

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

01/01/2020

Re: Summary of PDL Changes Effective January 1, 2020

Dear CareSource Member:

Your health care is our priority. That is why we are writing to tell you that on January 1, 2020, 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, 2020.

Brand Name	Generic Name	Dose(s)	Notes
Baqsimi	Glucagon	3 mg	Prior Authorization Required
Doptelet	Avatrombopag	20 mg	Prior Authorization Required

THE FOLLOWING MEDICINES WILL BE NON-PREFERRED ON THE PDL EFFECTIVE JANUARY 1, 2020.

Brand Name	Generic Name	Dose(s)	Notes
Evenity	Romosozumab-aqqg	105 mg/1.17 mL	
Inbrija	Levodopa	42 mg	
Krintafel	Tafenoquine	150 mg	
Mavenclad	Cladrabine	10 mg	
Mayzent	Siponimod	0.25 mg, 2 mg	
Motegrity	Prucalopride	1 mg, 2 mg	
Mulpleta	Lusutrombapag	3 mg	
Onpattro	Patisiran	10 mg/5 mL	
Rocklatan	Netarsudil/Latanoprost	0.02%/0.005% per 2.5 mL	
Seysara	Sarecycline	60 mg, 100 mg, 150 mg	
Skyrizi	Risankizumab-rzaa	75 mg/0.83 mL	
Takhzyro	Lanadelumab-flyo	300 mg/2 mL	
Трохх	Tecovirimat	200 mg	
Zulresso	Brexanolone	100 mg/20 mL	

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 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.

IN-MMED-1895b-V.6 Date Issued: 03/14/2019 OMPP Approved: 03/07/2019