



P.O. Box 8738, Dayton, OH 45401-8738 | CareSource.com

**Re: Summary of PDL Changes Effective January 1, 2018**

Dear CareSource Member:

Your health care is our priority. That is why we are writing to tell you that on January 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 JANUARY 1, 2018.**

Brand Name	Generic Name	Dose(s)	Notes
Differin OTC	Adapalene	0.1%	Quantity limit of 1 tube per month.
Haegarda	C1 esterase inhibitor	2000 units, 3000 units	Available on medical benefit.

**THE FOLLOWING MEDICINES WILL BE NON-PREFERRED ON THE PDL EFFECTIVE JANUARY 1, 2018.**

Brand Name	Generic Name	Dose(s)	Notes
Atgam	Antithymocyte Globulin (Equine)	50 mg/mL	Available on medical benefit.
Berinerit	C1 esterase inhibitor	500 units	Available on medical benefit.
Bivigam	Immune globulin, gamma (IGG)	5 g/50 mL, 10 g/100 mL	Available on medical benefit.
Carimune NF	Immune globulin, gamma (IGG)	3 g, 6 g, 12 g	Available on medical benefit.
Cinryze	C1 esterase inhibitor	500 units	Available on medical benefit.
Cytogam	Cytomegalovirus Immune Globulin (Intravenous-Human)	50 mg / 50 mL	Available on medical benefit.
Differin	Adapalene	0.1%, 0.3%	Preferred agent Differin OTC.
Firazyr	Icatibant	30 mg/3 mL	Available on medical benefit.
Flebogamma	Immune globulin, gamma (IGG)	0.5 g/10 mL, 2.5 g/50 mL, 5 g/50 mL, 5 g/100 mL, 10 g/100 mL, 10 g/200 mL, 20 g/200 mL, 20 g/400 mL	Available on medical benefit.

Brand Name	Generic Name	Dose(s)	Notes
Gamastan S/D	Immune globulin, gamma (IGG)	15% to 18%	Available on medical benefit.
Gammagard	Immune globulin, gamma (IGG)	1 g/10 mL, 2.5 g/25 mL, 5 g/50 mL, 10 g/100 mL, 20 g/200 mL, 30 g/300 mL	Available on medical benefit.
Gammaplex	Immune globulin, gamma (IGG)	2.5 g/50 mL, 5 g/50 mL, 10 g/100 mL, 10 g/200 mL, 20 g/200 mL, 20 g/400 mL	Available on medical benefit.
Gamunex-C	Immune globulin, gamma (IGG)	1 g/10 mL, 2.5 g/25 mL, 5 g/50 mL, 10 g/100 mL, 20 g/200 mL, 40 g/400 mL	Available on medical benefit.
Hepagam B	Hepatitis B Immune Globulin (Human)	1 mL, 5 mL	Available on medical benefit.
Hizentra	Immune globulin, gamma (IGG)	1 g/5 mL, 2 g/10 mL, 4 g/20 mL, 10 g/50 mL	Available on medical benefit.
Hyperrab S/D	Rabies Immune Globulin (Human)	150 units/mL (2 mL, 10 mL)	Available on medical benefit.
Hyperrho S/D	Rho D immune globulin	250 units, 1500 units	Available on medical benefit.
Kalbitor	Ecallantide	10 mg/mL	Available on medical benefit.
Octagam	Immune globulin, gamma (IGG)	1 g/20 mL, 2 g/20 mL, 2.5 g/50 mL, 5 g/50 mL, 5 g/100 mL, 10 g/100 mL, 10 g/200 mL, 20 g/200 mL, 25 g/500 mL	Available on medical benefit.

Brand Name	Generic Name	Dose(s)	Notes
Privigen	Immune globulin, gamma (IGG)	5 g/50 mL, 10 g/100 mL, 20 g/200 mL, 40 g/400 mL	Available on medical benefit.
Rhogam Plus	Rho D immune globulin	1500 units	Available on medical benefit.
Rhophylac	Rho D immune globulin	1500 units/ 2mL	Available on medical benefit.
Ruconest	C1 inhibitor (recombinant)	2100 unit	Available on medical benefit.
WinRho SDF	Rho D immune globulin	1500 units/1.3 mL, 2500 units/2.2 mL, 5000 units/4.4 mL, 15000 units/13 mL	Available on medical benefit.

### What should you do?

First, talk to your prescriber. There may be 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**. Go to the Pharmacy page and click on “Preferred Drug List”.
- Or, you can call our Member Services Department at **1-844-607-2829 (TTY: 1-800-743-3333 or 711)**.

We are here to help you. The CareSource Member Services Department is open Monday through Friday, 8 a.m. to 8 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.