

Re: Summary of PDL Changes Effective January 1, 2021

Dear CareSource Member:

Your health care is our priority. That is why we are writing to tell you that on January 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 EFFECTIVE JANUARY 1, 2021.

| Brand Name | Generic Name | Dose(s) | Notes |
|--|-----------------------------------|--|--|
| Combigan | brimonidine/timolol | 0.2%-0.5% | Individual products, generic brimonidine and generic timolol, are preferred |
| Breo Ellipta | fluticasone/vilanterol | 100-25 mcg, 200-25 mcg | Fluticasone propionate/salmeterol (Advair, AirDuo) is preferred |
| Wixela Inhub | fluticasone propionate/salmeterol | 100-50 mcg, 250-50 mcg, 500-50 mcg | Fluticasone propionate/salmeterol (Advair, AirDuo) is preferred |
| Accu-Chek Aviva Plus Test Strips | blood glucose test strips | N/A | FreeStyle, FreeStyle InsuLinx, FreeStyle Lite, Accu-Chek Guide, & True Metrix Test Strips are preferred |
| Accu-Chek SmartView Test Strips | blood glucose test strips | N/A | FreeStyle, FreeStyle InsuLinx, FreeStyle Lite, Accu-Chek Guide, & True Metrix Test Strips are preferred |

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. On the Members page, go to Tools & Resources and click on "Find My Prescriptions."
- Or, 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 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.

IN-MMED-1895b-V.18; Date Issued: 03/14/2019 OMPP Approved: 03/07/2019