



To: Indiana Medicaid Health Partners

From: CareSource®

Subject: Summary of Formulary Changes Effective April 1, 2020

Attention Health Partners:

We are dedicated to partnering with you in the most effective way to manage our members' care. CareSource routinely reviews medications available on the Preferred Drug List (PDL). We encourage you to actively work with your CareSource patients in advance of the effective date above to ensure a smooth transition.

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

Brand Name	Generic Name	Strength(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 MEDICATIONS WILL BE PREFERRED ON THE PDL EFFECTIVE APRIL 1, 2020.

Brand Name	Generic Name	Strength(s)	Notes
Trelegy Ellipta	Fluticasone-Umeclidinium-Vilanterol	100-62.5-25 mcg/inhalation	
Symfi Lo	Efavirenz-Lamivudine-Tenofovir Disoproxil Fumarate	400-300-300 mg	

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

Brand Name	Generic Name	Strength(s)	Notes
Descovy	Emtricitabine-Tenofovir Alafenamide Fumarate	200-25 mg	Requires a Prior Authorization

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 require a prior authorization
Edurant	Rilpivirine	25 mg	Non-preferred but will NOT require a prior authorization
Prezista	Darunavir	75 mg, 150 mg, 600 mg, 800 mg, 100 mg/mL	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



Fuzeon	Enfuvirtide	90 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/ Zidovudine	300-15-300 mg	Non-preferred but will NOT require a prior authorization
Atripla	Efavirenz/Emtricitabine/ Tenovir 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 you should know

We know patient care is of the utmost importance to you. We are notifying our members of this change to help ensure their treatment plan is maintained. We have asked our members to contact their prescriber if they have questions.

Additional Resources

For the most up-to-date information, please utilize the [formulary search tools](#) online. To access the complete formulary, visit the Provider Pharmacy pages at CareSource.com. You may find your patient's plan formulary by clicking on:

- Your patient's CareSource plan
- Tools & Resources
- Drug Formulary

We recognize each patient is unique and we appreciate your partnership in making this a successful transition. We are here to help you with any questions. Call the CareSource Pharmacy Services Department at 1-844-607-2829. The Department is open Monday through Friday, 8 a.m. to 5 p.m. Thank you for being a CareSource health partner.