



CareSource Georgia Planning for Healthy Babies (P4HB) – Family Planning Preferred Drug List (PDL)

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List of Abbreviations

1: generic

2: brand

ACA: Affordable Care Act.

LA: Limited Availability. This prescription may be available only at certain pharmacies. For more information, please call Customer Service.

OTC: Over the Counter. An OTC drug is a non-prescription drug.

PA: Prior Authorization. The Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescriptions. If you don't get approval, we may not cover the drug.

QL: Quantity Limit. For certain drugs, the Plan limits the amount of the drug that we will cover.

ST: Step Therapy. In some cases, the Plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

Drug Name	Drug Tier	Requirements / Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
<i>clotrimazole mucous membrane</i>	1	
<i>fluconazole</i>	1	
<i>griseofulvin microsize</i>	1	
<i>griseofulvin ultramicrosize</i>	1	
<i>ketoconazole oral</i>	1	
<i>nystatin oral tablet</i>	1	
<i>terbinafine hcl oral</i>	1	QL
ANTIVIRALS		
<i>valacyclovir</i>	1	
CEPHALOSPORINS		
<i>cefadroxil oral capsule</i>	1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	
<i>cefadroxil oral tablet</i>	1	
<i>cefdinir</i>	1	
<i>cefepodoxime</i>	1	
<i>cefprozil</i>	1	
<i>cefuroxime axetil oral tablet</i>	1	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	
<i>cephalexin oral suspension for reconstitution</i>	1	

Drug Name	Drug Tier	Requirements / Limits
ERYTHROMYCINS / OTHER MACROLIDES		
<i>azithromycin oral</i>	1	
<i>clarithromycin</i>	1	
<i>e.e.s. 400 oral tablet</i>	1	
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	1	
<i>erythrocin (as stearate) oral tablet 250 mg</i>	1	
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	1	
<i>erythromycin ethylsuccinate oral tablet</i>	1	
<i>erythromycin oral capsule, delayed release(dr/ec)</i>	1	
<i>erythromycin oral tablet</i>	1	
<i>erythromycin oral tablet, delayed release (dr/ec) 250 mg</i>	1	
MISCELLANEOUS ANTIINFECTIVES		
<i>clindamycin hcl</i>	1	
<i>clindamycin palmitate hcl</i>	1	
<i>clindamycin pediatric</i>	1	
<i>metronidazole oral</i>	1	
<i>neomycin</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
PENICILLINS		
<i>amoxicillin oral capsule</i>	1	
<i>amoxicillin oral suspension for reconstitution</i>	1	
<i>amoxicillin oral tablet</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg</i>	1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution</i>	1	
<i>amoxicillin-pot clavulanate oral tablet</i>	1	
<i>amoxicillin-pot clavulanate oral tablet, chewable</i>	1	
<i>ampicillin oral capsule</i>	1	
<i>dicloxacillin</i>	1	
<i>penicillin v potassium</i>	1	
QUINOLONES		
<i>ciprofloxacin</i>	1	
<i>ciprofloxacin hcl oral</i>	1	
<i>levofloxacin oral</i>	1	
SULFA'S / RELATED AGENTS		
<i>sulfamethoxazole-trimethoprim oral</i>	1	
<i>sulfatrim</i>	1	
TETRACYCLINES		

Drug Name	Drug Tier	Requirements / Limits
<i>avidoxy</i>	1	
<i>minocycline oral capsule</i>	1	
<i>minocycline oral tablet</i>	1	
<i>mondoxyne nl oral capsule 100 mg, 75 mg</i>	1	
<i>morgidox</i>	1	
URINARY TRACT AGENTS		
<i>nitrofurantoin</i>	1	
<i>nitrofurantoin macrocrystal</i>	1	
<i>nitrofurantoin monohyd/m-cryst</i>	1	
<i>trimethoprim</i>	1	
AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH		
NON-NARCOTIC ANALGESICS		
<i>ec-naproxen</i>	1	
<i>naproxen oral tablet</i>	1	
<i>naproxen oral tablet, delayed release (dr/ec)</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY		
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ADACEL(TDAP ADOLESN/ADULT)(PF)	2	
BOOSTRIX TDAP	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
ENGERIX-B (PF)	2	
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	2	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE	2	
RECOMBIVAX HB (PF)	2	
TDVAX	2	
TENIVAC (PF)	2	
TETANUS, DIPHTHERIA TOX PED (PF)	2	

OBSTETRICS / GYNECOLOGY

ESTROGENS / PROGESTINS

<i>camila</i>	1	
<i>deblitane</i>	1	
<i>errin</i>	1	
<i>heather</i>	1	
<i>incassia</i>	1	
<i>jencycla</i>	1	
<i>lyza</i>	1	
<i>medroxyprogesterone intramuscular</i>	1	QL
<i>medroxyprogesterone oral</i>	1	
<i>nora-be</i>	1	
<i>norethindrone (contraceptive)</i>	1	
<i>norethindrone acetate</i>	1	
<i>norlyda</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>progesterone micronized</i>	1	
<i>sharobel</i>	1	
<i>tulana</i>	1	

MISCELLANEOUS OB/GYN

<i>clindamycin phosphate vaginal</i>	1	
<i>eluryng</i>	1	
<i>etonogestrel-ethinyl estradiol</i>	1	
<i>metronidazole vaginal</i>	1	QL
<i>terconazole</i>	1	
<i>vandazole</i>	1	QL
<i>xulane</i>	1	

ORAL CONTRACEPTIVES / RELATED AGENTS

<i>afirmelle</i>	1	
<i>altavera (28)</i>	1	
<i>alyacen 1/35 (28)</i>	1	
<i>alyacen 7/7/7 (28)</i>	1	
<i>amethia</i>	1	QL
<i>amethia lo</i>	1	QL
<i>amethyst (28)</i>	1	QL
<i>apri</i>	1	
<i>aranelle (28)</i>	1	
<i>ashlyna</i>	1	QL
<i>aubra</i>	1	
<i>aubra eq</i>	1	
<i>aurovela 1.5/30 (21)</i>	1	
<i>aurovela 1/20 (21)</i>	1	
<i>aurovela 24 fe</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>aurovela fe 1.5/30 (28)</i>	1	
<i>aurovela fe 1-20 (28)</i>	1	
<i>aviane</i>	1	
<i>ayuna</i>	1	
<i>azurette (28)</i>	1	
<i>balziva (28)</i>	1	
<i>bekyree (28)</i>	1	
<i>blisovi 24 fe</i>	1	
<i>blisovi fe 1.5/30 (28)</i>	1	
<i>blisovi fe 1/20 (28)</i>	1	
<i>briellyn</i>	1	
<i>camrese</i>	1	QL
<i>camrese lo</i>	1	QL
<i>caziant (28)</i>	1	
<i>chateal (28)</i>	1	
<i>chateal eq (28)</i>	1	
<i>cryselle (28)</i>	1	
<i>cyclafem 1/35 (28)</i>	1	
<i>cyclafem 7/7/7 (28)</i>	1	
<i>cyred</i>	1	
<i>cyred eq</i>	1	
<i>dasetta 1/35 (28)</i>	1	
<i>dasetta 7/7/7 (28)</i>	1	
<i>daysee</i>	1	QL
<i>desog-e.estradiol/e.estradiol</i>	1	
<i>desogestrel-ethinyl estradiol</i>	1	
<i>drospirenone-ethinyl estradiol</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>elinest</i>	1	
<i>ELLA</i>	2	
<i>emoquette</i>	1	
<i>enpresse</i>	1	
<i>enskyce</i>	1	
<i>estarylla</i>	1	
<i>ethynodiol diac-eth estradiol</i>	1	
<i>falmina (28)</i>	1	
<i>femynor</i>	1	
<i>gianvi (28)</i>	1	
<i>hailey</i>	1	
<i>hailey 24 fe</i>	1	
<i>hailey fe 1/20 (28)</i>	1	
<i>introvale</i>	1	QL
<i>isibloom</i>	1	
<i>jasmiel (28)</i>	1	
<i>jolessa</i>	1	QL
<i>juleber</i>	1	
<i>junel 1.5/30 (21)</i>	1	
<i>junel 1/20 (21)</i>	1	
<i>junel fe 1.5/30 (28)</i>	1	
<i>junel fe 1/20 (28)</i>	1	
<i>junel fe 24</i>	1	
<i>kaitlib fe</i>	1	
<i>kalliga</i>	1	
<i>kariva (28)</i>	1	
<i>kelnor 1/35 (28)</i>	1	
<i>kelnor 1-50</i>	1	
<i>kurvelo (28)</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	QL
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	1	
<i>larin 1.5/30 (21)</i>	1	
<i>larin 1/20 (21)</i>	1	
<i>larin 24 fe</i>	1	
<i>larin fe 1.5/30 (28)</i>	1	
<i>larin fe 1/20 (28)</i>	1	
<i>larissia</i>	1	
<i>layolis fe</i>	1	
<i>leena 28</i>	1	
<i>lessina</i>	1	
<i>levonest (28)</i>	1	
<i>levonorgestrel-ethinyl estradiol oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg</i>	1	
<i>levonorgestrel-ethinyl estradiol oral tablet 90-20 mcg (28)</i>	1	QL
<i>levonorgestrel-ethinyl estradiol oral tablets,dose pack,3 month</i>	1	QL
<i>levonorg-eth estradiol triphasic</i>	1	
<i>levora-28</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>lillow (28)</i>	1	
<i>loryna (28)</i>	1	
<i>low-ogestrel (28)</i>	1	
<i>lo-zumandimine (28)</i>	1	
<i>lutra (28)</i>	1	
<i>marlissa (28)</i>	1	
<i>microgestin 1.5/30 (21)</i>	1	
<i>microgestin 1/20 (21)</i>	1	
<i>microgestin fe 1.5/30 (28)</i>	1	
<i>microgestin fe 1/20 (28)</i>	1	
<i>mili</i>	1	
<i>mono-linyah</i>	1	
<i>necon 0.5/35 (28)</i>	1	
<i>nikki (28)</i>	1	
<i>noreth-ethinyl estradiol-iron</i>	1	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	
<i>norgestimate-ethinyl estradiol</i>	1	
<i>nortrel 0.5/35 (28)</i>	1	
<i>nortrel 1/35 (21)</i>	1	
<i>nortrel 1/35 (28)</i>	1	
<i>nortrel 7/7/7 (28)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>ocella</i>	1	
<i>orsythia</i>	1	
<i>philith</i>	1	
<i>pimtrea (28)</i>	1	
<i>pirmella</i>	1	
<i>portia 28</i>	1	
<i>previfem</i>	1	
<i>reclipsen (28)</i>	1	
<i>setlakin</i>	1	QL
<i>simliya (28)</i>	1	
<i>simpesse</i>	1	QL
<i>sprintec (28)</i>	1	
<i>sronyx</i>	1	
<i>syeda</i>	1	
<i>tarina 24 fe</i>	1	
<i>tarina fe 1/20 (28)</i>	1	
<i>tarina fe 1-20 eq (28)</i>	1	
<i>tilia fe</i>	1	
<i>tri femynor</i>	1	
<i>tri-estarylla</i>	1	
<i>tri-legest fe</i>	1	
<i>tri-linyah</i>	1	
<i>tri-lo-estarylla</i>	1	
<i>tri-lo-marzia</i>	1	
<i>tri-lo-mili</i>	1	
<i>tri-lo-sprintec</i>	1	
<i>tri-mili</i>	1	
<i>tri-previfem (28)</i>	1	
<i>tri-sprintec (28)</i>	1	
<i>trivora (28)</i>	1	
<i>tri-vylibra</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>tri-vylibra lo</i>	1	
<i>velivet triphasic regimen (28)</i>	1	
<i>vienva</i>	1	
<i>viorele (28)</i>	1	
<i>vyfemla (28)</i>	1	
<i>vylibra</i>	1	
<i>wera (28)</i>	1	
<i>wymzya fe</i>	1	
<i>zarah</i>	1	
<i>zovia 1/35e (28)</i>	1	
<i>zumandimine (28)</i>	1	

OPHTHALMOLOGY

ANTIBIOTICS

<i>moxifloxacin ophthalmic (eye) drops, viscous</i>	1	
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UROLOGICALS

MISCELLANEOUS UROLOGICALS

<i>phosphasal</i>	1	
URELLE	2	
<i>uretron d-s oral tablet 81.6-10.8-40.8 mg</i>	1	
<i>urin ds</i>	1	
<i>uro-458</i>	1	
<i>ustell</i>	1	
<i>utira-c</i>	1	
<i>vilevev mb</i>	1	

URINARY ANESTHETICS

<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	1	
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Drug Name	Drug Tier	Requirements / Limits
VITAMINS, HEMATINICS / ELECTROLYTES		
VITAMINS / HEMATINICS		
<i>folic acid oral tablet 1 mg</i>	1	
KOSHER PRENATAL PLUS IRON	2	
<i>m-natal plus</i>	1	
<i>mynatal advance</i>	1	
<i>mynatal oral tablet</i>	1	
<i>pnv 29-1</i>	1	
<i>prenaissance plus</i>	1	
<i>prenatabs fa</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>prenatabs rx</i>	1	
PRENATAL 19	2	
<i>prenatal low iron</i>	1	
<i>prenatal plus</i>	1	
<i>prenatal plus (calcium carb)</i>	1	
<i>prenatal vitamin plus low iron</i>	1	
<i>preplus</i>	1	
<i>pretab</i>	1	
<i>se-natal 19 chewable</i>	1	
THRIVITE RX	2	
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nitrofurantoin.....	4	simliya (28).....	8	velivet triphasic regimen (28).	8
nitrofurantoin macrocrystal...	4	simpesse.....	8	vienna.....	8
nitrofurantoin monohyd/m-		sprintec (28).....	8	vilevev mb.....	8
crist.....	4	sronyx.....	8	viorele (28).....	8
nora-be.....	5	sulfamethoxazole-trimethoprim		vyfemla (28).....	8
noreth-ethinyl estradiol-iron...	7	4	vylibra.....	8
norethindrone (contraceptive)	5	sulfatrim.....	4	W	
norethindrone acetate.....	5	syeda.....	8	wera (28).....	8

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

wymzya fe 8
X
xulane 5

Z
zarah 8
zovia 1/35e (28)..... 8

zumandimine (28)..... 8

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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

If you, or someone you're helping, have questions about CareSource, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-855-202-0729 (TTY: 1-800-255-0056 or 711)

ARABIC

إذا كان لديك، أو لدى أي شخص تساعد، أية استفسارات بخصوص CareSource، فيحق لك الحصول على مساعدة ومعلومات مجانًا وباللغة التي تتحدث بها. للتحدث إلى أحد المترجمين الفوريين، اتصل على 1-855-202-0729 (TTY: 1-800-255-0056 or 711)

AMHARIC

እርስዎ፣ ወይም እርስዎ የሚያግዙት ግለሰብ፣ ስለ CareSource ጥያቄ ከሌሎች ላይ፣ ያለ ምንም ክፍያ በቋንቋዎ እርዳታና መረጃ የማግኘት መብት አላችሁ። ከአስተርጓሚ ጋር ለመነጋገር፣ 1-855-202-0729 (TTY: 1-800-255-0056 or 711) ይደውሉ።

BURMESE

CareSource အကြောင်း သင် သို့မဟုတ် သင်အကူအညီပေးနေသူ တစ်စုံတစ်ယောက်က မေးမြန်းလာပါက သင်ပြောဆိုသော ဘာသာစကားဖြင့် အကူအညီနှင့် အချက်အလက်များအား အခမဲ့ ရယူနိုင်ရန် အခွင့်အရေးရှိပါသည်။ ဘာသာပြန်တစ်ဦးအား စကားပြောဆိုရန် 1-855-202-0729 (TTY: 1-800-255-0056 or 711) ၏တွင် နံပါတ်ဖြည့်သွင်းပါ] သို့ ခေါ်ဆိုပါ။

CHINESE

如果您或者您在帮助的人对 CareSource 存有疑问，您有权免费获得以您的语言提供的帮助和信息。如果您需要与一位翻译交谈，请致电 1-855-202-0729 (TTY: 1-800-255-0056 or 711)。

CUSHITE – OROMO

Isin yookan namni biraa isin deeggartan CareSource irratti gaaffii yo qabaattan, kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabdu. Nama isiniif ibsu argachuuf, lakkoofsa bilbilaa 1-855-202-0729 (TTY: 1-800-255-0056 or 711) tiin bilbilaa.

DUTCH

Als u, of iemand die u helpt, vragen heeft over CareSource, hebt u het recht om kosteloos hulp en informatie te ontvangen in uw taal. Als u wilt spreken met een tolk, bel dan naar 1-855-202-0729 (TTY: 1-800-255-0056 or 711)

FRENCH (CANADA)

Des questions au sujet de CareSource? Vous ou la personne que vous aidez avez le droit d'obtenir gratuitement du soutien et de l'information dans votre langue. Pour parler à un interprète, veuillez téléphoner au 1-855-202-0729 (TTY: 1-800-255-0056 or 711)

GERMAN

Wenn Sie, oder jemand dem Sie helfen, eine Frage zu CareSource haben, haben Sie das Recht, kostenfrei in Ihrer eigenen Sprache Hilfe und Information zu bekommen. Um mit einem Dolmetscher zu sprechen, rufen Sie die Nummer 1-855-202-0729 (TTY: 1-800-255-0056 or 711) an.

GUJARATI

જો તમે અથવા તમે કોઈને મદદ કરી રહ્યાં તમે કોઈને CareSource વિશે પ્રશ્નો હોય તો તમને મદદ અને મે હલતી મેળવિનો અવિકર છ. તે અર્થે વિન તમ રી ભ પ મ i પ્ર પ્ત કરી શક ર છ. દ ભ વપરો તિ કરિ મ દે, આ 1-855-202-0729 (TTY: 1-800-255-0056 or 711) પર કોલ કરો.

HINDI

यदि आपके, या आप जिसकी मदद कर रहे हैं उसके CareSource के बारे में कोई सवाल है तो आपके पास बगैर किसी लागत के अपनी भाषा में सहायता और जानकारी प्राप्त करने का अधिकार है। एक दुभाषिए से बात करने के लिए कॉल करें, 1-855-202-0729 (TTY: 1-800-255-0056 or 711)

ITALIAN

Se Lei, o qualcuno che Lei sta aiutando, ha domande su CareSource, ha il diritto di avere supporto e informazioni nella propria lingua senza alcun costo. Per parlare con un interprete, chiami il 1-855-202-0729 (TTY: 1-800-255-0056 or 711)

JAPANESE

ご本人様、または身の回りの方で、CareSourceに関するご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入力したりすることができます(無償)。通訳をご利用の場合は、1-855-202-0729 (TTY: 1-800-255-0056 or 711) にご連絡ください。

KOREAN

귀하 본인이나 귀하께서 돕고 계신 분이 CareSource에 대해 궁금한 점이 있으시면, 원하는 언어로 별도 비용 없이 도움을 받을 수 있습니다. 통역사가 필요하시면 다음 번호로 전화해 주십시오: 1-855-202-0729 (TTY: 1-800-255-0056 or 711)

PENNSYLVANIA DUTCH

Wann du hoscht en Froog, odder ebber, wu du helpscht, hot en Froog baut CareSource, hoscht du es Recht fer Hilf un Information in deinre eegne Schprooch grieg, un die Hilf koschtet nix. Wann du mit me Interpreter schwetze witt, kannscht du 1-855-202-0729 (TTY: 1-800-255-0056 or 711) uffrufe.

RUSSIAN

Если у Вас или у кого-то, кому Вы помогаете, есть вопросы относительно CareSource, Вы имеете право бесплатно получить помощь и информацию на Вашем языке. Для разговора с переводчиком, позвоните по номеру 1-855-202-0729 (TTY: 1-800-255-0056 or 711).

SPANISH

Si usted o alguien a quien ayuda tienen preguntas sobre CareSource, tiene derecho a recibir esta información y ayuda en su propio idioma sin costo. Para hablar con un intérprete, llame al 1-855-202-0729 (TTY: 1-800-255-0056 or 711)

UKRAINIAN

Якщо у вас, чи в особи, котрій ви допомагаєте, виникнуть запитання щодо CareSource, ви маєте право безкоштовно отримати допомогу та інформацію вашою мовою. Щоб замовити перекладача, зателефонуйте за номером 1-855-202-0729 (TTY: 1-800-255-0056 or 711)

VIETNAMESE

Nếu bạn hoặc ai đó bạn đang giúp đỡ, có thắc mắc về CareSource, bạn có quyền được nhận trợ giúp và thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, vui lòng gọi số 1-855-202-0729 (TTY: 1-800-255-0056 or 711)



Notice of Non-Discrimination



CareSource complies with applicable state and federal civil rights laws and does not discriminate on the basis of age, gender, gender identity, color, race, disability, national origin, marital status, sexual preference, religious affiliation, health status, or public assistance status. CareSource does not exclude people or treat them differently because of age, gender, gender identity, color, race, disability, national origin, marital status, sexual preference, religious affiliation, health status, or public assistance status.

CareSource provides free aids and services to people with disabilities to communicate effectively with us, such as: (1) qualified sign language interpreters, and (2) written information in other formats (large print, audio, accessible electronic formats, other formats). In addition, CareSource provides free language services to people whose primary language is not English, such as: (1) qualified interpreters, and (2) information written in other languages. If you need these services, please contact CareSource at 1-855-202-0729 (TTY: 1-800-255-0056 or 711)

If you believe that CareSource has failed to provide the above mentioned services to you or discriminated in another way on the basis of age, gender, gender identity, color, race, disability, national origin, marital status, sexual preference, religious affiliation, health status, or public assistance status, you may file a grievance, with:

CareSource
Attn: Civil Rights Coordinator
P.O. Box 1947, Dayton, Ohio 45401
1-844-539-1732, TTY: 711
Fax: 1-844-417-6254

CivilRightsCoordinator@CareSource.com

You can file a grievance by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office of Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F
HHH Building Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.