

PO Box 723308, Atlanta, GA 31139-1308 | CareSource.com

Re: CHANGE TO CARESOURCE PREFERRED DRUG LIST

Dear CareSource Member:

Your health care is our priority. That is why we are writing to tell you that on 01/01/2018, CareSource will change its Preferred Drug List (PDL). A PDL is the list of drugs that we prefer your doctor prescribe for you.

THE FOLLOWING MEDICINES WILL BE PREFERRED ON THE PDL EFFECTIVE APRIL 1, 2018.

| Brand Name | Generic Name | Dose(s) | Notes |
|-------------------|--------------------------------------|--|--|
| Metadate CD | Methylphenidate HCI extended release | 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg | Quantity limit of 30 tablets per month |
| Trulance | Plecanatide | 3 mg | Must meet criteria and trial of OTC agents |
| Xiidra | Lifitegrast | 5% | Must meet criteria and trial of OTC agents |
| Xopenex HFA | Levalbuterol | 45 mcg/actuation (15 g = 200 inhalations) | Quantity limit of 2 inhalers per month |

THE FOLLOWING MEDICINES WILL BE NON-PREFERRED ON THE PDL EFFECTIVE APRIL 1. 2018.

| Brand Name | Generic Name | Dose(s) |
|-------------------|------------------------------|--------------------------|
| Detrol | Tolterodine | 1 mg, 2 mg |
| Detrol LA | Tolterodine extended release | 2 mg, 4 mg |
| Linzess | Linaclotide | 72 mcg, 145 mcg, 290 mcg |
| Sanctura | Trospium | 20 mg |
| Sanctura XR | Trospium extended release | 60 mg |

What should you do?

First, talk to your doctor. There may be other medicines on the CareSource PDL that you can take instead. There are a few ways you and your doctor can find medicines:

• You can look on our website at CareSource.com. Go to the Pharmacy page and click on "Preferred **Drug List**".

 Or, you can call our Member Services Department at 1-855-202-0729, (TTY 1-855-255-0056 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 Pharmacy Department

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.

如果您或者您在帮助的人对 CareSource 存有疑问,您有权 免费获得以您的语言提供的帮助和信息。 如果您需要与一 位翻译交谈,请拨打您的会员 ID 卡上的会员服务电话号码。

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