



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

05/02/2018

Re: Summary of PDL Changes Effective April 1, 2018

Dear CareSource Member:

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

| Brand Name  | Generic Name | Dose(s)                                   | Notes                                  |
|-------------|--------------|---|--|
| Trulance    | Plecanatide  | 3 mg                                      | Must meet criteria and trial agents    |
| Xiidra      | Lifitegrast  | 5%  | Must meet criteria and trial agents    |
| Xopenex HFA | Levalbuterol | 45 mcg/actuation (15 g = 200 inhalations) | Quantity limit of 2 inhalers per month |

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

| Brand Name | Generic Name                 | Dose(s)                  | Notes                          |
|------------|------------------------------|--------------------------|--------------------------------|
| Amitiza    | Lubiprostone                 | 8 mcg, 24 mcg            |                                |
| Detrol     | Tolterodine                  | 1 mg, 2 mg               |                                |
| Detrol LA  | Tolterodine extended release | 2 mg, 4 mg               |                                |
| Faslodex   | Fulvestrant                  | 250 mg/5 mL              | Available on medical benefit   |
| Hectorol   | Doxercalciferol              | 0.5 mcg, 1 mcg, 2.5 mcg  | IV solution on medical benefit |
| Linzess    | Linaclotide                  | 72 mcg, 145 mcg, 290 mcg |                                |
| Sanctura   | Trospium                     | 20 mg                    |                                |

|             |                           |                     |                                |
|-------------|---------------------------|---------------------|--------------------------------|
| Sanctura XR | Trospium extended release | 60 mg               |                                |
| Zemplar     | Paricalcitol              | 1 mcg, 2 mcg, 4 mcg | IV solution 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**

**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.**