



P.O. Box 8738, Dayton, OH 45401-8738 | [www.CareSource.com](http://www.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). 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)	Notes
Amitiza	Lubiprostone	8 mcg, 24 mcg	
Detrol	Tolterodine	1 mg, 2 mg	
Detrol LA	Tolterodine extended release	2 mg, 4 mg	
Faslodex	Fulvestrant	250 mg/5 mL	Available on medical benefit
Hectorol	Doxercalciferol	0.5 mcg, 1 mcg, 2.5 mcg	IV solution on medical benefit
Linzess	Linaclotide	72 mcg, 145 mcg, 290 mcg	
Sanctura	Trospium	20 mg	
Sanctura XR	Trospium extended release	60 mg	
Zemplar	Paricalcitol	1 mcg, 2 mcg, 4 mcg	IV solution 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 APRIL 1, 2018.**

Brand Name	Generic Name	Strength(s)	Notes
Trulance	Plecanatide	3 mg	Prior authorization required

<b>Xiidra</b>	<b>Lifitegrast</b>	<b>5%</b>	<b>Prior authorization required</b>
<b>Xopenex HFA</b>	<b>Levalbuterol</b>	<b>45 mcg/actuation (15 g = 200 inhalations)</b>	<b>Quantity limit of 2 inhalers per month</b>

### **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 1-844-607-2829. The Department is open Monday through Friday, 8 a.m. to 5 p.m. Thank you for being a CareSource health partner.**