



Re: Formulary change effective October 1, 2018

Humana – CareSource® routinely reviews medications available on the Preferred Drug List (PDL). We encourage you to work with your Humana – CareSource-covered patients in advance of the effective date above to ensure a smooth transition.

THE FOLLOWING MEDICATIONS WILL BE NONPREFERRED ON THE PDL FOR CURRENT USERS EFFECTIVE OCTOBER 1, 2018.

Brand name	Generic name	Strength(s)	Notes
Lantus®	insulin glargine	100 units/mL	Lantus became non-preferred on the PDL on January 1, 2018. All current users are expected to switch to a preferred-brand drug, such as Basaglar or Tresiba, by October 1, 2018.

To receive a list of your Humana – CareSource-covered patients who currently take the medication described above, please email your request to PharmacyConversionProgram@CareSource.com. Please include in your request the medication name and your secure fax number.

What you should know

We know patient care is of the utmost importance to you. We are notifying our members of this change and have asked them to contact their prescriber if they have questions.

Additional resources

For up-to-date PDL information, please use the [formulary search tools](#) online. To access the complete formulary, visit the provider pharmacy pages at CareSource.com/ky. You may find your patient’s plan formulary by clicking on the following:

- Your state
- Your patient’s Humana – CareSource plan
- The “Patient Care” link
- The “Pharmacy” link

We recognize each patient is unique and we appreciate your help in making this a successful transition. If you have additional questions, please call the Humana – CareSource pharmacy services department at 1-855-852-7005. Hours of operation are Monday through Friday, 8 a.m. to 5 p.m. Eastern time.