



P.O. Box 8738, Dayton, OH 45401-8738 | www.CareSource.com

Re: Summary of Formulary Changes Effective October 1, 2021

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 OCTOBER 1, 2021.

| Brand Name | Generic Name | Strength(s) | Notes |
|------------|------------------|--------------------------------|--|
| Basaglar | insulin glargine | 100 units/mL (U-100) | Preferred product: Semglee |
| Kitabis | tobramycin | 300 mg/5 mL | Preferred product: tobramycin |
| Trulance | plecanatide | 3 mg | Preferred product: lubiprostone |
| Azasan | azathioprine | 75 mg, 100 mg | Generic azathioprine 50 mg tablets are preferred |
| Ilaris | canakinumab | 150 mg/mL | Members currently on Ilaris will not be required to change therapy |
| Cosentyx | secukinumab | 75 mg/0.5 mL, 150 mg/mL | Members currently on Cosentyx will not be required to change therapy |
| Siliq | brodalumab | 210 mg/1.5 mL | Members currently on Siliq will not be required to change therapy |
| Actemra | tocilizumab | 80 mg/4 mL, 200 mg/10 mL | Members currently on Actemra will not be required to change therapy |
| Kevzara | sarilumab | 150 mg/1.14 mL, 200 mg/1.14 mL | Members currently on Actemra will not be required to change therapy |
| Olumiant | baricitinib | 1 mg, 2 mg | Members currently on Olumiant will not be required to change therapy |
| Cimzia | certolizumab | 200 mg/mL | Members currently on Cimzia will not be required to change therapy |
| Otezla | apremilast | 10 mg, 20 mg, 30 mg | Members currently on Otezla will not be required to change therapy |

| | | | |
|---|-------------------|--------|--|
| ProAir HFA, ProAir RespiClick, ProAir Digihaler, Ventolin HFA, Proventil HFA | albuterol sulfate | 90 mcg | Temporary coverage of non-preferred albuterol inhalers was allowed due to the COVID-19 pandemic. This temporary coverage ends 10/1/21, and the preferred alternative is generic albuterol HFA 90 mcg inhaler |
|---|-------------------|--------|--|

THE FOLLOWING MEDICATIONS WILL BE PREFERRED ON THE PDL EFFECTIVE OCTOBER 1, 2021.

| Brand Name | Generic Name | Strength(s) | Notes |
|---------------------|---------------------|--------------------|------------------------------|
| Lubiprostone | lubiprostone | 8 mcg, 12 mcg | Requires Prior Authorization |
| Semglee | insulin glargine | 100 units/mL | |

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 RX Innovations 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.