



Re: Summary of Formulary Changes

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 PREFERRED ON THE PDL EFFECTIVE JUNE 1, 2019.

Brand Name	Generic Name	Strength(s)	Notes
Juluca	Dolutegravir-Rilpivirine	50-25 mg	
Biktarvy	Bictegravir-Emtricitabine-Tenofovir AF	50-200-25 mg	

THE FOLLOWING MEDICATIONS HAVE A CHANGE IN STATUS EFFECTIVE JUNE 1, 2019.

Brand Name	Generic Name	Strength(s)	Notes
Diprolene	Betamethasone Dipropionate	0.05%	Step Therapy Required
Temovate Clobex	Clobetasol Propionate	0.05%	Step Therapy Required
Diflorasone Diacetate	Diflorasone Diacetate	0.05%	Step Therapy Required
Fluocinonide	Fluocinonide	0.05%	Step Therapy Required
Celebrex	Celecoxib	50 mg, 100 mg, 200 mg, 500 mg	Step Therapy Required
Crestor	Rosuvastatin	5 mg, 10 mg, 20 mg, 40 mg	Step Therapy Required
Apidra Apidra Solostar	Insulin glulisine	100 units/mL	Preferred product is Admelog
Humalog Humalog Kwikpen	Insulin lispro	100 units/mL	Preferred product is Admelog
Novolog	Insulin aspart	100 units/mL	Preferred product is Admelog

Novolog Flexpen			
Fiasp Fiasp Flextouch	Insulin aspart	100 units/mL	Preferred product is Admelog
Invokana	Canagliflozin	100 mg, 300 mg	Preferred product is Steglatro
Invokamet	Canagliflozin/metformin	50-500 mg 50-1000 mg 150-500 mg 150-1000 mg	Preferred product is Segluromet

What you should know

We are notifying our members of this change to help ensure the maintenance of their treatment plan. We asked our members to contact their prescriber if they have questions.

Upon your request, we are happy to provide a list of Humana – CareSource-covered patients who are taking the affected medication(s) listed above. Please email your request to PharmacyConversionProgram@CareSource.com. In your request, include the medication name(s) and your secure fax number. We will fax you a list of Humana – CareSource-covered patients for whom claims show were prescribed these medications.

Additional resources

For the up-to-date 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:

- 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 partnership in making this a successful transition. If you have questions regarding these changes, 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.

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