

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

## Re: Summary of Formulary Changes Effective October 1, 2017

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, 2017

| Brand Name | Generic Name                      | Strength(s)  | Notes   |
|------------|-----------------------------------|--|---|
| Lartruvo   | Olaratumab                        | 190 mg/19 mL, 500 mg/mL                                  | Medical Benefit only with prior authorization |
| Leukine    | Sargramostim                      | 250 mcg, 500 mcg/mL                                      |   |
| Neulasta   | Pegfilgrastim                     | 6 mg/0.6 mL syringe                                      |   |
| Rubraca    | Rucaparib                         | 200 mg, 250 mg, 300 mg                                   |   |
| Soliqua    | Insulin glargine-<br>lixisenatide | 100 units-33 mcg/mL                                      |   |
| Spinraza   | Nusinersen                        | 12 mg/5 mL Medical Benefit only with prior authorization |   |
| Xopenex    | Levalbuterol concentrate          | 1.25 mg/0.5 mL   |   |

THE FOLLOWING MEDICATIONS WILL BE PREFERRED ON THE PDL EFFECTIVE OCTOBER 1, 2017.

| Brand Name | Generic Name               | Strength(s)                                     | Notes                     |
|------------|----------------------------|---|---------------------------|
| Adoxa      | Doxycycline<br>monohydrate | 75 mg tablet                                    |                           |
| Multiple   | Doxycycline<br>hyclate     | 50 mg, 100 mg capsule                           |                           |
| Multiple   | Doxycycline<br>hyclate     | 20 mg, 10 mg<br>tablet                          |                           |
| Strattera  | Atomoxetine                | 10 mg, 18 mg,<br>25 mg, 40 mg,<br>80 mg, 100 mg | Now available as generic. |

## 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 <u>formulary search tools</u> online. To access the complete formulary, visit the Provider Pharmacy pages at CareSource.com. You may find your patient's plan formulary by clicking on:

- Your state
- Your patient's CareSource plan
- The Patient Care link
- The Pharmacy link

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 Pharmacy Services Department at 1-844-607-2829. 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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