



PO Box 723308, Atlanta, GA 31139-1308 | CareSource.com

**Re: Summary of Formulary Changes Effective October 1, 2018**

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). Medications are added, changed or removed periodically based on industry standard, market availability and/or usage. 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 1, 2018**

Brand Name	Generic Name	Strength(s)	Notes
Vancocin	Vancomycin	125 mg; 250 mg	
Apidra Apidra Solostar	Insulin glisidine	100 units/mL	Preferred product is Admelog
Humalog Humalog Kwikpen	Insulin lispro	100 units/mL	Preferred product is Admelog
Novolog Novolog Flexpen	Insulin aspart	100 units/mL	Preferred product is Admelog
Fiasp Fiasp Flextouch	Insulin aspart	100 units/mL	Preferred product is Admelog
Invokana	Canagliflozin	100 mg, 300 mg	Preferred product is Steglatro
Invokamet	Canagliflozin/metformin	50-500 mg 50-1000 mg 150-500 mg 150-1000 mg	Preferred product is Segluromet

- We will provide a list of CareSource patients who are taking any medication above upon your request. Please email your request to [PharmacyConversionProgram@CareSource.com](mailto: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 1, 2018**

Brand Name	Generic Name	Strength(s)	Notes
Firvanq	Vancomycin	25 mg/mL; 50 mg/mL	Prior Authorization Required
Ozempic	Semaglutide	2 mg/1.5 mL	Step through metformin required

**THE FOLLOWING MEDICATIONS HAVE A CHANGE IN STATUS EFFECTIVE  
OCTOBER 1, 2018**

<b>Brand Name</b>	<b>Generic Name</b>	<b>Strength(s)</b>	<b>Notes</b>
<b>Hepsera</b>	Adefovir dipivoxil	10 mg	Now Requires Prior Authorization
<b>Baraclude</b>	Entecavir	0.5 mg 1 mg 0.05 mg/mL	Now Requires Prior Authorization
<b>Epivir-HBV</b>	Lamivudine	100 mg 5.0 mg/mL	Now Requires Prior Authorization
<b>Spinosad</b>	Natroba	0.9%	Now Requires 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 Pharmacy pages at CareSource.com. You may find your patient's plan formulary by clicking on:

- Your state
- Your patient's CareSource plan
- The Patient Care link
- The Pharmacy link

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 Pharmacy Services** Department at **1-855-202-1058**. The Department is open Monday through Friday, 7 a.m. to 7 p.m.

Thank you for being a CareSource health partner.