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Asunto: Resumen de cambios en la PDL a partir del July 1, 2023

Estimado afiliado a CareSource:

Su atención médica es nuestra prioridad. Por eso, le escribimos para informarle que la Lista de medicamentos preferidos (Preferred Drug List, PDL) de CareSource cambiará el July 1, 2023. Una PDL es una lista de medicamentos preferidos.

LOS SIGUIENTES MEDICAMENTOS SERÁN PREFERIDOS EN LA PDL A PARTIR DEL JULY 1, 2023.

Nombre de marca	Nombre genérico	Dosis	Notas
Nalmefene vial	nalmefene	2mg/2mL	<ul style="list-style-type: none">• Now accepted on both the medical and pharmacy benefits• Medical Benefit: Prior authorization is not required• Pharmacy Benefit: Preferred without prior authorization• Quantity limit of 2 units per month• Does not apply to Inter-Pregnancy Care or Family Planning
Ferrlecit vial	sodium ferric gluconate/ Sucrose	62.5mg/5mL	<ul style="list-style-type: none">• The use of Ferrlecit, Infed or Venofer first, will be required to receive other non-preferred iron injection products• Does not apply to Inter-Pregnancy Care or Family Planning
Infed vial	iron dextran complex	100mg/2mL	<ul style="list-style-type: none">• The use of Ferrlecit, Infed or Venofer first, will be required to receive other non-preferred iron injection products

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

LOS SIGUIENTES MEDICAMENTOS SERÁN NO PREFERIDOS EN LA PDL A PARTIR DEL JULY 1, 2023.

Nombre de marca	Nombre genérico	Dosis	Notas
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
Ed-Spaz orally disintegrating tablet	hyoscyamine sulfate	0.125mg	Not paid for by the Georgia Medicaid program
EEMT Double Strength tablet	esterified estrogens/methyltestosterone	1.25mg/2.5mg	Not paid for by the Georgia Medicaid program
EEMT Half Strength tablet	esterified estrogens/methyltestosterone	0.625mg/1.25mg	Not paid for by the Georgia Medicaid program
Esterified estrogens/Methyltestosterone Full Strength tablet	esterified estrogens/methyltestosterone	1.25mg/2.5mg	Not paid for by the Georgia Medicaid program
Esterified estrogens/Methyltestosterone Half Strength tablet	esterified estrogens/methyltestosterone	0.625mg/1.25mg	Not paid for by the Georgia Medicaid program
Hyoscyamine sulfate drops	hyoscyamine sulfate	0.125mg/mL	Not paid for by the Georgia Medicaid program
Hyoscyamine sulfate elixir	hyoscyamine sulfate	0.125mg/5ml	Not paid for by the Georgia Medicaid program



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			program
Hyoscyamine sulfate orally disintegrating tablet, oral tablet, sublingual	hyoscyamine sulfate	0.125mg	Not paid for by the Georgia Medicaid program
Nulev chewable melt	hyoscyamine sulfate	0.125mg	Not paid for by the Georgia Medicaid program
Oscimin oral tablet, sublingual	hyoscyamine sulfate	0.125mg	Not paid for by the Georgia Medicaid program
Phenazopyridine tablet	phenazopyridine	100mg, 200mg	Not paid for by the Georgia Medicaid program
Sodium sulfacetamide/Sulfur pad	sodium sulfacetamide/sulfur	10-4%	Not paid for by the Georgia Medicaid program
Urea cream	urea	40%	Not paid for by the Georgia Medicaid program

LOS SIGUIENTES MEDICAMENTOS TIENEN UN CAMBIO DE ESTADO A PARTIR DEL JULY 1, 2023

Nombre de marca	Nombre genérico	Dosis	Notas
Briumvi vial	ublituximab	150mg/6mL	<ul style="list-style-type: none"> • Medical benefit with prior authorization required • Does not apply to Inter-Pregnancy Care or Family Planning
Hemgenix kit	etranacogene dezaparvovec	All	<ul style="list-style-type: none"> • Medical benefit with prior authorization required • Does not apply to Inter-Pregnancy Care or Family Planning

Leqembi vial	lecanemab	All	<ul style="list-style-type: none"> • Medical benefit with prior authorization required • Does not apply to Inter-Pregnancy Care or Family Planning
Rebyota rectal suspension	Fecal microbiota	500mL	<ul style="list-style-type: none"> • Medical benefit with prior authorization required • Does not apply to Inter-Pregnancy Care or Family Planning
Tzielid vial	teplizumab-mzwv	2mg/2mL	<ul style="list-style-type: none"> • Medical benefit with prior authorization required • Does not apply to Inter-Pregnancy Care or Family Planning
Amjevita syringe	adalumimab	20mg/0.4mL	Quantity limit of 2 syringes per month
Amjevita auto-injector	adalumimab	40mg/0.8mL	Quantity limit of 4 pens per month
Amjevita syringe	adalumimab	40mg/0.8mL	Quantity limit of 4 syringes per month
Cibinqo tablet	abrocitinib	All	Quantity limit of 1 tablet per day
Doptelet tablet	avatrombopag	20mg	Quantity limit of 15 tablets per 30 days
Mulpleta tablet	lusutrombopag	3mg	Quantity limit of 7 tablets per 90 days
Odactra House Dust Mite sublingual tablet	dermatophagoides farinae/ dermatophagoides pteronyssinus	12 SQ-HDM	Quantity limit of 1 tablet per day
Pheburane granules	sodium phenylbutyrate	500mg	Quantity limit of 7 bottles of granules per 28 days
Promacta powder in packet, tablet	eltrombopag	All	Quantity limit of 1 packet/tablet per day
Ravicti liquid	glycerol phenylbutyrate	1.1 gm/mL	Quantity limit of 525mL per 30 days
Sodium Phenylbutyrate powder	sodium phenylbutyrate	500mg	Quantity limit of 2 bottles of powder per 25 days



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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

¿Qué debe hacer?

En primer lugar, hable con su proveedor de atención médica. En caso de ser necesario, su proveedor puede enviar una autorización previa para un medicamento que se haya eliminado de la PDL, si usted debe seguir usándolo debido a una necesidad médica. Es posible que haya otros medicamentos en la PDL de CareSource que usted pueda usar en su lugar. Hay varias formas para que usted o la persona que se los receta puedan encontrar medicamentos:

- Puede buscar en nuestro sitio web, en CareSource.com. En la página “Members” (Afiliados), vaya a “Tools & Resources” (Herramientas y Recursos) y haga clic en “Find My Prescriptions” (Encontrar mis medicamentos con receta).
- O llame a nuestro Departamento de Servicios para Afiliados al 1-855-202-0729 (TTY: 1-800-255-0056 o 711).

Estamos aquí para ayudarlo. El Departamento de Servicios para Afiliados a CareSource está abierto de lunes a viernes, de 7 a. m. a 7 p. m.

Atentamente,

Departamento de Farmacia de CareSource

CareSource cumple las leyes sobre derecho civil estatales y federales y no discrimina por motivos de edad, sexo, identidad de género, color, raza, incapacidad, origen nacional, estado civil, preferencia sexual, filiación religiosa, estado de salud o estado de asistencia pública.

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