



P.O. Box 8738, Dayton, OH 45401-8738 | 800.488.0134 | CareSource.com

Formulary Changes, 2017 Quarter 2

Dear CareSource® Medicaid Provider and Member:

We want you to have the most current information about our Preferred Drug List (PDL). Here are the changes that will be effective April 1, 2017.

The following medicines will be **added** to the CareSource PDL on April 1, 2017:

- Paliperidone ER tablets (1.5 mg, 3 mg, 6 mg, 9 mg)
- Kyleena intrauterine device (available on the medical benefit only)
- Neilmed Sinus Rinse

The following medicines listed in the CareSource PDL will **require prior authorization** as of April 1, 2017:

- Dolophine (methadone) tablet (5 mg, 10 mg)
- Duragesic (fentanyl) transdermal patch (12 mcg, 25 mcg, 50 mcg, 75 mcg, 100 mcg)
- Kadian (morphine sulfate ER) capsules (10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 80 mg, 100 mg, 200 mg)
- Methadone solution (5 mg/5 mL, 10 mg/5 mL)
- MS Contin (morphine sulfate ER) tablet (15 mg, 30 mg, 60 mg, 100 mg, 200 mg)
- Opana ER (oxymorphone ER) tablet (5 mg, 7.5 mg, 10 mg, 15 mg, 20 mg, 30 mg, 40 mg)
- Triumeq (abacavir, dolutegravir, lamivudine) tablet (600 mg/50 mg/300 mg)

For the most up-to-date information, please utilize the Formulary [Search Tool Searchable Drug Formulary--Ohio Medicaid](#) or the Preferred Drug List (PDL) on CareSource.com.

We are here to help you should you have questions. Call the CareSource Pharmacy Services Department at 1-800-488-0134. The Department is open Monday through Friday, 8 a.m. to 5 p.m.

Sincerely,

CareSource Pharmacy Department



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IMPORTANT UPDATE: Preferred Drug List Changes Effective May 1, 2017

Dear CareSource® Medicaid Provider and Member:

At CareSource, we know how important it is for you to get the medicine you need when you need it. We recently sent you a letter about a change in our Preferred Drug List (PDL). We want to reassure you that a generic alternative of your medication is available.

Call your doctor today to talk about this important change. Your doctor has also been notified of the generic alternative. Talking to your doctor will ensure your treatment plan is maintained.

What medication is covered?

Buprenorphine-naloxone is a generic alternative covered by CareSource. This medication is equally effective as the brand name. As of May 1, 2017, we will remove the brand name medications listed below from our PDL. However, there are other medicines such as buprenorphine/naloxone you can get in place of the ones we will no longer offer.

No longer covered as of May 1, 2017	Ingredients	Dosage Form	Strength(s)	Preferred Alternative
Bunavail	buprenorphine/naloxone	Buccal film	2.1/0.3 mg, 4.2/0.7 mg, 6.3/1 mg	buprenorphine/naloxone sublingual tablet
Suboxone	buprenorphine/naloxone	Sublingual film	2/0.5 mg, 4/1 mg, 8/2 mg, 12/3 mg	buprenorphine/naloxone sublingual tablet
Zubsolv	buprenorphine/naloxone	Sublingual tablet	1.4/0.36 mg, 2.9/0.71 mg, 5.7/1.4 mg, 8.6/2.1 mg, 11.4/2.9 mg	buprenorphine/naloxone sublingual tablet

Your health care is our top priority. If you have any questions please call us at **1-800-488-0134** (TTY for the hearing impaired: 1-800-750-0750 or 711). Our Member Services Department is open Monday through Friday from 7 a.m. to 7 p.m. Eastern Standard Time (EST).

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Sincerely,

CareSource Pharmacy Department

OH-MMED-1239-V.2

ODM Approved 2/9/2017