

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
Trikafta	Elexacaftor/Tezacaftor/ Ivacaftor	100-50-75 mg & 150 mg	Requires Prior Authorization
Symdeko	Tezacaftor/Ivacaftor	50-75 mg, 100-150 mg	Requires Prior Authorization
Nayzilam	Midazolam	5 mg/5mL	

THE FOLLOWING MEDICINES WILL BE NO N-PREFERRED ON THE PDL EFFECTIVE APRIL 1, 2020.

Brand Name	Generic Name	Dose(s)
Aemcolo	Rifamycin	194 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
Udenyca	Pegfilgrastim-CBQV	6 mg/0.06 mL
Ruzurgi	Amifampridine	10 mg
Rybelsus	Semaglutide	3 mg, 7 mg, 14 mg

x Or, call our Member Services Department at 1-800-488-0134
(TTY: 1-800-750-0750 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.