



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

01/01/2020

**Re: Summary of PDL Changes Effective January 1, 2020**

Dear CareSource Member:

Your health care is our priority. That is why we are writing to tell you that on January 1, 2020, 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, 2020.**

Brand Name	Generic Name	Dose(s)	Notes
Baqsimi	Glucagon	3 mg	Prior Authorization Required
Doptelet	Avatrombopag	20 mg	Prior Authorization Required

**THE FOLLOWING MEDICINES WILL BE NON-PREFERRED ON THE PDL EFFECTIVE JANUARY 1, 2020.**

Brand Name	Generic Name	Dose(s)	Notes
Evenity	Romosozumab-aqqg	105 mg/1.17 mL	
Inbrija	Levodopa	42 mg	
Krintafel	Tafenoquine	150 mg	
Mavenclad	Cladrabine	10 mg	
Mayzent	Siponimod	0.25 mg, 2 mg	
Motegrity	Prucalopride	1 mg, 2 mg	
Mulpleta	Lusutrombapag	3 mg	
Onpattro	Patisiran	10 mg/5 mL	
Perseris	Risperidone	90 mg, 120 mg	
Rocklatan	Netarsudil/Latanoprost	0.02%/0.005% per 2.5 mL	
Seysara	Sarecycline	60 mg, 100 mg, 150 mg	
Skyrizi	Risankizumab-rzaa	75 mg/0.83 mL	
Takhzyro	Lanadelumab-flyo	300 mg/2 mL	
Tpoxx	Tecovirimat	200 mg	
Zulresso	Brexanolone	100 mg/20 mL	

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

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