



**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 PREFERRED ON THE PDL EFFECTIVE JANUARY 1, 2021.**

Brand Name	Generic Name	Notes
Aubagio	Teriflunomide	
Avodart	Dutasteride	
Baqsimi	Glucagon (intranasal)	
Bonjesta	Doxylamine; Pyridoxine	
Cortisporin Ophthalmic Ointment	Neomycin/Polymyxin/Bacitracin/Hydrocortisone Ophthalmic Ointment	
Cosopt PF	Dorzolamide; Timolol	
Durezol	Difluprednate	
FML Forte	Fluorometholone	
Forteo	Teriparatide	
Lialda	Mesalamine	Brand preferred
OneTouch Ultra & Verio Blood Glucose Meters and Test Strips		
Onfi	Clobazam	
Ranexa	Ranolazine	
Renagel, Renvela	Sevelamer	
True Metrix Glucose Meters and Test Strips		
Uroxatral	Alfuzosin	
Aimovig	Erenumab	Step therapy required "preferred"
Ajovy	Fremanezumab	Step therapy required "preferred"
Depo-SubQ Provera 104	Medroxyprogesterone	Endometriosis: Step therapy required "preferred"
Farxiga	Dapagliflozin	Step therapy required "preferred"; medication trial requirements bypassed for certain indications

Brand Name	Generic Name	Notes
Glyset	Miglitol	Generic moves to Step therapy required "preferred"
Invokamet	Canagliflozin; Metformin	Step therapy required "preferred"
Invokana	Canagliflozin	Step therapy required "preferred"
Lupaneta	Leuprolide; Norethindrone	Step therapy required "preferred"
Ingrezza	Valbenazine	Clinical prior authorization required "preferred"
Nucala	Mepolizumab	Moderate to Severe Asthma: Clinical prior authorization required "preferred"
Oriahnn	Elagolix; Estradiol; Norethindrone acetate	Clinical prior authorization required "preferred"
Taltz	Ixekizumab	Clinical prior authorization required "preferred"
Xeljanz 5mg	Tofacitinib	Clinical prior authorization required "preferred"

**THE FOLLOWING MEDICINES WILL BE NON-PREFERRED ON THE PDL EFFECTIVE JANUARY 1, 2021.**

Brand Name	Generic Name	Notes
Cosentyx	Secukinumab	
Freestyle Blood Glucose Meters and Test Strips		Members currently using these products will not be required to switch to a preferred product on 1/1/21
Maxidex eye drops	Dexamethasone	
Precision Xtra Blood Glucose Meter and Test Strips		Members currently using these products will not be required to switch to a preferred product on 1/1/21
Synarel	Nafarelin	
Vibramycin Suspension	Doxycycline suspension	Prior authorization now required for members over 12 years old

**THE FOLLOWING MEDICINES HAVE A CHANGE IN STATUS EFFECTIVE JANUARY 1, 2021.**

Brand Name	Generic Name	Notes
Danazol	Danazol	Step therapy required "preferred"
Orilissa	Elagolix	Step therapy required "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 **1-800-488-0134** (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 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.