

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

<Date>

<FIRST_NAME> <LAST_NAME> <ADDRESS1> <ADDRESS2> <CITY>, <STATE> <ZIP>

Re: Summary of PDL Changes Effective April 1, 2021

Dear CareSource Member:

Your health care is our priority. That is why we are writing to tell you that on April 1, 2021, CareSource will change its Preferred Drug List (PDL). A PDL is a list of preferred drugs.

THE FOLLOWING MEDICINES WILL BE NON-PREFERRED ON THE PDL EFFECTIVE APRIL 1, 2021.

Brand Name	Generic Name	Dose(s)	Notes
Soliris	Eculizumab	300 mg/30 mL	Members currently on Soliris will not have to change medications.
BD Pen Needles	Pen Needle	All sizes	Non-covered OTC; other brands of pen needles remain covered.

THE FOLLOWING MEDICINES HAVE A CHANGE IN STATUS EFFECTIVE APRIL 1, 2021.

Brand Name	Generic Name	Dose(s)	Notes
Trelegy Ellipta	Fluticasone furoate, umeclidinium, vilanterol	100 mcg/62.5 mcg/25 mcg, 200 mcg/62.5 mcg/25 mcg	Prior authorization required.
Famotidine Suspension	Famotidine	40 mg/5 mL	Prior authorization required for age 12 years and older.

What should you do?

First, talk to your health care provider. 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:

- You can look on our website at CareSource.com. On the Members page, go to Tools & Resources and click on "Find My Prescriptions."
- 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 RX Innovations

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

GA-MMED-1760a DCH Approved: 02/21/2019