



PO Box 723308, Atlanta, GA 31139-1308 | CareSource.com

09/01/2018

Re: Summary of PDL Changes Effective October 1, 2018

Dear CareSource Member:

Your health care is our priority. That is why we are writing to tell you that on October 1, 2018, CareSource will change its Preferred Drug List (PDL). A PDL is a list of preferred drugs.

THE FOLLOWING MEDICINES WILL BE PREFERRED ON THE PDL EFFECTIVE OCTOBER 1, 2018

Brand Name	Generic Name	Dose(s)	Notes
Firvanq	Vancomycin	25 mg/mL; 50 mg/mL	Prior Authorization Required
Ozempic	Semaglutide	2 mg/1.5 mL	Step through metformin required

THE FOLLOWING MEDICINES WILL BE NON-PREFERRED ON THE PDL EFFECTIVE OCTOBER 1, 2018

Brand Name	Generic Name	Dose(s)	Notes
Vancocin	Vancomycin	125 mg; 250 mg	
Apidra Apidra Solostar	Insulin glisine	100 units/mL	Preferred product is Admelog
Humalog Humalog Kwikpen	Insulin lispro	100 units/mL	Preferred product is Admelog
Novolog Novolog Flexpen	Insulin aspart	100 units/mL	Preferred product is Admelog
Fiasp Fiasp Flextouch	Insulin aspart	100 units/mL	Preferred product is Admelog
Invokana	Canagliflozin	100 mg, 300 mg	Preferred product is Steglatro
Invokamet	Canagliflozin/metformin	50-500 mg 50-1000 mg 150-500 mg 150-1000 mg	Preferred product is Segluromet

**THE FOLLOWING MEDICINES HAVE A CHANGE IN STATUS EFFECTIVE
OCTOBER 1, 2018**

Brand Name	Generic Name	Dose(s)	Notes
Hepsera	Adefovir dipivoxil	10 mg	Now Requires Prior Authorization
Baraclude	Entecavir	0.5 mg; 1 mg; 0.05 mg/mL	Now Requires Prior Authorization
Epivir-HBV	Lamivudine	100 mg; 5.0 mg/mL	Now Requires Prior Authorization
Spinosad	Natroba	0.9%	Now Requires Prior Authorization

What should you do?

First, talk to your health care provider. If needed, your prescriber can submit a prior authorization for a drug that is being removed from the PDL if you need to remain on the drug for medical necessity. There may be many other medicines on the CareSource PDL that you can take instead. There are a few ways you and your prescriber can find medicines:

- To learn more, look on our website at CareSource.com. Go to the Pharmacy page and click on “Preferred Drug List”.
- Or, call our Member Services Department at **1-855-202-0729** (TTY: 1-800-255-0056 or 711).

We are here to help you. The CareSource Member Services Department is open Monday through Friday, 7 a.m. to 7 p.m.

Sincerely,

CareSource Pharmacy Department

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.

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, Por favor, llame al número de Servicios para Afiliados que figura en su tarjeta de identificación.

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，请拨打您的会员 ID 卡上的会员服务电话号码