Re: Summary of PDL Changes Effective November 1, 2026

Dear CareSource Member,

Your health care is our priority. We are writing to tell you that on **November 1, 2026**, 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 NOVEMBER 1, 2026

Brand Name	Generic Name	Strength(s)	Notes
Cosopt PF eye drops	Dorzolamide/Timolol/PF	2%-0.5%	Prior authorization update
	Dapagliflozin	All strengths	Prior authorization update

THE FOLLOWING MEDICINES WILL BE NON-PREFERRED ON THE PDL EFFECTIVE NOVEMBER 1, 2026

Brand Name	Generic Name	Strength(s)	Notes
	Dorzolamide/Timolol/PF eye drops	2%-0.5%	Prior authorization update
	Mesalamine ER	250mg	Prior authorization update
Farxiga	Dapagliflozin	All strengths	Prior authorization update
Xocova	Ensitrelvir Fumarate	125mg	Prior authorization update; age limit added; quantity limit added

THE FOLLOWING MEDICINES HAVE A CHANGE IN STATUS EFFECTIVE NOVEMBER 1, 2026

Brand Name	Generic Name	Strength(s)	Notes
Hepcludex	Bulevirtide acetate-gmod	8.5mg vial	Prior authorization update
Trutakna	Atacicept-vymi	150mg/ml autoinjector	Prior authorization update
Leqembi Iqlik	Lecanemab-irmb	All strengths	Prior authorization update; quantity limit added
Enbumyst	Bumetanide	0.5mg/spray	Prior authorization update; age limit added
Furoscix On-Body Kit	Furosemide	80mg/10ml	Prior authorization update; age limit added
Furoscix ReadyFlow	Furosemide	80mg/ml autoinjector	Prior authorization update; age limit added; quantity limit added

Brand Name	Generic Name	Strength(s)	Notes
Lasix ONYU kit	Furosemide	80mg/2.67ml	Prior authorization update; age limit added
Jylamvo	Methotrexate	2mg/ml	Prior authorization update; age limit updated
Praluent	Alirocumab	All strengths	Prior authorization update
Janumet XR	Sitagliptin Phosphate/ Metformin Hydrochloride extended-release	All strengths	Prior authorization update
	Sitagliptin Phosphate/ Metformin Hydrochloride extended-release	All strengths	Prior authorization update
Nuedexta	Dextromethorphan Hydrobromide/Quinidine	20-10mg	Prior authorization update
	Dextromethorphan Hydrobromide/Quinidine	20-10mg	Prior authorization update
Pentasa	Mesalamine	250mg	Prior authorization update
Rhofade	Oxymetazoline Hydrochloride	1%	Prior authorization update
	Oxymetazoline Hydrochloride	1%	Prior authorization update
Fycompa	Perampanel	All strengths	Prior authorization update
	Perampanel	All strengths	Prior authorization update
Ravicti liquid	Glycerol Phenylbutyrate	1.1 g/ml	Prior authorization update
	Glycerol Phenylbutyrate liquid	1.1 g/ml	Prior authorization update
Zituvio	Sitagliptin	All strengths	Prior authorization update
	Sitagliptin	All strengths	Prior authorization update
Zituvimet	Sitagliptin/Metformin Hydrochloride	All strengths	Prior authorization update
	Sitagliptin/Metformin Hydrochloride	All strengths	Prior authorization update

What should you do?

First, talk to your prescriber. There may be other medicines on the 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/IN**. On the Members page, go to Tools & Resources, choose your plan and click “Find My Prescriptions.”
- Or, call Member Services at 1-844-607-2829 (TTY: 1-800-743-3333 or 711).

For questions, please contact Member Services. We are open Monday through Friday, 8 a.m. to 8 p.m., Eastern Time (ET)/7 a.m. to 7 p.m. Central Time (CT).

Sincerely,

CareSource