



04/01/2020

Re: Summary of PDL Changes Effective April 1, 2020

Dear CareSource Member:

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

Brand Name	Generic Name	Dose(s)	Notes
Trelegy Ellipta	Fluticasone-Umeclidinium-Vilanterol	100-62.5-25 mcg/inhalation	
Symfi Lo	Efavirenz-Lamivudine-Tenofovir Disoproxil Fumarate	400-300-300 mg	
Trikafta	Elexacaftor/Tezacaftor/Ivacaftor	100-50-75 mg & 150 mg	Requires Prior Authorization

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

Brand Name	Generic Name	Dose(s)
Aemcolo	Rifamycin	194 mg
Diacomit	Stiripentol	250 mg, 500 mg
Xenleta	Lefamulin	600 mg
Balversa	Erdafitinib	3 mg, 4 mg, 5 mg
Piqray	Alpelisib	150 mg, 200 mg, 200 & 50 mg (Pack)
Gamifant	Emapalumab-LZSG	50 mg/mL
Rinvoq	Upadacitinib	15 mg
Triptodur	Triptorelin	22.5 mg
Vumerity	Diroximel Fumarate	231 mg
Inflectra	Infliximab-DYYB	100 mg
Nivestym	Filgrastim-AAFI	300 mg /0.5 mL, 480 mg/0.8 mL, 300 mg/mL, 480 mg/1.6 mL
Renflexis	Infliximab-ABDA	100 mg
Retacrit	Epoetin Alfa-EPBX	2,000 units/mL, 3,000 units/mL, 4,000 units/mL, 10,000 units/mL, 40,000 units/mL
Udenyca	Pegfilgrastim-CBQV	6 mg/0.06 mL
Jornay PM	Methylphenidate	20 mg, 40 mg, 60 mg, 80 mg, 100 mg
Ruzurgi	Amifampridine	10 mg

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

Brand Name	Generic Name	Dose(s)	Notes
Tybost	Cobicistat	150 mg	Non-preferred but will NOT require a prior authorization
Dovato	Dolutegravir/Lamivudine	50-300 mg	Non-preferred but will NOT require a prior authorization
Delstrigo	Doravirine/Lamivudine/ Tenovir Disoproxil Fumarate	100-300-300 mg	Non-preferred but will NOT require a prior authorization
Ziagen	Abacavir	300 mg, 20 mg/mL	Non-preferred but will NOT require a prior authorization
Viadex EC Videx	Didanosine	125 mg, 250 mg, 400 mg, 2 GM	Non-preferred but will NOT require a prior authorization
Emtriva	Emtricitabine	200 mg, 10 mg/mL	Non-preferred but will NOT require a prior authorization
Zerit	Stavudine	15 mg, 20 mg, 30 mg, 40 mg	Non-preferred but will NOT require a prior authorization
Rescriptor	Delavirdine	200 mg	Non-preferred but will NOT require a prior authorization
Pifeltro	Doravirine	100 mg	Non-preferred but will NOT require a prior authorization
Sustiva	Efavirenz	600 mg, 50 mg, 200 mg	Non-preferred but will NOT require a prior authorization
Intelence	Etravirine	25 mg, 100 mg, 200 mg	Non-preferred but will NOT require a prior authorization
Viramune Viramune XR	Nevirapine	200 mg, 400 mg ER, 50 mg/5 mL	Non-preferred but will NOT a prior authorization
Edurant	Rilpivirine	25 mg	Non-preferred but will NOT require a prior authorization
Lexiva	Fosamprenavir	700 mg, 50 mg/mL	Non-preferred but will NOT require a prior authorization
Crixivan	Indinavir	200 mg, 400 mg	Non-preferred but will NOT require a prior authorization
Kaletra	Lopinavir/Ritonavir	100-25 mg, 200-50 mg, 400-100 mg/5 mL	Non-preferred but will NOT require a prior authorization
Viracept	Nelfinavir	250 mg, 625 mg	Non-preferred but will NOT require a prior authorization
Invirase	Saquinavir	500 mg, 200 mg	Non-preferred but will NOT require a prior authorization
Aptivus	Tipranavir	100 mg/mL, 250 mg	Non-preferred but will NOT require a prior authorization
Selzentry	Maraviroc	150 mg, 300 mg, 20 mg/mL	Non-preferred but will NOT require a prior authorization
Tivicay	Dolutegravir	10 mg, 25 mg, 50 mg	Non-preferred but will NOT require a prior authorization
Juluca	Dolutegravir/Rilpivirine	50-25 mg	Non-preferred but will NOT require a prior authorization
Combivir	Lamivudine/Zidovudine	150-300 mg	Non-preferred but will NOT require a prior authorization
Trizivir	Abacavir/Lamivudine/	300-15-300 mg	Non-preferred but will NOT

	Zidovudine		require a prior authorization
Atripla	Efavirenz/Emtricitabine/ Tenofovir Disoproxil Fumarate	600-200-300 mg	Non-preferred but will NOT require a prior authorization
Odefsey	Emtricitabine/Rilpivirine/ Tenofovir Alafenamide	200-25-25 mg	Non-preferred but will NOT require a prior authorization
Complera	Emtricitabine/Rilpivirine/ Tenofovir Disoproxil Fumarate	200-25-300 mg	Non-preferred but will NOT require a prior authorization
Evotaz	Atazanavir/Cobicistat	300-150 mg	Non-preferred but will NOT require a prior authorization
Prezcobix	Darunavir/Cobicistat	800-150 mg	Non-preferred but will NOT require a prior authorization
Symtuza	Darunavir/Cobicistat/ Emtricitabine	800-150-200-10 mg	Non-preferred but will NOT require a prior authorization
Stribild	Elvitegravir/Cobicistat/ Emtricitabine/Tenofovir Alafenamide	150-150-200-300 mg	Non-preferred but will NOT require a prior authorization

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 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。

GA-MMED-1760a-V.10

DCH Approved: 02/21/2019