



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

Re: Summary of Formulary Changes Effective March 15, 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 MARCH 15, 2024.

Brand Name	Generic Name	Strength(s)	Notes
	Fesoterodine	All strengths of tablets	
	Fluticasone	All strengths of HFA and Diskus inhalers	Updated Jan 1; off cycle status change for generic products due to shortage
	Fluticasone-Salmeterol	All strengths of Diskus inhalers	Updated Jan 23; off cycle status change for generic products due to shortage
	Lubiprostone	All strengths of capsules	
	Sodium Phenylbutyrate	All strengths of tablets and powder	Updated Jan 12; off cycle status change for generic products due to shortage
	Zolmitriptan	5 mg nasal spray	Updated Jan 12; off cycle status change for generic products due to shortage

THE FOLLOWING MEDICATIONS WILL BE NON-PREFERRED ON THE PDL EFFECTIVE MARCH 15, 2024.

Brand Name	Generic Name	Strength(s)	Notes
Advair	Fluticasone-Salmeterol	All strengths of Diskus inhalers	Updated Jan 23; off cycle status change for generic products due to shortage
Amitiza	Lubiprostone	All strengths of capsules	
Buphenyl	Sodium Phenylbutyrate	All strengths of tablets and powder	Updated Jan 12; off cycle status change for generic products due to shortage

Flovent	Fluticasone	All strengths of HFA and Diskus inhalers	Updated Jan 1; off cycle status change for brand products due to shortage
Levemir	Insulin detemir	Pen and Vials	
Toviaz	Fesoterodine	All strengths of tablets	
	Teriparatide	600 mcg/ 2.4 mL injection	Generic status updated Feb 9
Zomig	Zolmitriptan	5 mg nasal spray	Updated Jan 12; off cycle status change for generic products due to shortage

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 HAVE A CHANGE IN STATUS EFFECTIVE MARCH 15, 2024.

Brand Name	Generic Name	Strength(s)	Notes
Filspari	Sparsentan	All strengths of tablets	Updated prior authorization criteria
	Insulin degludec	Pen and Vials	Removed step therapy requirement
Ozempic	Semaglutide	All strengths of injection pen	Updated prior authorization criteria
Tarpeyo	Budesonide	4 mg capsule	Updated prior authorization criteria
	Tramadol	25 mg tablets	Updated age and quantity limits
Victoza	Liraglutide	All strengths of injection pen	Updated prior authorization criteria

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.

RR2022-IN-MED-P-1708506-V.6; Issue Date: 12/08/2022

OMPP Approved: 12/08/2022