



06/01/2019

Re: Summary of PDL Changes Effective July 1, 2019

Dear Humana – CareSource Member:

Your health care is our priority. That is why we are writing to tell you that on July 1, 2019, Humana – 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 JULY 1, 2019.

Brand Name	Generic Name	Dose(s)	Notes
Delstrigo	Doravirine/Lamivudine/Tenofovir Disoproxil Fumarate	100-300-300 mg	
Pifeltro	Doravirine	100 mg	
Epclusa	Sofosbuvir/Velpatasvir	400-100 mg	Authorized generic only. Prior authorization required.

THE FOLLOWING MEDICINES WILL BE NON-PREFERRED ON THE PDL EFFECTIVE JULY 1, 2019.

Brand Name	Generic Name	Dose(s)	Notes
Emgality	Galcanezumab	120 mg/mL	
Aimovig	Erenumab	70 mg/mL	
Ajovy	Fremanezumab	225 mg/1.5 mL	

THE FOLLOWING MEDICINES HAVE A CHANGE IN STATUS EFFECTIVE JULY 1, 2019.

Brand Name	Generic Name	Dose(s)	Notes
Copaxone	Glatiramer Acetate	20 mg/mL; 40 mg/mL	Prior authorization removed.

What should you do?

First, talk to your prescriber. There may be other medicines on the Humana – 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**. Go to the Pharmacy page and click on “Preferred Drug List”.
- Or, call our Member Services Department **1-855-852-7005** (TTY: 1-800-648-6056 or 711), Monday – Friday, 7 a.m. to 7 p.m. EST.

We are here to help you. The Humana – CareSource Member Services Department is open Monday through Friday, 7 a.m. to 7 p.m.

Sincerely,

Humana – CareSource Pharmacy Department

Humana - 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.

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