



**Re: Summary of Formulary Changes Effective January 1, 2026**

Dear Health Partner,

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). Medications are added, changed or removed periodically based on industry standard, market availability and/or usage. 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 JANUARY 1, 2026**

Brand Name	Generic Name	Strength(s)	Notes
Olumiant tablet	Baricitinib	2mg	
Xarelto suspension	Rivaroxaban	All	Also applicable to GA Inter-Pregnancy Care (IPC) plan
Xarelto tablet	Rivaroxaban	2.5mg	Also applicable to GA Inter-Pregnancy Care (IPC) plan

We will provide a list of CareSource patients who are taking any medication above upon your request. Please email your request to [PharmacyConversionProgram@CareSource.com](mailto:PharmacyConversionProgram@CareSource.com). In your request, include the medication names and your secure fax number. We will fax you a list of patients who have been prescribed these medications.

**THE FOLLOWING MEDICATIONS HAVE A CHANGE IN STATUS EFFECTIVE JANUARY 1, 2026**

Brand Name	Generic Name	Strength(s)	Notes
Andembry auto-injector	garadacimab-gxii	All	Quantity limit updated
Anzupgo cream	delgocitinib	All	Quantity limit updated
Daybue oral solution	trofinetide	All	Quantity limit updated
Dulera inhaler	Mometasone/ formoterol	All	Criteria update
Egrifta WR vial, vial kit	tesamorelin acetate	All	Quantity limit updated
Ekterly tablet	sebetralstat	All	Quantity limit updated
	Fluticasone propionate/salmeterol	55-14mcg, 113-14mcg, 232-14mcg	Criteria update
Haegarda injection	C1 esterase inhibitor, human	All	Updating to pharmacy billing for code: J0599
Harliku tablet	nitisinone	All	Quantity limit updated

Brand Name	Generic Name	Strength(s)	Notes
	Rivaroxaban	2.5mg	Criteria update for tablet; Also applicable to GA Inter-Pregnancy Care (IPC) plan
Tryptyr dropperette	acoltremon	All	Quantity limit updated
Widaplik tablet	telmisartan-amlodipine-indapamide	All	Quantity limit updated
Yutrepia capsule	treprostinil	All	Quantity limit updated
Zoryve foam	roflumilast	All	Quantity limit updated

### 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 Provider Services at **1-855-202-1058**, Monday through Friday, 7 a.m. to 7 p.m. Eastern Time (ET).

Thank you for being a CareSource health partner.

Sincerely,

CareSource