



P.O. Box 8738, Dayton, OH 45401-8738 | 800.488.0134 | CareSource.com

Re: Summary of Formulary Changes Effective October 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 October 1, 2022

Brand Name	Generic Name	Strength(s)	Notes
Releuko Syringe, Vial	Filgrastim-ayow	300 mcg/0.5mL, 300 mcg/mL, 480 mcg/0.8mL, 480 mcg/1.6mL	Prior authorization required
Nocdurna	Desmopressin acetate	27.7mcg, 55.3mcg	Prior authorization required
Pyrukynd	Mitapivat Sulfate	5mg, 20mg, 50mg, 20-5mg, 50-20mg	Prior authorization required

THE FOLLOWING MEDICATIONS HAVE A CHANGE IN STATUS EFFECTIVE October 1, 2022

Brand Name	Generic Name	Strength(s)	Notes If Applicable
Triumeq PD	Abacavir/dolutegravir/lamivudine	60mg-5mg-30mg	Will now require prior authorization

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 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 **1-800-488-0134**.

The Department is open Monday through Friday, 8 a.m. to 5 p.m. Thank you for being a CareSource health partner.

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