



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
Basaglar	insulin glargine	100 units/mL (U-100)	Preferred product: Semglee
Kitabis	tobramycin	300 mg/5 mL	Preferred product: tobramycin
Trulance	plecanatide	3 mg	Preferred product: lubiprostone
Azasan			

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