

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

Re: Summary of Formulary Changes Effective April 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 APRIL 1, 2018.

| Brand Name | Generic Name | Strength(s) |
|-------------------|---|--------------------------|
| Detrol | Tolterodine | 1 mg, 2 mg |
| Detrol LA | Tolterodine extended release 2 mg, 4 mg | |
| Linzess | Linaclotide | 72 mcg, 145 mcg, 290 mcg |
| Sanctura | Trospium | 20 mg |
| Sanctura XR | Trospium extended release | 60 mg |

 We will provide a list of CareSource patients who are taking any medication above upon your request. Please email your request to <u>PharmacyConversionProgram@CareSource.com</u>. 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 APRIL 1, 2018.

| Brand Name | Generic Name | Strength(s) | Notes if Applicable |
|-------------------|-----------------|---------------|--|
| Metadate CD | Methylphenidate | 10 mg, 20 mg, | Quantity limit of 30 tablets per |
| | HCI extended | 30 mg, 40 mg, | month |
| | release | 50 mg, 60 mg | |
| Trulance | Plecanatide | 3 mg | Prior authorization required |
| Xiidra | Lifitegrast | 5% | Prior authorization required |
| Xopenex HFA | Levalbuterol | 45 | Quantity limit of 2 inhalers per month |
| | | mcg/actuation | month |
| | | (15 g = 200 | |
| | | inhalations) | |

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 <u>formulary search tools</u> 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, 8 a.m. to 5 p.m.

Thank you for being a CareSource health partner.

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