



P.O. Box 8738, Dayton, OH 45401-8738 | 800.488.0134 | CareSource.com

Re: Summary of PDL Changes Effective February 1, 2018.

Dear CareSource Member:

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

Brand Name	Generic Name	Dose(s)	Notes
Atgam	Antithymocyte Globulin (Equine)	50 mg/mL	Available on medical benefit.
Berinert	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.
Gamastan S/D	Immune globulin,	15% to 18%	Available on medical benefit.

	gamma (IGG)		
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.
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, call our Member Services Department at **1-800-488-0134** (TTY: 1-800-750-0750 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 Pharmacy Department

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