



**Re: Summary of Formulary Changes Effective October 1, 2019**

Dear Provider,

Humana – CareSource® routinely reviews medications available on the preferred drug list (PDL) and makes changes to facilitate better care for our members. 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 NON-PREFERRED ON THE PDL EFFECTIVE OCTOBER 1, 2019.**

Brand Name	Generic Name	Strength(s)
Arakoda	Tafenoquine	100 mg
Arikayce	Amikacin	590 mg/8.4 mL
Nuzyra	Omadacycline	150 mg
Oxervate	Cenegermin	0.002%
Spravato	Esketamine	56 mg, 84 mg
Xerava	Eravacycline	50 mg
Xofluza	Baloxavir	20 mg, 40 mg
Yupelri	Revafenacin	175 mcg/3 mL
Azedra	Iobenguane I 131	555 MBQ/mL
Daurismo	Glasdegib	25 mg, 100 mg
Libtayo	Cemiplimab-RWLC	350 mg
Lorbrena	Loratitinib	25 mg, 100 mg
Lumoxiti	Moxetumomab Pasudotox	1 mg
Poteligeo	Mogamulizumab	20 mg
Talzenna	Talazoparib	0.25 mg, 1 mg
Tibsovo	Ivosidenib	250 mg
Vittrakvi	Larotrectinib	25 mg, 100 mg, 20 mg/mL
Vizimpro	Dacomitinib	15 mg, 30 mg, 45 mg
Xospata	Gilteritinib	40 mg

**What you should know**

We notified our members of this change to help maintain their treatment plan. We asked our members to contact their prescriber if they have questions.

**Additional Resources**

For the most up-to-date information, please use the online formulary search tools. To access the complete formulary, visit the Provider Pharmacy pages at [CareSource.com/ky](https://www.caresource.com/ky). You may find your patient's plan formulary by clicking on:

- Your patient's Humana - CareSource plan
- "Tools & Resources"
- "Drug Formulary"

We recognize each patient is unique and we appreciate your partnership in making this a successful transition. We are here to help you with any questions. Call the **Humana – CareSource Pharmacy Services** Department at **1-855-852-7005**. The department is open Monday through Friday, 8 a.m. to 5 p.m.