



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

Re: Summary of Formulary Changes Effective April 1, 2023

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 APRIL 1, 2023.

Brand Name	Generic Name	Strength(s)	Notes
FreeStyle Diabetic Supplies		Meters and test strips	For a complete list of preferred products, refer to the Preferred Diabetic Supply List available on our website
FreeStyle Libre			Preferred product: Dexcom
Fycompa	Perampanel	All	Prior authorization required
Lamictal	Lamotrigine	All starter kits	Prior authorization required
Soma Compound	Carisoprodol/ Aspirin	200-325 mg	Prior authorization required
SSKI	Potassium Iodide	1 gm/mL	Requires trial of the preferred generic, potassium iodide 1 gm/mL

- 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. 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 APRIL 1, 2023

Brand Name	Generic Name	Strength(s)	Notes
Dexcom			Preferred continuous glucose monitor (CGM)
Nalmefene	Nalmefene	2 mg/2mL	Preferred without prior authorization
Baclofen solution"	Baclofen Solution	5 mg/5mL	<u>Baclofen solution</u> will not require prior authorization for members 12 - 17 years old or if unable to swallow tablets
Potassium Iodide	Potassium Iodide	1 gm/mL	Generic <u>potassium iodide</u> preferred without prior authorization
Vaxneuvance	Pneumococcal vaccine 15-valent	0.5 mL	Preferred without prior authorization

THE FOLLOWING MEDICATIONS HAVE A CHANGE IN STATUS EFFECTIVE APRIL 1, 2023.

Brand Name	Generic Name	Strength(s)	Notes
Abilify	Aripiprazole	All strengths of tablets, oral disintegrating tablets (ODTs), and oral solution	Age limit of 6 years and older added for brand and generic products
Antipsychotics		All oral strengths and formulations	The first fill of select antipsychotics will no longer be limited to a 15-day supply
Etrafon	Perphenazine/ Amitriptyline	All strengths of tablets	Age limit of 12 years and older added
Haldol injection	Haloperidol Lactate	5 mg/mL	Age limit of 3 years and older added for brand and generic products
Haldol oral	Haloperidol	All strengths of tablets and oral concentrate	Age limit of 3 years and older added for brand and generic products
Invega	Paliperidone	All strengths of tablets	Age limit of 12 years and older added for brand and generic products
Mellaril	Thioridazine	All strengths of tablets	Age limit of 6 years and older added
Moban	Molindone	All strengths of tablets	Age limit of 12 years and older added
Navane	Thiothixene	All strengths of capsules	Age limit of 12 years and older added
Orap	Pimozide	All strengths of tablets	Age limit of 12 years and older added
Risperdal oral	Risperidone	All strengths of tablets, ODTs, and oral solution	Age limit of 5 years and older added for brand and generic products



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Saphris	Asenapine	All strengths of tablets	Age limit of 10 years and older added for brand and generic products
Seroquel XR and IR	Quetiapine ER and IR	All strengths of tablets	Age limit of 10 years and older added for brand and generic products
Stelazine	Trifluoperazine	All strengths of tablets	Age limit of 12 years and older added
Trilafon	Perphenazine	All strengths of tablets	Age limit change from 18 and older to 12 years and older added
Zyprexa injection	Olanzapine	10 mg	Age limit of 3 years and older added for brand and generic products
Zyprexa oral	Olanzapine	All strengths of tablets and ODTs	Age limit of 3 years and older added for brand and generic products

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 5 p.m. Eastern Time (ET). Thank you for being a CareSource Health Partner.