



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(s) described below to ensure a smooth transition.

THE FOLLOWING MEDICATIONS WILL BE NON-PREFERRED ON THE PDL EFFECTIVE JUNE 1, 2019.

Brand Name	Generic Name	Strength(s)	Notes
Lidocaine Patch	Lidocaine	5%	OTC Lidocaine Patch Preferred
Humira	Adalimumab	10 mg, 20 mg, 40 mg, 80 mg	Will Remain Preferred for Diagnosis of Crohn's Disease and Ulcerative Colitis (UC)

THE FOLLOWING MEDICATIONS WILL BE PREFERRED ON THE PDL EFFECTIVE JUNE 1, 2019.

Brand Name	Generic Name	Strength(s)	Notes
Soliqua	Insulin glargine- lixisenatide	100-33 unit-mcg/mL	Step Therapy Required
Azelastine	Azelastine HCl	0.15%	
Symtuza	Darunavir-Cobicistat- Tenofovir AF	800-150-10 mg	
OTC Lidocaine Patch	Lidocaine	4%	

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.

Additional resources

For 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 can find your patient's plan formulary by clicking on one of 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. We are here to help answer questions regarding this change. 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.