

September 1, 2020

Re: Summary of PDL Changes Effective October 1, 2020

Dear CareSource Member:

Your health care is our priority. That is why we are writing to tell you that on October 1, 2020, CareSource will change its Preferred Drug List (PDL). A PDL is a list of preferred drugs.

THE FOLLOWING MEDICINES WILL BE NO N-PREFERRED ON THE PDL EFFECTIVE OCTOBER 1, 2020.

OCTOBER 1, 2020.						
Victoza	Liraglutide	18 mg / 3 mL Multidose Pen in 0.6 mg, 1.2 mg, 1.8 mg	Preferred alternatives: Rybelsus, Trulicity			
Ozempic	Semaglutide	2 mg / 1.5 mL Multidose Pen in 0.25 mg, 0.5 mg, 1 mg	Preferred alternatives: Rybelsus, Trulicity			
Tresiba	Insulin Degludec					

Ciprodex	Ciprofloxacin	0.3-0.1% / mL	Preferred alternatives: ciprofloxacin 0.3%	
	and		ophthalmic solution, ciprofloxacin 0.2% otic	
	Dexamethasone		solution, dexamethasone 0.1% ophthalmic	
			solution	

THE FOLLOWING MEDICINES HAVE A CHANGE IN STATUS EFFECTIVE OCTOBER 1, 2020.

Brand Name	Generic Name	Dose(s)	Notes
Xarelto	Rivaroxaban	2.5 mg	Add step therapy

What should you do?

First, talk to your health care provider. There may be many 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 1-855-202-0729 (TTY: 1-800-255-0056 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.

Si usted o alguien a quien ayuda tienen preguntas sobre CareSource, tiene derecho a recibir esta información y ayuda en su propio idioma sin costo. Para hablar con un intérprete, Por favor, llame al número de Servicios para Afiliados que figura en su tarjeta de identificación.

CareSource

ID

GA-MMED-1760a-V.14

DCH Approved: 02/21/2019