



11/01/2018

Re: Summary of PDL Changes Effective December 1, 2018

Dear Humana – CareSource Member:

Your health care is our priority. That is why we are writing to tell you that on December 1, 2018, Humana – CareSource will change its Preferred Drug List (PDL). A PDL is a list of preferred drugs.

**THE FOLLOWING MEDICINES WILL BE NON-PREFERRED ON THE PDL
EFFECTIVE DECEMBER 1, 2018**

Brand Name	Generic Name	Dose(s)	Notes
Vancocin	Vancomycin	125 mg; 250 mg	

**THE FOLLOWING MEDICINES HAVE A CHANGE IN STATUS EFFECTIVE
DECEMBER 1, 2018**

Brand Name	Generic Name	Dose(s)	Notes
Hepsera	Adefovir dipivoxil	10 mg	Now Requires Prior Authorization
Baraclude	Entecavir	0.5 mg; 1 mg; 0.05 mg/mL	Now Requires Prior Authorization
Epivir-HBV	Lamivudine	100 mg; 5.0 mg/mL	Now Requires Prior Authorization
Spinosad	Natroba	0.9%	Now Requires Prior Authorization

What should you do?

First, talk to your prescriber. There may be other medicines on the Humana – CareSource PDL that you can take instead. There are a few ways you and your prescriber can find medicines:

- You can look on our website at CareSource.com. Go to the Pharmacy page and click on “Preferred Drug List”.
- Or, call our Member Services Department 1-855-852-7005 (TTY: 1-800-648-6056 or 711), Monday – Friday, 7 a.m. to 7 p.m. EST.

We are here to help you. The Humana – CareSource Member Services Department is open Monday through Friday, 7 a.m. to 7 p.m.

Sincerely,

Humana – CareSource Pharmacy Department

Humana - CareSource complies with applicable state and federal civil rights laws and does not discriminate on the basis of age, gender, gender identity, color, race, disability, national origin, marital status, sexual preference, religious affiliation, health status, or public assistance status.

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