



Re: Summary of formulary changes, effective April 1, 2018

Dear Humana – CareSource Member:

Your health care is our priority. That is why we are writing to tell you that on 04/01/2018, Humana – CareSource will change its Preferred Drug List (PDL). A PDL is a list of preferred drugs.

THE FOLLOWING MEDICINES WILL BE PREFERRED ON THE PDL EFFECTIVE April 1, 2018.

Brand Name	Generic Name	Dose (s)	Notes
Differin® OTC	Adapalene	0.1%	Limit of 1 tube per month.
Haegarda®	C1 esterase inhibitor	2000 units, 3000 units	Available on medical benefit.

THE FOLLOWING MEDICINES WILL BE NON-PREFERRED ON THE PDL EFFECTIVE April 1, 2018.

Brand Name	Generic Name	Dose(s)	Notes
Atgam®	Antithymocyte Globulin (Equine)	50 mg/mL	Available on medical benefit.
Beriner®	C1 esterase inhibitor	500 units	Available on medical benefit.
Carimune NF®	Immune globulin, gamma (IGG)	3 g, 6 g, 12 g	Available on medical benefit.
Cinryze®	C1 esterase inhibitor	500 units	Available on medical benefit.
Cytogam®	Cytomegalovirus Immune Globulin (Intravenous-Human)	50 mg / 50 mL	Available on medical benefit.
Differin®	Adapalene	0.1%, 0.3%	Preferred agent Differin OTC.
Firazyr®	Icatibant	30 mg/3 mL	Available on medical benefit.
Flebogamma®	Immune globulin, gamma (IGG)	0.5 g/10 mL, 2.5 g/50 mL, 5 g/50 mL, 5 g/100 mL, 10 g/100 mL, 10 g/200 mL, 20 g/200 mL, 20 g/400 mL	Available on medical benefit.
Gamastan® S/D	Immune globulin, gamma (IGG)	15% to 18%	Available on medical benefit.
Gammagard®	Immune globulin, gamma (IGG)	1 g/10 mL, 2.5 g/25 mL, 5 g/50 mL, 10 g/100 mL, 20 g/200 mL,	Available on medical benefit.

Brand Name	Generic Name	Dose(s)	Notes
		30 g/300 mL	
Gamunex®-C	Immune globulin, gamma (IGG)	1 g/10 mL, 2.5 g/25 mL, 5 g/50 mL, 10 g/100 mL, 20 g/200 mL, 40 g/400 mL	Available on medical benefit.
Hepagam B®	Hepatitis B Immune Globulin (Human)	1 mL, 5 mL	Available on medical benefit.
Hizentra®	Immune globulin, gamma (IGG)	1 g/5 mL, 2 g/10 mL, 4 g/20 mL, 10 g/50 mL	Available on medical benefit.
Hyperrab® S/D	Rabies Immune Globulin (Human)	150 units/mL (2 mL, 10 mL)	Available on medical benefit.
Hyperrho® S/D	Rho D immune globulin	250 units, 1500 units	Available on medical benefit.
Kalbitor®	Ecallantide	10 mg/mL	Available on medical benefit.
Privigen™	Immune globulin, gamma (IGG)	5 g/50 mL, 10 g/100 mL, 20 g/200 mL, 40 g/400 mL	Available on medical benefit.
Rhogam Plus®	Rho D immune globulin	1500 units	Available on medical benefit.
Rhophylac®	Rho D immune globulin	1500 units/2mL	Available on medical benefit.
Ruconest®	C1 inhibitor (recombinant)	2100 unit	Available on medical benefit.
WinRho® SDF	Rho D immune globulin	1500 units/1.3 mL, 2500 units/2.2 mL, 5000 units/4.4 mL, 15000 units/13 mL	Available on medical benefit.

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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