

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

Re: Summary of PDL Changes Effective January 1, 2024

Dear CareSource Member:

Your health care is our priority. That is why we are writing to tell you that on January 1, 2024, CareSource will change its Preferred Drug List (PDL). A PDL is a list of preferred drugs.

## THE FOLLOWING MEDICINES WILL BE PREFERRED ON THE PDL EFFECTIVE JANUARY 1, 2024.

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

Sublocade	Buprenorphine	All strengths	Updated prior
			authorization criteria
	Tramadol	All strengths (excluding	Updated quantity
		ER)	limits

IF APPLICABLE: THE FOLLOWING MEDICINES WILL BE NON-PREFERRED ON THE PDL EFFECTIVE JANUARY 1, 2024.

Brand Name	Generic Name	Dose(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	Sotagiflozin	All strengths of tablets	
	Insulin glargine	Winthropgenerics only	
lyuzeh	Latanoprost	0.005% eye drops	Updated step therapy
Jesduvroq	Daprodustat	All strengths of tablets	Updated prior authorization criteria, age and quartity limits
	Methsuximide	All strengths of generic capsules	
Miebo	Perfluorohexyloctane	100% eye drops	Updated prior authorization criteria and quantity limit
Motpoly XR	Lacosamide	All strengths of brand name capsules	
Ngenla	Somatrogon-ghla	All strengths	Updated prior authorization criteria, age limit, and step therapy
Novdog	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 quartity limits
Zafemy	Ethinyl estradiol and norelegstromin	150-35 mcg/ 24Hr patch	

## IF APPLICABLE: THE FOLLOWING MEDICINES HAVE A CHANGE IN STATUS EFFECTIVE JANUARY 1, 2024.

Brand Name	Generic Name	Dose(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 products4%, 5% and 10%	Updated age limit and step therapy
Beyfoitus	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	Sulcralfate	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-	Topical acne products	Updated age limit
	Benzoyl Peroxide	1.2%-2.5%, 1.2-5%,	and step therapy
		and 1-5%	
	Clindamycin	Topical acne products	Updated age limit
	Phosphate	1%	and step therapy
	ClindamycinBenzoyl	Topical acne products	Updated age limit
	Peroxide	1% - 5%	and step therapy
Dalvance	Dalbavancin	All strengths	J0875- Added check
			for diagnosis and
			updated prior
			authorization for
			medical benefit
Differin	Adapalene	Topical acne products	Updated age limit
	7 taapaiorio	0.1%, and 0.3%	and step therapy
Elevidys	Delandistrogene	All strengths	New drug, medical
Liovayo	moxeparvovec	An outlight	benefit only
Elfabrio	Pegunigalsidase alpha	20 mg/mL vial	New drug, medical
LIIADIIO	r eguriigaismase aipria	20 mg/me viai	benefit only
EpiDuo Forte	Adapalene – Benzoyl	0.1 %-2.5% topical gel	Updated age limit
Lpibuo i oite	Peroxide	0.1 /0-2.5 /0 topical gel	and step therapy
Ery	Erythromycin	Topical acne products	Updated age limit
⊏ıy	Eryunomycm	2%	and step therapy
	EnthromyoidPonzovi	Topical acne products	Updated age limit
	Erythromycin/Benzoyl Peroxide		
Francis		3-5%	and step therapy
Eysuvis	Loteprednol etabonate	0.25% eye drops	Updated quantity
	- Francisco	40 (5 )	limits
	Famotidne	40 mg/5 mL oral	Updated age limit
		suspension	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	10 mg injection	J0257 - Added prior
	inhibitor		authorization for
			medical benefit
	Hydrocodone/	All strengths of generic	Updated quantity limit
	Homatropine	tablets	
Infed	Iron dextran	50 mg injection	J1750 - Added prior
			authorization for
			medical benefit
Ingrezza	Valbenazine	All strengths of	Updated prior
-		capsules	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-irmb	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	Methytestosterone	Allstrengths	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

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Rystiggo	Rozanolixizumab	280 mg/2mL	New drug, medical benefit
Seglentis	Celecoxib/tramadol	55 mg/44 mg tablets	Updated quantity limit
	Sodium	Topical acne products	Updated age limit
	Sulfacetamide-Sulfur	10-5% (W/W), 10-2%,	and step therapy
		9.8-4.8%, and 8-4%	,
Soliris	Eculizumab	10 mg injection	J1300 - Added prior
			authorization for
			medical benefit
Sogroya	Somapactan	All strengths of	Updated prior
		injection	authorization criteria
	Tazarotene	0.1% cream	Updated age limit
			and step therapy
	Testosterone agents	All strengths of	Updated
		preferred injectable	reauthorization
		and topical products	criteria
Tlando	Testosterone	112.5 mg capsules	Updated quantity
	undecanoate		limits
Tretin-X	Tretinoin Microsphere	Topical acne products	Updated age limit
		0.1%, and 0.04%	and step therapy
Triferic	Ferric pyrophosphate	0.1 mg injection	J1443 and J1444 –
	citrate solution		Added prior
			authorization for
	+=		medical benefit
Trulicity	Dulaglutide	All strengths of	Updated prior
		injection	authorization criteria
Uplinza	Inebilizumab-cdon	1 mg injection	J1823 – Added prior
			authorization for
\/ <b>f</b>		4 ! ! !	medical benefit
Venofer	Iron sucrœe	1 mg injection	J1756 – Added prior
			authorization for
Vasiasva	Californacio	All atra parties of tableto	medical benefit
Vesicare	Solifenacin	All strengths of tablets	Updated age limit
\/ioto=o	Live eduction	All atra parties of	and step therapy
Victoza	Liraglutide	All strengths of	Updated prior
Van en out I la den elo	Cfor outing income!	injection	authorization criteria
Vyvgart Hytrulo	Efgartigimod/	1,008 mg/ 11,200 units/	New dosage form, medical benefit
	hyalurondase	5.6mL injection	medical benefit
Xarelto	Rivaroxaban	1 mg/mL suspension	Updated age limit
7.WI VILO	I THE CAUDE	g.m. caspinson	and step therapy
Ycanth	Cantharidin	0.7% topical solution	Updated quantity limit
Zenatane	Isotretinoin	All strengths of oral	Updated age limit
	.3010111211	capsules	and step therapy
Ziana	Clindamycin Tretinoin	1.2-0.025% gel	Updated age limit
		1.2 0.020,0 90.	and step therapy

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

## What should you do?

First, talk to your prescriber. There may be other medicines on the CareSource PDL that you can take instead. There are a few ways you and your prescriber can find medicines:

- You can look on our website at **CareSource.com.** On the Members page, go to Tools & Resources and **c**lick on "Find My Prescriptions".
- Or, call our Member Services Department at **1-844-607-2829** (TTY: 1-800-743-3333 or 711).

We are here to help you. The Member Services Department is open Monday through Friday, 8 a.m. to 8 p.m. Eastern Time.

Sincerely,

CareSource RxInnovations

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