



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

Re: Summary of Formulary Changes Effective November 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 P4HB FAMILY PLANNING PDL EFFECTIVE NOVEMBER 1, 2018

Brand Name	Generic Name	Strength(s)	Notes
Bactroban	Mupirocin	2%	
	Nystatin (Topical)	100,000 U	
Floxin	Ofloxacin (Ophth)	0.3%	
Elimite	Permethrin	5%	
Polytrim	Polymyxin B-Trimethoprim	10,000 Unit/mL-0.1%	
Tobrex	Tobramycin (Ophth)	0.3%	

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.