



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

Re: Summary of Formulary Changes Effective October 15, 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 OCTOBER 15, 2023.

Brand Name	Generic Name	Strength(s)	Notes
Clindesse	clindamycin	2 % cream	
	fenofibrate	50mg, and 150 mg capsules	
	fenofibrate	All strengths of tablets	This change is for generics of Fenoglide®
	fluticasone/salmeterol HFA (Prasco)	45-21 mcg, 115-21 mcg, 230-21 mcg Inhalers	This change is for the products made by Prasco
Gynazole-1	butoconazole	2 % cream	
Nymalize	nimodipine	All strengths of oral syringe and solution	Also, change in step therapy, must be under 12 years of age or unable to swallow tablets/capsules
Stiolto Respimat	tiotropium/olodaterol	2.5-2.5 mcg Inhaler	
	terbutaline	All strengths of tablets	
	timolol	All strengths of tablets	
Vandazole	metronidazole	0.75 % gel	
Ventavist	iloprost	10 mcg/mL and 20 mcg/mL ampules	Also, add to PAH prior authorization
Vumerity	diroximel fumarate	231 mg capsules	Also, change in step therapy

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 OCTOBER 15, 2023.

Brand Name	Generic Name	Strength(s)	Notes
Bafiertam	monomethyl fumarate	95 mg delayed release capsule	Also, change in step therapy
Cardizem LA	diltiazem	All strengths of extended-release tablets	
Elyxyb	celecoxib	120 mg/4.8 mL solution	Also, remove step therapy of unable to swallow capsule formulation; add to Antimigraine Agents prior authorization with drug-specific criteria
	fenofibrate micronized	All strengths of capsules	This change is for generics of Tricor®
Jublia	efinaconazole	10 % solution	
Nucala	mepolizumab	100 mg vial, 100 mg/mL auto-injector and syringe, 40 mg/0.4 mL syringe	Also, update prior authorization to remove step therapy requirement
Olumiant	baricitinib	All strengths of tablets	Also, remove step therapy for alopecia areata indication and define severe alopecia areata
Spiriva Respimat	tiotropium	2.5 mcg inhaler	Also, add step therapy to require trial and failure of Spiriva Handihaler for at least 14 days
Spiriva Respimat	tiotropium	1.25 mcg inhaler	Also, add step therapy to require asthma diagnosis
Tezspire	tezepelumab- ekko	210 mg/1.91 mL syringe and pen injector	Also, update prior authorization to remove step therapy requirement

THE FOLLOWING MEDICATIONS HAVE A CHANGE IN STATUS EFFECTIVE OCTOBER 15, 2023.

Brand Name	Generic Name	Strength(s)	Notes
Atorvaliq	atorvastatin	20 mg/5 mL suspension	Step therapy change, must be 10 years of age or older and less than 12 years of age or unable to swallow tablets/capsules
	azithromycin	600mg tablet	Add quantity limit of 1 tablet per day
Camzyos	mavacamten	2.5 mg, 5mg, 10 mg, and 15 mg tablets	Update quantity limit to 1 tablet per day
Corlanor	ivabradine	5 mg, and 7.5 mg tablets; 5 mg/5mL solution	Update quantity limit to max of 2 tablets per day, and max of 15mL per day for solution
E.E.S.	erythromycin	200 mg/5 mL Granules	Step therapy change, must have tried and failed erythromycin ethylsuccinate susp or member must be under 12 years of age or unable to swallow tablets/capsules and prescriber has provided medical justification for the use of E.E.S. Granules over preferred age
Emgality	galcanezumab-gnlm	All strengths	Prior authorization update to specify amitriptyline or nortriptyline trial as the agents of choice for tricyclic antidepressant category
	enalapril	1 mg/mL solution	Step therapy change, must be under 12 years of age or unable to swallow tablets/capsules
	erythromycin ethylsuccinate	200 mg/5mL and 400 mg/5mL suspension	Step therapy change, must be under 12 years of age or unable to swallow tablets/capsules
	ezetimibe/simvastatin	All strengths of tablets	Step therapy change, member must have trial history of a single-agent HMG CoA reductase inhibitor for 90 of the past 120 days
	fluticasone/salmeterol Resplick	55-14 mcg, 113-14 mcg, 232-14 mcg Inhalers	Add step therapy to require trial of at least 90 days of therapy with Airduo Resplick. This change is for the products made by Teva

	itraconazole	10 mg/mL solution	Step therapy change, must be under 12 years of age or unable to swallow tablets/capsules
Norliqva	amlodipine	1 mg/mL solution	Step therapy change, must be under 12 years of age or unable to swallow tablets/capsules
Orenitram	treprostinil	titration pack	Add quantity limit of 1 pack per 90 days
Sotylize	sotalol	5 mg/mL solution	Step therapy change, must be under 12 years of age or unable to swallow tablets/capsules
Verquvo	vericiguat	2.5 mg, 5mg, and 10 mg tablets	Update quantity limit to 1 tablet per day

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, 8a.m. to 6 p.m. Eastern Time (ET). Thank you for being a CareSource Health Partner.

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