

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

Humana – CareSource® routinely reviews medications available on the Preferred Drug List (PDL). The following PDL changes take effect April 1, 2018. 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 effective April 1, 2018:

Brand name	Generic name	Strength(s)	Notes
Atgam®	Antithymocyte globulin (Equine)	50 mg/mL	Medical benefit billing with prior authorization.
Beriner®	C1 esterase inhibitor	500 units	Available via medical benefit only.
Carimune NF®	Immune globulin, gamma (IgG)	3 g, 6 g, 12 g	Medical benefit billing with prior authorization.
Cinryze®	C1 esterase inhibitor	500 units	Haegarda preferred agent. Cinryze available through medical benefit billing.
Cytogam®	Cytomegalovirus immune globulin (Intravenous – Human)	50 mg / 50 mL	Medical benefit billing with prior authorization.
Differin®	Adapalene	0.1 percent, 0.3 percent	Preferred agent Differin® OTC.
Firazyr®	Icatibant	30 mg/3 mL	Medical benefit billing with prior authorization.
Flebogamma®	Immune globulin, gamma (IgG)	0.5 gm/10 mL, 2.5 gm/50 mL, 5 gm/50 mL, 5 gm/100 mL, 10 gm/100 mL, 10 gm/200 mL, 20 gm/200 mL, 20 gm/400 mL	Medical benefit billing with prior authorization.
GamaSTAN® S/D	Immune globulin, gamma (IgG)	15 percent to 18 percent	Medical benefit billing with prior authorization.
Gammagard®	Immune globulin, gamma (IgG)	1 gm/10 mL, 2.5 gm/25 mL, 5 gm/50 mL, 10 gm/100 mL, 20 gm/200 mL, 30 gm/300 mL	Medical benefit billing with prior authorization.
Gamunex® – C	Immune globulin, gamma (IgG)	1 gm/10 mL, 2.5 gm/25 mL, 5 gm/50 mL, 10 gm/100 mL, 20 gm/200 mL, 40 gm/400 mL	Medical benefit billing with prior authorization.

HepaGam B®	Hepatitis B immune globulin (Human)	1 mL, 5 mL	Medical benefit billing with prior authorization.
Hizentra®	Immune globulin, gamma (IgG)	1 gm/5 mL, 2 gm/10 mL, 4 gm/20 mL, 10 gm/50 mL	Medical benefit billing with prior authorization.
HyperRAB® S/D	Rabies immune globulin (Human)	150 units/mL (2 mL, 10 mL)	Medical benefit billing with prior authorization.
HyperRHO® S/D	Rho(D) immune globulin	250 units, 1,500 units	Medical benefit billing with prior authorization.
Kalbitor®	Ecallantide	10 mg/mL	Medical benefit billing with prior authorization.
Privigen™	Immune globulin, gamma (IgG)	5 gm/50 mL, 10 gm/100 mL, 20 gm/200 mL, 40 gm/400 mL	Medical benefit billing with prior authorization.
RhoGAM Plus®	Rho(D) immune globulin	1,500 units	Medical benefit billing with prior authorization.
Rhophylac®	Rho(D) immune globulin	1,500 units/ 2mL	Medical benefit billing with prior authorization.
Ruconest®	C1 inhibitor (recombinant)	2,100 unit	Medical benefit billing with prior authorization.
WinRho® SDF	Rho(D) immune globulin	1,500 units/1.3 mL, 2,500 units/2.2 mL, 5,000 units/4.4 mL, 15,000 units/13 mL	Medical benefit billing with prior authorization..

The following medications will be preferred on the PDL effective April 1, 2018:

Brand Name	Generic Name	Strength(s)	Notes
Differin® OTC	Adapalene	0.1 percent	With QL of one tube per month.
Haegarda®	C1 esterase inhibitor	2,000 units, 3,000 units	Medical benefit billing with prior authorization.

#### What you should know

If you need a list of Humana – CareSource-covered patients under your care taking medications listed above, please email your request to [PharmacyConversionProgram@CareSource.com](mailto:PharmacyConversionProgram@CareSource.com). In your request, please include the medication names and your secure fax number. We will fax you a list of patients who have been prescribed these medications.

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

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P.O. Box 221529, Louisville, KY 40252-1529 | [www.caresource.com/KY](http://www.caresource.com/KY) | 1.855.852.7005

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**Additional resources**

For up-to-date information, please utilize the [formulary search tools](#) online. To access the complete formulary, please 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 one of the following links:

- 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 further 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.