suppositories	
Bonjesta	Doxylamine/ Pyridoxine	All strengths of brand name tablets	Updated max limit
Brenzavvy	Bexagliflozin	20 mg tablet	
	Carglumic acid	200 mg generic tablet	Updated prior authorization criteria
Inpefa	Sotagliflozin	All strengths of tablets	
	Insulin glargine	Winthrop generics only	
Iyuzeh	Latanoprost	0.005% eye drops	Updated step therapy
Jesduvroq	Daprodustat	All strengths of tablets	Updated prior authorization criteria, age and quantity limits
	Methsuximide	All strengths of generic capsules	
Miebo	Perfluoroheptyl octane	100% eye drops	Updated prior authorization criteria and quantity limit
Motpoly XR	Lacosamide	All strengths of brand name capsules	
Ngenla	Somatropin-gln	All strengths	Updated prior authorization criteria, age limit, and step therapy
Novolog	Insulin aspart	All brand name strengths	
	Saxagliptin	All strengths of generic tablets	
	Saxagliptin/ metformin ER	All strengths of generic tablets	
	Sodium phenylbutyrate	500 mg generic tablet	Updated prior authorization criteria
	Spinosad	Generic 0.9% topical suspension	

Tresiba	Insulin degludec	All brand name strengths of flex pen and vials	
Veozah	Fezolinetant	45 mg tablet	Updated prior authorization criteria, age and quantity limits
Zafemy	Ethinylestradiol and norelegstromin	150-35 mcg/ 24Hr patch	

We will provide a list of CareSource patients who are taking any medication above upon your request. Please send your request via email to the email address [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 HAVE A CHANGE IN STATUS EFFECTIVE JANUARY 1, 2024.**

Brand Name	Generic Name	Strength(s)	Notes
Accutane	Isotretinoin	All strengths of oral capsules	Updated age limit and step therapy
	Alendronate	70 mg/75mL oral solution	Updated age limit and step therapy
Aralast NP, Prolastin C, Zemaira	Alpha 1 proteinase inhibitor	10 mg injection	J0256- Added prior authorization for medical benefit
Alymsys	Bevacizumab-maly	10 mg injection	Q5126- Added prior authorization for medical benefit
Avastin	Bevacizumab	10 mg injection	J9035- Added prior authorization for medical benefit
	Azelaic Acid	Topical acne product 15%	Updated age limit and step therapy
	Benzoyl Peroxide	Multiple topical acne products 4%, 5% and 10%	Updated age limit and step therapy
Beyfortus	Nirsevimab	All strengths	New drug, medical benefit only
Brixadi	Buprenorphine	All strengths of injection	Pharmacy benefit updated prior authorization and quantity limits. C9154- added prior authorization for medical benefit
Bydureon BCise	Exenatide	All strengths of injection	Updated prior authorization criteria
Byetta	Exenatide	All strengths of injection	Updated prior authorization criteria
Bylvay	Odevixibat	All strengths	Updated step therapy

Carafate	Sucralfate	1000 mg/10 mL suspension	Updated age limit and step therapy
Claravis	Isotretinoin	All strengths of oral capsules	Updated age limit and step therapy
	Clindamycin Phos-Benzoyl Peroxide	Topical acne products 1.2%-2.5%, 1.2-5%, and 1-5%	Updated age limit and step therapy
	Clindamycin Phosphate	Topical acne products 1%	Updated age limit and step therapy
	Clindamycin-Benzoyl Peroxide	Topical acne products 1% - 5%	Updated age limit and step therapy
Dalvance	Dalbavancin	All strengths	J0875- Added check for diagnosis and updated prior authorization for medical benefit
Differin	Adapalene	Topical acne products 0.1%, and 0.3%	Updated age limit and step therapy
Elevidys	Delandistrogene moxeparvec	All strengths	New drug, medical benefit only
Elfabrio	Pegunigalsidase alpha	20 mg/mL vial	New drug, medical benefit only
EpiDuo Forte	Adapalene – Benzoyl Peroxide	0.1 %-2.5% topical gel	Updated age limit and step therapy
Ery	Erythromycin	Topical acne products 2%	Updated age limit and step therapy
	Erythromycin Benzoyl Peroxide	Topical acne products 3-5%	Updated age limit and step therapy
Eysuvis	Loteprednol etaborate	0.25% eye drops	Updated quantity limits
	Famotidine	40 mg/5 mL oral suspension	Updated age limit and step therapy
Ferrlecit	Ferric gluconate	12.5 mg injection	J2916- Added prior authorization for medical benefit
Feraheme	Ferumoxytol	1 mg injection	Q0138 and Q0139- Added prior authorization for medical benefit
Glassia	alpha 1 proteinase inhibitor	10 mg injection	J0257 – Added prior authorization for medical benefit
	Hydrocodone/ Homatropine	All strengths of generic tablets	Updated quantity limit
Infed	Iron dextran	50 mg injection	J1750 – Added prior authorization for medical benefit

Ingrezza	Valbenazine	All strengths of capsules	Updated prior authorization criteria, age limit and quantity limit
Injectafer	Ferric carboxymaltose	1 mg injection	J1439 – Added prior authorization for medical benefit
Jatenzo	Testosterone undecanoate	All strengths of capsules	Updated quantity limit
Leqembi	Lecanemab-imb	1 mg injection	J0175 – Added prior authorization for medical benefit
Litfulo	Ritlecitinib	500 mg capsule	Updated policy criteria
	Metformin	100 mg/mL oral solution	Updated age limit and step therapy
	Methadone	10 mg tablets, and 10 mg/mL solution	Updated quantity limits
Methitest	Methyltestosterone	All strengths	Updated quantity limits
	Metronidazole	Topical acne products 1% and 0.75%	Updated age limit and step therapy
Mounjaro	Tirzepatide	All strengths of injection	Updated prior authorization criteria
Mvasi	Bevacizumab	25 mg/mL vial	Q-5107- Added prior authorization for medical benefit
Myorisan	Isotretinoin	All strengths of oral capsules	Updated age limit and step therapy
Myrbetriq	Mirabegron	All strengths of tablets	Updated age limit and step therapy
Nicotrol Inhaler	Nicotire	10 mg inhalation	Updated age and quantity limit
Nicotrol NS	Nicotire	10 mg/mL nasal spray	Updated age and quantity limit
Ozempic	Semaglutide	All strengths of injection	Updated prior authorization criteria
	Promethazine VC/ Codeine syrup	6.25 mg-5 mg-10 mL syrup	Updated quantity limit
Retin-A	Tretinoin	Topical acne products 0.01%, 0.025%, 0.05%, and 0.1%	Updated age limit and step therapy
Rezzayo	Rezafungin	200 mg vial	J0349- Added prior authorization for medical benefit
Rybelsus	Semaglutide	All strength of tablets	Updated prior authorization criteria

Rykindo	Risperidone	All strengths of injection	Added quantity limit, and age limit
Rystiggo	Rozanolixizumab	280 mg/2mL	New drug, medical benefit
Seglentis	Celecoxib/tramadol	55 mg/44 mg tablets	Updated quantity limit
	Sodium Sulfacetamide-Sulfur	Topical acne products 10-5% (W/W), 10-2%, 9.8-4.8%, and 8-4%	Updated age limit and step therapy
Soliris	Eculizumab	10 mg injection	J1300 – Added prior authorization for medical benefit
Sogroya	Somapactan	All strengths of injection	Updated prior authorization criteria
	Tazarotene	0.1% cream	Updated age limit and step therapy
	Testosterone agents	All strengths of preferred injectable and topical products	Updated reauthorization criteria
Tlando	Testosterone undecanoate	112.5 mg capsules	Updated quantity limits
Tretin-X	Tretinoin Microsphere	Topical acne products 0.1%, and 0.04%	Updated age limit and step therapy
Triferic	Ferric pyrophosphate citrate solution	0.1 mg injection	J1443 and J1444 – Added prior authorization for medical benefit
Trulicity	Dulaglutide	All strengths of injection	Updated prior authorization criteria
Uplinza	Inebilizumab-cdon	1 mg injection	J1823 – Added prior authorization for medical benefit
Venofer	Iron sucrose	1 mg injection	J1756 – Added prior authorization for medical benefit
Vesicare	Solifenacin	All strengths of tablets	Updated age limit and step therapy
Victoza	Liraglutide	All strengths of injection	Updated prior authorization criteria
Vyvgart Hytrulo	Efgartigimod/hyaluronidase	1,008 mg/ 11,200 units/ 5.6mL injection	New dosage form, medical benefit
Xarelto	Rivaroxaban	1 mg/mL suspension	Updated age limit and step therapy
Ycanth	Cantharidin	0.7% topical solution	Updated quantity limit
Zenatane	Isotretinoin	All strengths of oral capsules	Updated age limit and step therapy
Ziana	Clindamycin/Tretinoin	1.2-0.025% gel	Updated age limit and step therapy

<b>Zirabev</b>	<b>Bevacizumab- bvzr</b>	<b>25 mg/mL vial</b>	<b>Q5118 – Added prior authorization for medical benefit</b>
<b>Zoryve</b>	<b>Roflumilast</b>	<b>0.3% topical cream</b>	<b>Updated age limit</b>

### **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 RX Innovations Department at **1-844-607-2831**. The department is open Monday through Friday, 8 a.m. to 6 p.m. Eastern Time (ET). Thank you for being a CareSource Health Partner.