

Re: Summary of Formulary Changes Effective January 1, 2022

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, 2022.

Brand Name Generic Name Strength(s)

		Brand Name	Generic Name	Strengtn(s)	Notes
		Tadalafil	Tadalafil	20 mg	Requires Prior Authorization
		Reyvow	Lasmiditan	50 mg, 100 mg	Requires Prior Authorization
		Emgality	Galcanezumab-Gnlm	120 mg/mL	Requires Prior Authorization
		Emflaza	Deflazacort	6 mg, 18 mg, 30	Requires Prior Authorization
				mg, 36 mg, 22.75	
				mg/mL	
		Diclofenac	Diclofenac	3%	Requires Prior Authorization
		Vyndamax	Tafamidis	61 mg	Requires Prior Authorization
		Vyndaqel	Tafamidis Meglumine	20 mg	Requires Prior Authorization
		Endari	Glutamin Re	ະ ດົບຫຼ່າາອ s Prior Authoriza	atRequires Prior Authorization
		Repatha	Evolocumab		
li	Pegcet	acoplan	1,080 mg/20 mL Re	equires Prior Authoriza	ation
azole	Benzni	dazole	12.5 mg, 100 mg		
	Tafeno	quine Succinate	150 mg		
nid	Pretom	anid	200 mg		
	Aliskire	n	150 mg, 300 mg		
	Hemifu	marate			
a	Aliskire	n	150 mg/12.5 mg,		
	Hemifu	marate/Hydroch	150 mg/25 mg, 300		
	lorothia	zide	mg/12.5 mg, 300		
			mg/25 mg		
О	Naloxo	ne HCl	8 mg		

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 maTd[y)15 (our)-9I(i)22.7 (s)iFp (our)-9