



PO Box 723308, Atlanta, GA 31139-1308 | [CareSource.com](http://CareSource.com)

## **Summary of PDL Changes Effective July 1, 2023**

**Dear CareSource Member:**

**Your health care is our priority. That is why we are writing to tell you that on July 1, 2023, CareSource will change its Preferred Drug List (PDL). A PDL is a list of preferred drugs.**

**THE FOLLOWING MEDICINES WILL BE PREFERRED ON THE**

			<ul style="list-style-type: none"> <li>• Does not apply to Inter-Pregnancy Care or Family Planning</li> </ul>
Venofer vial	iron sucrose complex	200mg/10mL	<ul style="list-style-type: none"> <li>• The use of Ferrlecit, Infed or Venofer first, will be required to receive other non-preferred iron injection products</li> <li>• Does not apply to Inter-Pregnancy Care or Family Planning</li> </ul>

**THE FOLLOWING MEDICINES WILL BE NON-PREFERRED ON THE PDL EFFECTIVE JULY 1, 2023.**

Brand Name	Generic Name	Dose(s)	Notes
Covaryx Half Strength tablet	esterified estrogens/methyltestosterone	0.625mg/1.25mg	Not paid for by the Georgia Medicaid program
Covaryx tablet	esterified estrogens/methyltestosterone	1.25mg/2.5mg	Not paid for by the Georgia Medicaid program



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			<b>program</b>
<b>Hyoscyamine sulfate elixir</b>	<b>hyoscyamine sulfate</b>	<b>0.125mg/5ml</b>	<b>Not paid for by the Georgia Medicaid program</b>
<b>Hyoscyamine sulfate orally</b>			

			<ul style="list-style-type: none"> <li>• Does not apply to Inter-Pregnancy Care or Family Planning</li> </ul>
<b>Leqembi vial</b>	<b>lecanemab</b>	<b>All</b>	<ul style="list-style-type: none"> <li>• Medical benefit with prior authorization required</li> <li>• Does not apply to Inter-Pregnancy Care or Family Planning</li> </ul>
<b>Rebyota rectal suspension</b>	<b>fecal microbiota</b>	<b>500mL</b>	<ul style="list-style-type: none"> <li>• Medical benefit with prior authorization required</li> <li>• Does not apply to Inter-Pregnancy Care or Family Planning</li> </ul>
<b>Tzield vial</b>	<b>teplizumab-mzwv</b>	<b>2mg/2mL</b>	<ul style="list-style-type: none"> <li>• Medical benefit with prior authorization required</li> <li>• Does not apply to Inter-Pregnancy Care or Family Planning</li> </ul>



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Sodium phenylbutyrate powder	sodium phenylbutyrate	500mg	Quantity limit of 2 bottles of powder per 25 days
Sodium phenylbutyrate tablet	sodium phenylbutyrate	500mg	Quantity limit of 40 tablets per day
Sunlenca tablet	lenacapavir	300mg	Quantity limit of 6 tablets per 6 months
Sunlenca vial	lenacapavir	463.5mg/1.5mL	Quantity limit of 2 vials (1 kit) per 6 months
Takhzyro syringe, vial	lanadelumab-flyo	All	Quantity limit of 2 syringes/vials per 28 days
Vraylar capsule	cariprazine	All	Quantity limit of 1 capsule per day
Welchol powder in packet	colesevelam	All	Quantity limit of 1 packet per day
Welchol tablets	colesevelam	All	Quantity limit of 6 tablets per day
Zorbtive vial	somatropin	8.8mg	Quantity limit of 30 vials per 30 days

**What should you do?**

First, talk to your health care provider. If needed, your prescriber can submit a prior authorization for a drug that is being removed from the PDL if you need to remain on the drug for medical necessity. 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**