



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

Re: Summary of Formulary Changes Effective October 1, 2021

Dear Health Partner,

We are dedicated to partnering with you in the most effective way to manage our members' care. CareSource routinely reviews medications available on the Preferred Drug List (PDL). We encourage you to actively work with your CareSource 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, 2021.

Brand Name	Generic Name	Strength(s)	Notes
Azasan	Azathioprine	75mg, 100mg	Generic azathioprine 50mg tablets are preferred
Cabometyx	Cabozantinib	20mg, 40mg, 60mg	
Juxtapid	Lomitapide	5mg, 10mg, 20mg, 30mg, 40mg, 60mg	

- We will provide a list of CareSource patients who are taking any medication above upon your request. Please email your request to PharmacyConversionProgram@CareSource.com. In your request, include the medication names and your secure fax number. We will fax you a list of patients who have been prescribed these medications.

What you should know

We know patient care is of the utmost importance to you. We are notifying our members of this change to help ensure their treatment plan is maintained. We have asked our members to contact their prescriber if they have questions.

Additional Resources

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

- Your patient's 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 **CareSource RX Innovations** Department at **1-800-488-0134**.

The Department is open Monday through Friday, 8 a.m. to 5 p.m. Thank you for being a CareSource health partner.

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