



September 1, 2020

Re: Summary of Formulary Changes Effective October 1, 2020

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, 2020.

Brand Name	Generic Name	Strength(s)	Notes
Victoza	Liraglutide	18 mg / 3 mL Multidose Pen in 0.6 mg, 1.2 mg, 1.8 mg	Preferred alternatives: Rybelsus, Trulicity
Ozempic	Semaglutide	2 mg / 1.5 mL Multidose Pen in 0.25 mg, 0.5 mg, 1 mg	Preferred alternatives: Rybelsus, Trulicity
Tresiba	Insulin Degludec	200 units / mL 100 units / mL	Preferred alternative: Basaglar
Humalog	Insulin Lispro	100 units / mL Vial & KwikPen 200 units / mL KwikPen	Includes both brand and authorized generic. Preferred alternative: Admelog
Humalog Mix	Insulin Lispro Protamine and Insulin Lispro	50-50 (100 units) / mL, 75-25 (100 units) / mL Vial & KwikPen	Includes both brand and authorized generic. Preferred alternative: Admelog
Humalog Junior	Insulin Lispro	100 units / mL	Includes both brand and authorized generic. Preferred alternative: Admelog
Novolog Mix	Insulin Aspart Protamine and Insulin Aspart	70-30 (100 units) / mL Vial & FlexPen	Includes both brand and authorized generic. Preferred alternative: Admelog
Zenpep	Pancrelipase	3000-14000 unit, 5000-24000 unit, 10000-32000 unit, 15000-47000 unit, 20000-63000 unit, 25000-79000 unit, 40000-126000 unit	Preferred alternatives: Viokace, Creon
Ciprodex	Ciprofloxacin and Dexamethasone	0.3-0.1% / mL	Preferred alternatives: ciprofloxacin 0.3% ophthalmic solution, ciprofloxacin 0.2% otic solution, dexamethasone 0.1% ophthalmic solution

THE FOLLOWING MEDICATIONS WILL BE PREFERRED ON THE PDL EFFECTIVE OCTOBER 1, 2020.

Brand Name	Generic Name	Strength(s)	Notes
Rybelsus	Semaglutide	3 mg, 7 mg, 14 mg	Preferred with Step Therapy
Lansoprazole- Amoxicillin- Clarithromycin	Lansoprazole, Amoxicillin, Clarithromycin Combination Package	30 mg/500 mg/500 mg	

THE FOLLOWING MEDICATIONS HAVE A CHANGE IN STATUS EFFECTIVE OCTOBER 1, 2020.

Brand Name	Generic Name	Strength(s)	Notes
Xarelto	Rivaroxaban	2.5 mg	Add Step Therapy

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 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.



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