

Re: Summary of formulary changes, effective 03/01/2018

Humana – CareSource® routinely reviews medications available on the Preferred Drug List (PDL). The following PDL changes take effect 03/01/2018. 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 03/01/2018:

Brand name	Generic name	Strength(s)	Notes
Adlyxin®	Lixisenatide	50 mcg/mL, 100 mcg/mL	
Cuvitru™	Immune globulin 20 percent	1 g/5 mL, 2 g/10 mL, 4 g/20 mL, 8 g/40 mL	On medical benefit only.
Exondys 51™	Eteplirsen	100 mg/2 mL, 500 mg/10 mL	On medical benefit only.
Multiple brand names	Lidocaine topical	2 percent gel, 2 percent solution, 3 percent cream, 4 percent cream	Prior authorization required if quantity is greater than one tube per month
Multiple brand names	Lidocaine topical	4 percent solution, 5 percent ointment	
Multiple brand names	Lidocaine-hydrocortisone topical	0.5 percent – 3 percent cream	
Nexium®	Esomeprazole	20 mg, 40 mg	Prescription strength formulations only. OTC formulation preferred.
Prevacid®	Lansoprazole	15 mg, 30 mg	Prescription strength formulations only. OTC formulation preferred.
Xiidra®	Lifitegrast	5 percent (50 mg/mL)	
Zegerid®	Omeprazole-Sodium bicarbonate	20 – 1,000 mg, 40 – 1,000 mg	Prescription strength formulations only. OTC formulation preferred.
Zegerid	Omeprazole-Sodium bicarbonate	20 – 1,680 mg, 40 – 1,680 mg	

The following medications will be preferred on the PDL effective 03/01/2018:

Brand Name	Generic Name	Strength(s)	Notes
Neulasta OnPro®	Pegfilgrastim	6 mg/0.6 mL	On medical benefit only.

(Continued)

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. 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.

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. 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.