



Re: Summary of Formulary Changes Effective January 1, 2026

Dear CareSource Marketplace Member,

Your Formulary is an important part of your Prescription Drug Benefit. It shows what drugs may be covered for you, what limits may apply, and what tier drugs are in. A committee of health care providers, like doctors and pharmacists, decide what will be included on your Formulary. This is called the Pharmacy and Therapeutics (P&T) Committee.

The P&T Committee looks at your Formulary regularly to make sure it is up to date. The P&T Committee met recently to update the Formulary. Please review the tables to see how the Formulary is changing.

Drugs in this table will be added to the Formulary effective January 1, 2026:

DRUG NAME	FORMULARY TIER	COVERAGE LIMITS
ADALIMUMAB-ADBM	4	PA, QL
ADALIMUMAB-RYVK	4	PA, QL
BETASERON	4	PA, ST
DAPAGLIFLOZIN	2	PA, QL
HALOPERIDOL DECANOATE	1	
INDOMETHACIN ER 75mg Capsule	3	
LENVIMA	4	PA
LINZESS	3	ST
MECLOFENAMATE SODIUM	3	PA
OLANZAPINE ODT	3	
RISPERIDONE ODT	3	
SIMLANDI	4	PA, QL
STEQEYMA	4	PA, QL
USTEKINUMAB-TTWE	4	PA, QL
XATMEP 2.5 MG/ML ORAL SOLUTION	3	PA
YESINTEK	4	PA, QL

Drugs in this table have had a change in how they are covered. This could include a change in their Formulary tier and/or adding or removing a coverage limit. The details are shown below.

DRUG NAME	COVERAGE CHANGE
ABILIFY MAINTENA	Removed from formulary.
ADALIMUMAB-FKJP	Removed from formulary.

DRUG NAME	COVERAGE CHANGE
ANZUPGO	Quantity limit of 2 tubes (60g) per 30 days added.
APTIVUS	Cost share updated to tier 3.
ARISTADA and ARISTADA INITIO	Removed from formulary.
BIKTARVY	Cost share updated to tier 3.
BIMZELX	Removed from formulary.
COMPLERA	Cost share updated to tier 3.
DAYBUE	Quantity limit of 8 bottles (3600 mls) per 30 days added.
DELSTRIGO	Cost share updated to tier 3.
DENOSUMAB BIOSIMILARS	Policy updated – requires biosimilar trials.
DESCOVY	Cost share updated to tier 3.
DOVATO	Cost share updated to tier 3.
EGRIFTA WR	Quantity limit of 4 vials per 28 days added.
EMTRIVA	Removed from formulary.
ENFLONIA	Added to medical benefit coverage
EVOTAZ	Cost share updated to tier 3.
FARXIGA	Removed from formulary.
GENVOYA	Cost share updated to tier 3.
HARLIKU	Step therapy added. Quantity limit of 30 per 30 days added.
HUMALOG, HUMALOG MIX, HUMALOG JUNIOR	Removed from formulary.
HUMIRA	Removed from formulary.
INFLIXIMAB BIOSIMILARS	Policy updated – requires biosimilar trials.
INGREZZA and INGREZZA SPRINKLE	Step therapy added.
INVEGA SUSTENNA and INVEGA TRINZA	Removed from formulary.
ISENTRESS	Cost share updated to tier 3.
ISTURISA	Removed from formulary.
JANUMET and JANUMET XR	Cost share updated to tier 3. Step therapy added.
JANUVIA	Cost share updated to tier 3. Step therapy added.
JULUCA	Removed from formulary.
KESIMPTA PEN	Removed from formulary.
LEXIVA	Cost share updated to tier 3.
LISDEXAMFETAMINE DIMESYLATE	Cost share updated to tier 3.
LITFULO	Step therapy added.
MOUNJARO	Removed from formulary.
NORVIR	Removed from formulary.
ODEFSEY	Removed from formulary.

DRUG NAME	COVERAGE CHANGE
OLUMIANT	Policy updated.
PAXLOVID	Cost share updated to tier 3. Age limit added.
PIFELTRO	Removed from formulary.
PREZCOBIX	Cost share updated to tier 3.
PREZISTA	Cost share updated to tier 3.
REPATHA	Cost share updated to tier 3.
RISPERDAL CONSTA	Removed from formulary.
SELZENTRY	Cost share updated to tier 3.
STELARA	Removed from formulary.
STRIBILD	Removed from formulary.
SYMTUZA	Removed from formulary.
TRIUMEQ	Cost share updated to tier 3.
TRULANCE	Removed from formulary.
VIRACEPT	Cost share updated to tier 3.
VIREAD	Cost share updated to tier 3.
WIDAPLIK	Quantity limit of 30 per 30 days added.
XIFAXAN	Cost share updated to tier 3.
YEZTUGO	Added to medical benefit coverage with a required medical necessity review per policy
ZORYVE 0.3% FOAM	Quantity limit updated to 1 can per 28 days.

Please talk to your provider or pharmacist about these changes. They can help you get a new prescription if needed. A new prescription may or may not be the best choice for you. If not, you or your provider can request an exception. You can find the [Member Exception Request for Non-Formulary Medication form](#) on **CareSource.com**. Your provider can also submit a request electronically or by faxing it to 866-930-0019.

If you or your provider have questions, please contact Member Services at the number on your ID card.

Sincerely,

CareSource Marketplace

You and your provider can find the full Formulary and other information on the Drug Formulary page on CareSource.com.

GA-EXC-M-2373307-V.11

CareSource.com/Marketplace