

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

Re: Summary of PDL Changes Effective January 1, 2023

Dear CareSource Member:

Your health care is our priority. That is why we are writing to tell you that on January 1, 2023, 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 JANUARY 1, 2023.

Brand Name	Generic Name	Dose(s)	Notes – If Applicable
Aimovig Autoinjector	Erenumab-aooe	70 mg/mL, 140 mg/mL	Preferred with prior authorization required. • Not applicable to Inter-Pregnancy Care or Family Planning
Caya Contoured Diaphragm			Preferred without prior authorization. Quantity limit applies.
Emgality Pen, Syringe	Galcanezumab- GNLM	120 mg/mL, 300 mg/3 mL	Preferred with prior authorization required. • Not applicable to Inter-Pregnancy Care or Family Planning
Femcap Cervical Cap		22 mm, 26 mm, 30 mm	Preferred without prior authorization. Quantity limit applies.
Firazyr Syringe	Icatibant acetate	30 mg/3 mL	Now accepted on pharmacy benefit. Generic Icatibant preferred with prior authorization required. • Not applicable to Inter-Pregnancy Care or Family Planning
Haegarda Vial	C1 Esterase Inhibitor	2,000 unit, 3,000 unit	Now accepted on pharmacy benefit. Preferred with prior authorization required Not applicable to

			Inter-Pregnancy Care
			or Family Planning
Hyftor Gel	Sirolimus	0.2%	Preferred with prior
			authorization required.
			 Not applicable to
			Inter-Pregnancy Care
			or Family Planning
Wide Seal		60 mm,	Preferred without prior
Diaphragm		65 mm,	authorization. Quantity limit
		70 mm,	applies.
		75 mm,	 Applicable only to
		80 mm,	Family Planning
		85 mm,	
		90 mm,	
		95 mm	

THE FOLLOWING MEDICINES HAVE A CHANGE IN STATUS EFFECTIVE JANUARY 1, 2023.

Brand Name	Generic Name	Dose(s)	Notes - If Applicable
Berinert Kit	C1 Esterase Inhibitor	500 unit	Now accepted on pharmacy benefit. Prior authorization required Not applicable to Inter-Pregnancy Care or Family Planning
Bicillin L-A Syringe	Penicillin G Benzathine	600,000 unit, 1,200,000 unit, 2,400,000 unit	Now accepted on pharmacy benefit. • Not applicable to Inter-Pregnancy Care or Family Planning
Cinryze Vial	C1 Esterase Inhibitor (Human)	500 unit	Now accepted on pharmacy benefit. Prior authorization. • Not applicable to Inter-Pregnancy Care or Family Planning
Kalbitor Vial	Ecallantide	10 mg/mL	Now accepted on pharmacy benefit. Prior authorization required. • Not applicable to Inter-Pregnancy



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			Care or Family Planning
Ruconest Vial	C1 Esterase Inhibitor	2,100 unit	Now accepted on pharmacy benefit. Prior authorization required. • Not applicable to Inter-Pregnancy Care or Family Planning
Sajazir Syringe	Icatibant acetate	30 mg/3 mL	Now accepted on pharmacy benefit. Prior authorization required. • Not applicable to Inter-Pregnancy Care or Family Planning
Takhzyro Syringe, Vial	Lanadelumab-flyo	300 mg/2 mL	Now accepted on pharmacy benefit. Prior authorization required. • Not applicable to Inter-Pregnancy Care or Family Planning

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.

GA-MMED-1760a-V.24 DCH Approved: 2/21/2019