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<Date>

<FIRST_NAME> <LAST_NAME> <ADDRESS1> <ADDRESS2> <CITY>, <STATE> <ZIP>

Re: Summary of PDL Changes Effective April 1, 2021

Dear CareSource Member:

Your health care is our priority. That is why we are writing to tell you that on April 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 ON THE PDL EFFECTIVE APRIL 1, 2021.

Brand Name		Dose(s)	Notes
Soliris	Eculizumab	300 mg/30 mL	Members currently on Soliris will not have to change medications.
BD Pen Needles	Pen Needle	All sizes	Non-covered OTC; other brands of pen needles remain covered.

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

Brand Name	Generic Name	Dose(s)	Notes
Trelegy Ellipta	Fluticasone furoate, umeclidinium, vilanterol	100 mcg/62.5 mcg/25 mcg, 200 mcg/62.5 mcg/25 mcg	Prior authorization required.
Famotidine Suspension	Famotidine	40 mg/5 mL	Prior authorization required for age 12 years and older.

What should you do?

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DCH Approved: 02/21/2019 21