



P.O. Box 8738, Dayton, OH 45401-8738 | [www.CareSource.com](http://www.CareSource.com)

**Re: Summary of Formulary Changes Effective January 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). 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 JANUARY 1, 2018.**

Brand Name	Generic Name	Strength(s)	Notes
<b>Atgam</b>	Antithymocyte Globulin (Equine)	50 mg/mL	Available on medical benefit.
<b>Beriner</b>	C1 esterase inhibitor	500 units	Available on medical benefit.
<b>Bivigam</b>	Immune globulin, gamma (IGG)	5 g/50 mL, 10 g/100 mL	Available on medical benefit.
<b>Carimune NF</b>	Immune globulin, gamma (IGG)	3 g, 6 g, 12 g	Available on medical benefit.
<b>Cinryze</b>	C1 esterase inhibitor	500 units	Available on medical benefit.
<b>Cytogam</b>	Cytomegalovirus Immune Globulin (Intravenous-Human)	50 mg / 50 mL	Available on medical benefit.
<b>Differin</b>	Adapalene	0.1%, 0.3%	Preferred agent Differin OTC.
<b>Firazyr</b>	Icatibant	30 mg/3 mL	Available on medical benefit.
<b>Flebogamma</b>	Immune globulin, gamma (IGG)	0.5 g/10 mL, 2.5 g/50 mL, 5 g/50 mL, 5 g/100 mL, 10 g/100 mL, 10 g/200 mL, 20 g/200 mL, 20 g/400 mL	Available on medical benefit.
<b>Gamastan S/D</b>	Immune globulin, gamma (IGG)	15% to 18%	Available on medical benefit.
<b>Gammagard</b>	Immune globulin, gamma (IGG)	1 g/10 mL, 2.5 g/25 mL, 5 g/50 mL, 10 g/100 mL, 20 g/200 mL, 30 g/300 mL	Available on medical benefit.
<b>Gammaplex</b>	Immune globulin, gamma (IGG)	2.5 g/50 mL, 5 g/50 mL, 10 g/100 mL, 10 g/200 mL, 20 g/200 mL, 20 g/400 mL	Available on medical benefit.
<b>Gamunex-C</b>	Immune globulin, gamma (IGG)	1 g/10 mL, 2.5 g/25 mL, 5 g/50 mL, 10 g/100 mL, 20 g/200 mL, 40 g/400 mL	Available on medical benefit.



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Brand Name	Generic Name	Strength(s)	Notes
<b>Hepagam B</b>	Hepatitis B Immune Globulin (Human)	1 mL, 5 mL	Available on medical benefit.
<b>Hizentra</b>	Immune globulin, gamma (IGG)	1 g/5 mL, 2 g/10 mL, 4 g/20 mL, 10 g/50 mL	Available on medical benefit.
<b>Hyperrab S/D</b>	Rabies Immune Globulin (Human)	150 units/mL (2 mL, 10 mL)	Available on medical benefit.
<b>Hyperrho S/D</b>	Rho D immune globulin	250 units, 1500 units	Available on medical benefit.
<b>Kalbitor</b>	Ecallantide	10 mg/mL	Available on medical benefit.
<b>Octagam</b>	Immune globulin, gamma (IGG)	1 g/20 mL, 2 g/20 mL, 2.5 g/50 mL, 5 g/50 mL, 5 g/100 mL, 10 g/100 mL, 10 g/200 mL, 20 g/200 mL, 25 g/500 mL	Available on medical benefit.
<b>Privigen</b>	Immune globulin, gamma (IGG)	5 g/50 mL, 10 g/100 mL, 20 g/200 mL, 40 g/400 mL	Available on medical benefit.
<b>Rhogam Plus</b>	Rho D immune globulin	1500 units	Available on medical benefit.
<b>Rhophylac</b>	Rho D immune globulin	1500 units/ 2mL	Available on medical benefit.
<b>Ruconest</b>	C1 inhibitor (recombinant)	2100 unit	Available on medical benefit.
<b>WinRho SDF</b>	Rho D immune globulin	1500 units/1.3 mL, 2500 units/2.2 mL, 5000 units/4.4 mL, 15000 units/13 mL	Available on medical benefit.

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 JANUARY 1, 2018.**

Brand Name	Generic Name	Strength(s)	Notes
<b>Differin OTC</b>	Adapalene	0.1%	Quantity limit of 1 tube per month.
<b>Haegarda</b>	C1 esterase inhibitor	2000 units, 3000 units	Available on medical benefit.

**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.



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### **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](http://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 1-844-607-2829. 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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