



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)
Trelegy Ellipta	Fluticasone-Umeclidinium-Vilanterol	100-62.5-25 mcg/inhalation
Symfi Lo	Efavirenz-Lamivudine-Tenofovir Disoproxil Fumarate	400-300-300 mg

**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
Ruzurgi	Amifampridine	10 mg

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

Brand Name	Generic Name	Dose(s)	Notes
Descovy	Emtricitabine-Tenofovir Alafenamide Fumarate	200-25 mg	Requires a Prior Authorization
Tybost	Cobicistat	150 mg	Non-preferred but will <b>NOT</b> require a prior authorization
Dovato	Dolutegravir/Lamivudine	50-300 mg	Non-preferred but will <b>NOT</b> require a prior authorization
Delstrigo	Doravirine/Lamivudine/Tenovir Disoproxil Fumarate	100-300-300 mg	Non-preferred but will <b>NOT</b> require a prior authorization
Ziagen	Abacavir	300 mg, 20 mg/mL	Non-preferred but will <b>NOT</b> require a prior authorization
Viadex EC Videx	Didanosine	125 mg, 250 mg, 400 mg, 2 GM	Non-preferred but will <b>NOT</b> require a prior authorization
Emtriva	Emtricitabine	200 mg, 10 mg/mL	Non-preferred but will <b>NOT</b> require a prior authorization
Zerit	Stavudine	15 mg, 20 mg, 30 mg, 40 mg	Non-preferred but will <b>NOT</b> require a prior authorization
Rescriptor	Delavirdine	200 mg	Non-preferred but will <b>NOT</b> require a prior authorization
Pifeltro	Doravirine	100 mg	Non-preferred but will <b>NOT</b> require a prior authorization
Sustiva	Efavirenz	600 mg, 50 mg, 200 mg	Non-preferred but will <b>NOT</b> require a prior authorization
Intelence	Etravirine	25 mg, 100 mg, 200 mg	Non-preferred but will <b>NOT</b> require a prior authorization
Viramune Viramune XR	Nevirapine	200 mg, 400 mg ER, 50 mg/5 mL	Non-preferred but will <b>NOT</b> require a prior authorization
Eduvant	Rilpivirine	25 mg	Non-preferred but will <b>NOT</b> require a prior authorization
Prezista	Darunavir	75 mg, 150 mg, 600 mg, 800 mg, 100 mg/mL	Non-preferred but will <b>NOT</b> require a prior authorization
Lexiva	Fosamprenavir	700 mg, 50 mg/mL	Non-preferred but will <b>NOT</b> require a prior authorization
Crixivan	Indinavir	200 mg, 400 mg	Non-preferred but will <b>NOT</b> require a prior authorization
Kaletra	Lopinavir/Ritonavir	100-25 mg, 200-50 mg, 400-100 mg/5 mL	Non-preferred but will <b>NOT</b> require a prior authorization
Viracept	Nelfinavir	250 mg, 625 mg	Non-preferred but will <b>NOT</b> require a prior authorization
Invirase	Saquinavir	500 mg, 200 mg	Non-preferred but will <b>NOT</b> require a prior authorization
Aptivus	Tipranavir	100 mg/mL, 250 mg	Non-preferred but will <b>NOT</b> require a prior authorization
Selzentry	Maraviroc	150 mg, 300 mg, 20 mg/mL	Non-preferred but will <b>NOT</b> require a prior authorization

Tivicay	Dolutegravir	10 mg, 25 mg, 50 mg	Non-preferred but will <b>NOT</b> require a prior authorization
Fuzeon	Enfuvirtide	90 mg	Non-preferred but will <b>NOT</b> require a prior authorization
Juluca	Dolutegravir/Rilpivirine	50-25 mg	Non-preferred but will <b>NOT</b> require a prior authorization
Combivir	Lamivudine/Zidovudine	150-300 mg	Non-preferred but will <b>NOT</b> require a prior authorization
Trizivir	Abacavir/Lamivudine/ Zidovudine	300-15-300 mg	Non-preferred but will <b>NOT</b> require a prior authorization
Atripla	Efavirenz/Emtricitabine/ Tenofovir Disoproxil Fumarate	600-200-300 mg	Non-preferred but will <b>NOT</b> require a prior authorization
Odefsey	Emtricitabine/Rilpivirine/ Tenofovir Alafenamide	200-25-25 mg	Non-preferred but will <b>NOT</b> require a prior authorization
Complera	Emtricitabine/Rilpivirine/ Tenofovir Disoproxil Fumarate	200-25-300 mg	Non-preferred but will <b>NOT</b> require a prior authorization
Evotaz	Atazanavir/Cobicistat	300-150 mg	Non-preferred but will <b>NOT</b> require a prior authorization
Prezcobix	Darunavir/Cobicistat	800-150 mg	Non-preferred but will <b>NOT</b> require a prior authorization
Symtuza	Darunavir/Cobicistat/Emt ritabine	800-150-200-10 mg	Non-preferred but will <b>NOT</b> require a prior authorization
Stribild	Elvitegravir/Cobicistat/E mtricitabine/Tenofovir Alafenamide	150-150-200-300 mg	Non-preferred but will <b>NOT</b> require a prior authorization

### What should you do?

First, talk to your prescriber. There may be 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 **1-844-607-2829** (TTY: **1-800-743-3333 or 711**).

We are here to help you. The CareSource Member Services Department is open Monday through Friday, 8 a.m. to 8 p.m.

Sincerely,  
CareSource Pharmacy Department

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