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Formulary Changes, 2015 Quarter 1

Dear CareSource® Just4Me Provider:

We want you to have the most current information about our Preferred Drug List (PDL). Here are the changes that will be effective January 1, 2015. For the most up-to-date information, please use the search tool on CareSource.com to find out if a medicine is covered.

The following medicines will be **removed** from the CareSource PDL on January 1, 2015.

- ACUVAIL SOL 0.45% (instead use generic ketorolac ophth solution)
- ALODOX KIT 20 MG (instead use generic doxycycline)
- ALTOPREV TAB (instead use generic statins)
- AMRIX CAP (instead use generic cyclobenzaprine)
- ANDRODERM DIS (instead use Axiron and Androderm)
- ANDROGEL GEL (instead use Axiron and Androderm)
- APEXICON E CRE 0.05% (instead use generic topical diflorasone cream)
- ASACOL HD TAB 800 MG (instead use Apriso)
- ASACOL TAB 400 MG DR (instead use Apriso)
- BECONASE AQ SUS 0.042% (use generic flunisolide, fluticasone, or triamcinolone nasal spray)
- CENTANY AT KIT 2% (instead use generic topical mupirocin)
- CLINDACIN KIT PAC 1% (instead use generic topical clindamycin)
- CONZIP CAP (instead use generic tramadol)
- COSOPT PF SOL (instead use generic dorzol/timol 2-0.5% ophth solution)
- DIOVAN TAB (instead use generic)
- EDLUAR SUB (instead use generic zolpidem, zolpidem er, zaleplon)
- EPOGEN INJ (instead use PROCRIT)
- FENOGLIDE TAB 40 MG (instead use generic fenofibrate)
- FORTESTA GEL 10 MG/ACT (instead use Axiron and Androderm)
- GLYCRON TAB 4.5 MG (instead use generic glyburide)
- ILEVRO DRO 0.3% OP (use generic bromfenac, diclofenac, flurbiprofen, or ketorolac ophth)
- INCIVEK TAB 375 MG (consult your prescriber)
- INTERMEZZO SUB (instead use generic zolpidem, zolpidem er, zaleplon)
- LANSOPRAZOLE TAB 15 MG ODT (instead use generic lansoprazole caps)
- LESCOL XL TAB 80 MG (instead use generic statins)
- LIALDA TAB 1.2 GM (instead use Apriso)
- LORZONE TAB (instead use generic chlorzoxazone or cyclobenzaprine)
- MAXAIR AUTOH AER 200 MCG (instead use Proair HFA)
- METHITEST TAB 10 MG (consult your prescriber)
- MORGIDOX KIT (instead use generic doxycycline)
- MOXATAG TAB 775 MG (instead use generic amoxicillin)
- NITROMIST AER 400 MCG (instead use generic)
- NORITATE CRE 1% (instead use generic topical metronidazole cream)

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- OCUDOX KIT (instead use generic doxycycline)
- OLEPTRO TAB 24HR (instead use generic trazodone)
- OMNARIS SPR (instead use generic flunisolide, fluticasone, or triamcinolone nasal spray)
- ORACEA CAP 40 MG (instead use generic doxycycline)
- OXSORALEN-UL CAP 10 MG (instead use generic)
- PANCREAZE CAP (instead use Creon, Zenpep, Ultresa, Viokace
- PARAGARD IUD T380A (consult your prescriber)
- PENTASA CAP CR (instead use generic)
- PERTZYE CAP (instead use Creon, Zenpep, Ultresa, Viokace)
- PROTONIX PAK (instead use generic omeprazole, lansoprazole, pantoprazole, or rabeprazole)
- PROVENTIL AER HFA (instead use Proair HFA)
- QNASL AER 80 MCG (instead use generic flunisolide, fluticasone, or triamcinolone nasal spray)
- RENAGEL TAB (instead use Renvela)
- RIOMET SOL (instead use generic metformin)
- SARAFEM TAB (instead use generic fluoxetine)
- SFROWASA ENE 4GM (instead use generic)
- SILENOR TAB (instead use generic doxepin)
- SPRIX SPR 15.75 MG (instead use generic NSAIDs)
- STRIANT MIS 30 MG (instead use Axiron and Androderm)
- SYMLIN INJ 600 MCG (instead use Bydureon)
- TESTIM GEL 1%(50 MG) (instead use Axiron and Androderm)
- TEVETEN TAB 400 MG (instead use generic)
- TRETIN-X CRE KIT (instead use generic tretinoin)
- TRETIN-X GEL KIT (instead use generic tretinoin)
- TRIGLIDE TAB (instead use generic fenofibrate)
- VENTOLIN HFA AER (instead use Proair HFA)
- VERAMYST SPR 27.5 MCG (use generic flunisolide, fluticasone, or triamcinolone nasal spray)
- ZAMICET SOL 10-325 MG (instead use generic)
- ZIPSOR CAP 25 MG (instead use generic dicflofenac)
- ZOVIRAX CRE 5% (instead use oral acyclovir or topical acyclovir)

The following medicines will be **changed** on the CareSource PDL on January 1, 2015.

- AKNE-MYCIN OIN 2% (added step therapy)
- ALVESCO AER (added step therapy)
- CIALIS TAB 2.5 MG (added quantity limit)
- CODEINE SULF TAB (changed quantity limit)
- FLOVENT DISK AER (added step therapy)
- FLOVENT HFA AER (added step therapy)
- HYDROMORPHON SUP 3 MG (added quantity limit)
- INVEGA SUST INJ (added step therapy)
- ITRACONAZOLE CAP 100 MG (added prior auth)
- LEVORPHANOL TAB 2 MG (changed quantity limit)
- MEPERIDINE TAB 100 MG (changed quantity limit)
- METHADONE CON 10 MG/ML (added quantity limit)
- METHADONE SOL (added quantity limit)
- NASONEX SPR 50 MCG/AC (added step therapy)

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- ORPHEN CPD TAB DS (added prior auth)
- RELISTOR INJ (added prior auth)
- RIVASTIGMINE CAP (added prior auth)

The following medicines will have a **tier change** on the CareSource PDL on January 1, 2015. Medicines are placed into tiers based on how well they work, how much they cost, and how they compare to similar medicines. In most cases, the lower the tier, the lower the copay. A basic summary is: Tier 1 is free (these are preventative medicines). Tier 2 is the lowest co-pay (these are preferred generics). Tier 3 is a higher co-pay (preferred brands). Tier 4 is an even higher co-pay (non-preferred brands). And tier 5 is the highest co-pay (often specialty medications).

- AMEVIVE INJ 15 MG (3 --> 4)
- BUPHENYL TAB 500 MG (3 --> 4)
- CAPITAL/COD SUS 120-12/5 (2 --> 3)
- CYSTADANE POW (3 --> 4)
- INVEGA TAB (2 --> 3)
- LYRICA CAP (2 --> 3)
- LYRICA SOL 20 MG/ML (2 --> 3)
- NALFON CAP (2 --> 3)
- PRIMLEV TAB (2 --> 3)
- ROXICET SOL 5-325/5 (2 --> 3)
- ZODRYL DAC SUS (2 --> 3)

The following medicines will have **both a tier change and another change** on the CareSource PDL on January 1, 2015:

- BANZEL SUS 40 MG/ML (2 --> 3, added prior auth)
- BANZEL TAB (2 --> 3, added prior auth)
- BYETTA INJ (2 --> 3, added prior auth and quantity limit)
- ONFI SUS 2.5 MG/ML (2 --> 3, added prior auth)
- ONFI TAB (2 --> 3, added prior auth)
- POTIGA TAB (2 --> 3, added prior auth)
- PULMICORT INH (2 --> 3, added step therapy)
- PULMICORT SUS 1MG/2ML (2 --> 3, added step therapy)
- VIMPAT SOL 10 MG/ML (2 --> 3, added prior auth)
- VIMPAT TAB (2 --> 3, added prior auth)

We are here to help you should you have questions. Call the CareSource Pharmacy Services Department at 1-800-488-0134. The Department is open Monday through Friday, 8 a.m. to 5 p.m.

Sincerely,

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