

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

Re: S am fF am Cha ge Effecie A i 1, 2019

Dear Health Partner,

We are dedicated to partnering with you in the most effective way to manage our members' care. CareSource routinely reviews medications available on the Preferred Drug List (PDL). We encourage you to actively work with your CareSource patients in advance of the effective date above to ensure a smooth transition.

THE FOLLOWING MEDICATIONS WILL BE NON-PREFERRED ON THE PDL EFFECTIVE APRIL 1, 2019.

BadNa e	Ge e ic Na e	Segh()	N e
Ac Me XR	Pioglitazone-	15-1000 mg	
	Metformin ER	30-1000 mg	
Lid cai e Pa ch	Lidocaine	5%	OTC Lidocaine Patch Preferred
H ia	Adalimumab	10 mg,	Will Remain Preferred for
		20 mg,	Diagnosis of Crohn's Disease
		40 mg,	and Ulcerative Colitis (UC)
		80 mg	

THE FOLLOWING MEDICATION I

IS i a

Sm na	Darunavir-Cobicistat- Tenofovir AF	800-150-10 mg	
OTC Lid cai e Pa ch	Lidocaine	4%	

Wham h d

We know patient care is of the utmost importance to you. We are notifying our members of this change to help ensure their treatment plan is maintained. We have asked our members to contact their prescriber if they have questions.

Addii a Re ce

For the most up-to-date information, please utilize the <u>formulary search tools</u> online. To access the complete formulary, visit the Provider Pharmacy pages at CareSource.com. You may find your patient's plan formulary by clicking on:

Your state

Your patient's CareSource plan

The Patient Care link The Pharmacy link

We recognize each patient is unique and we appreciate your partnership in making this a successful transition. We are here to help you with any questions. Call the CareSource Pharmacy Services Department at 1-844-607-2829. The Department is open Monday through Friday, 8 a.m. to 5 p.m. Thank you for being a CareSource health partner.

IN-P-0224-V.13; Date Issued: 04/01/2019 OMPP Approved: 07/05/2017