**Re: Summary of PDL Changes Effective January 1, 2027**

Dear CareSource Member,

Your health care is our priority. We are writing to tell you that on **January 1, 2027**, 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 JANUARY 1, 2027**

| Brand Name | Generic Name | Strength(s) | Notes |
|---|---|---|---|
| | Lisdexamfetamine Chewable tablets | All strengths | Step therapy updated |
| Relexxii ER | Methylphenidate HCl | All strengths | Step therapy added |
| Absorica | Isotretinoin | All strengths | |
| Auvi-Q auto-injector | Epinephrine | 0.1 mg | |
| Enoby | Denosumab-qbde | 60 mg/mL | Prior authorization update |
| Xtrenbo | Denosumab-qbde | 120 mg/1.7 mL | Prior authorization update |
| Humalog KwikPen | Insulin Lispro | 100 unit/mL | |
| Humalog Jr. KwikPen | Insulin Lispro | 100 unit/mL | |
| Toujeo Solostar | Insulin Glargine | 300 unit/mL | |
| Toujeo Max Solostar | Insulin Glargine | 300 unit/mL | |
| Lynkuet | Elinzanetant | 60 mg | Prior authorization update |
| Veozah | Fezolinetant | 45 mg | |
| Aqua-E Concentrate | Vitamin E Liquid | 50.25 mg/mL (75 unit/mL) | Age limit added (effective 8.28.26) |
| | Pantoprazole granules suspension | 40 mg | Effective 10.21.26 |
| | Adapalene gel | 0.3% | Age limit added; step therapy added (effective 10.13.26) |
| Spravato | Esketamine HCl | All strengths | Prior authorization update |

**THE FOLLOWING MEDICINES WILL BE NON-PREFERRED ON THE PDL EFFECTIVE JANUARY 1, 2027**

| Brand Name | Generic Name | Strength(s) | Notes |
|---|---|---|---|
| Balfaxar | Human prothrombin | All strengths | |
| Rezenopy nasal spray | Naloxone HCl | 10 mg | |
| Gransiol oral solution | Granisetron HCl | 2 mg/10 mL | Quantity limit added; step therapy added |
| Nereus | Tradipitant | 85 mg | Age limit added; quantity limit added; step therapy added |
| Relgaabi | Gabapentin | All strengths | |
| Vyvanse chewable tablets | Lisdexamfetamine Dismesylate | All strengths | Prior authorization update |
| | Tapentadol HCl solution | 20 mg/mL | Prior authorization update; quantity limit added |
| Atmeksi suspension | Methocarbamol | 750 mg/5 mL | Step therapy added |
| | Clindamycin Phosphate gel | 1% | |
| Fiasp | Insulin Aspart | 100 unit/mL | |
| Awiqli Flextouch | Insulin icodec-abae | 700 unit/mL | Step therapy added |
| | Dapagliflozin/ Saxagliptin HCl | 10 mg-5 mg | Step therapy added |
| Gwyn Lo patch | Norelgestromin/ ethinyl estradiol | 220-20 mcg/ 24 hour | |
| Kyleena | Levonorgestrel | 17.5 mcg/ 24 hour | |
| Mirena | Levonorgestrel | 21 mcg/ 24 hour | |
| Miudella | Copper IUD | 175 sq mm | |
| Skyla | Levonorgestrel | 14 mcg/ 24 hour | |
| | Ranitidine HCl tablet | All strengths | |
| Armlupeg | Pegfilgrastim-unne | 6 mg/0.6 mL | |
| Filkri | Filgrastim-laha | All strengths | |
| Zolymbus eye drop | Bimatoprost/PF | 0.01% | |
| Byqlovi eye drop | Clobetasol Propionate | 0.05% | |
| Lipfendra | Enlicitide decanoate | 20 mg | Prior authorization update |

**THE FOLLOWING MEDICINES HAVE A CHANGE IN STATUS EFFECTIVE JANUARY 1, 2027**

| Brand Name | Generic Name | Strength(s) | Notes |
|---|---|---|---|
| Zimhi | Naloxone HCl | 5 mg/0.5 mL syringe | Removed from Statewide Uniform Preferred Drug List (SUPDL) |
| Akynzeo | Netupitant/Palonosetron | 300-0.5 mg | Quantity limit updated |
| Anzemet tablet | Dolasetron Mesylate | 50 mg | Step therapy updated |
| | Dronabinol capsule | All strengths | Prior authorization update; quantity limit added |
| | Dronabinol oral solution | 5 mg/mL | Prior authorization update; quantity limit added; step therapy added |
| | Granisetron HCl tablet | 1 mg | Quantity limit updated; step therapy updated |
| | Granisetron HCl injection | All strengths | Step therapy updated |
| | Palonosetron HCl | All strengths | Step therapy updated |
| Sancuso transdermal patch | Granisetron HCL | 3.1 mg/24 hour | Quantity limit added |
| Sustol | Granisetron HCL | 10 mg/0.4 mL | Quantity limit added |
| Vigpoder powder pack | Vigabatrin | 500 mg | Removed from SUPDL |
| Zonisade | Zonisamide | 100 mg/5mL | Prior authorization update |
| | Ergoloid Mesylates | 1 mg | Removed from SUPDL |
| Bucapsol capsule | Buspirone HCl | 5 mg | Quantity limit added |
| | Buspirone HCl tablets | 2.5 mg and 12.5 mg | Quantity limit added |
| Cymbalta | Duloxetine HCl | All strengths | Removed from SUPDL |
| | Duloxetine HCl | 80 mg, 90 mg, and 120 mg | Quantity limit added |
| Forfivo XL | Bupropion HCl | 450 mg | Removed from SUPDL |
| Paxil suspension | Paroxetine HCl | 10 mg/5 mL | Removed from SUPDL |
| | Trazodone HCl | 25 mg and 75 mg | Quantity limit added |
| | Aripiprazole ODT | All strengths | Step therapy updated |
| | Aripiprazole solution | 1 mg/mL | Step therapy updated |
| | Risperidone ODT | All strengths | Step therapy updated |
| | Risperidone solution | 1 mg/mL | Step therapy updated |
| Symbyax | Olanzapine/ Fluoxetine HCl | All strengths | Removed from SUPDL |
| Halcion | Triazolam | 0.25 mg | Removed from SUPDL |
| Qelbree ER | Viloxazine HCl | All strengths | Step therapy removed |
| Aptensio XR | Methylphenidate HCl | All strengths | Removed from SUPDL |
| Arynta solution | Lisdexamfetamine Dimesylate | 10 mg/mL | Step therapy updated |

| Brand Name | Generic Name | Strength(s) | Notes |
|---|---|---|---|
| | Dextroamphetamine Sulfate solution | 5 mg/5 mL | Step therapy updated |
| Jornay PM | Methylphenidate HCl | All strengths | Step therapy updated |
| Procentra solution | Dextroamphetamine Sulfate | 5 mg/5 mL | Step therapy updated |
| Hydromet solution | Hydrocodone Bitartrate/ Homatropine Methylbromide | 5 mg-1.5 mg/ 5 mL | Removed from SUPDL |
| Tuxarin ER | Chlorpheniramine/ Codeine Phosphate | 8 mg-54.3 mg | Removed from SUPDL (effective 10.1.26) |
| Lyvispah granules | Baclofen | All strengths | Removed from SUPDL |
| Bildyos | Denosumab-nxxp | 60 mg/mL | Step therapy added |
| Bilprevda | Denosumab-nxxp | 120 mg/1.7mL | Step therapy added |
| Onglyza | Saxagliptin HCl | All strengths | Removed from SUPDL |
| Ozempic tablet | Semaglutide | All strengths | Prior authorization update; quantity limits updated |
| Ozempic pen | Semaglutide | All strengths | Quantity limits updated |
| Soliqua | Insulin glargine/ lixisenatide | 100 unit – 33 mcg/mL | Prior authorization update; quantity limit updated |
| Nutropin AQ Nuspin injector | Somatropin | All strengths | Removed from SUPDL |
| Humalog KwikPen | Insulin Lispro | 200 unit/mL | Step therapy removed |
| Afrezza | Insulin human | All strengths | Prior authorization update |
| Basaglar Tempo Pen | Insulin Glargine | 100 unit/mL | Removed from SUPDL |
| | Cimetidine tablet | All strengths | Quantity limit removed |
| | Famotidine tablet | All strengths | Quantity limit removed |
| | Nizatidine capsule | All strengths | Quantity limit removed |
| Linzess | Linaclotide | All strengths | Step therapy removed |
| Rapaflo | Silodosin | All strengths | Removed from SUPDL |
| Detrol | Tolterodine Tartrate | All strengths | Removed from SUPDL |
| Betoptic-S eye drop | Betaxolol HCl | 0.25% | Removed from SUPDL |
| Vtama | Tapinarof | 1% | Quantity limit updated |
| Zoryve cream | Roflumilast | 0.3% | Prior authorization update |
| Evkeeza | Evinacumab-dgnb | All strengths | Prior authorization update |
| Juxtapid | Lomitapide Mesylate | All strengths | Prior authorization update |
| Leqvio | Inclisiran sodium | 284 mg/1.5 mL | Prior authorization update |
| Praluent | Alirocumab | All strengths | Prior authorization update |
| Repatha | Evolocumab | All strengths | Prior authorization update |
| Baxfendy | Baxdrostat | All strengths | Prior authorization update |
| Kerendia | Finerenone | All strengths | Prior authorization update |
| Delstrigo | Doravirine/lamivudine/ tenofovir disoproxil | 100 mg- 300 mg-300 mg | Quantity limit added |
| Genvoya | Elvitegravir/cobicistat/ | 150 mg- 150 mg- | Quantity limit added |

| Brand Name | Generic Name | Strength(s) | Notes |
|---|---|---|---|
| | emtricitabine/tenofovir alafenamide | 200 mg-10 mg | |
| Isentress | Raltegravir Potassium | All strengths | Quantity limit added |
| Isentress HD | Raltegravir Potassium | 600 mg | Quantity limit added |
| Pifeltro | Doravirine | 100 mg | Quantity limit added |
| Prezcobix | Darunavir/cobicistat | All strengths | Quantity limit added |
| Hepcludex | Bulevirtide Acetate-gmod | 8.5 mg | |
| Stribild | Elvitegravir/cobicistat/ emtricitabine/tenofovir disoproxil | 150 mg-<br>150 mg-<br>200 mg-300 mg | Quantity limit added |
| Dexcom G6 Sensor | | | Quantity limit updated (effective 11.20.26) |
| Adempas | Riociguat | All strengths | Prior authorization update |
| | Riociguat | All strengths | Prior authorization update |
| Differin gel | Adapalene | 0.3% | Removed from SUPDL (effective 10.13.26) |
| Protonix granules suspension | Pantoprazole | 40 mg | Removed from SUPDL (effective 10.21.26) |
| Vfend suspension | Voriconazole | 40 mg/mL | Prior authorization update |
| | Voriconazole suspension | 40 mg/mL | Prior authorization update |
| Lynavoy | Linerixibat | 40 mg | Prior authorization update; quantity limit added |
| Saphnelo vial | Anifrolumab-fnia | 300 mg/2 mL | Quantity limit added |
| Saphnelo auto-injector and syringe | Anifrolumab-fnia | 120 mg/0.8 mL | Quantity limit added |
| Jakafi XR | Ruxolitinib Phosphate | All strengths | Prior authorization update; quantity limit added |
| Jakafi | Ruxolitinib Phosphate | All strengths | Prior authorization update; quantity limit added |
| Waskyra | Etuvetidigene Autotemcel | $11.4x10^6$ | Medical Benefit – Prior authorization update |
| Veletri | Epoprostenol Sodium | All strengths | Prior authorization update |
| Remodulin | Treprostinil Sodium | All strengths | Prior authorization update |
| Enjaymo | Sutimlimab-jome | 1,100 mg/<br>22 mL | Medical Benefit – Prior authorization update |
| Givlaari | Givosiran | 189 mg/mL | Medical Benefit – Prior authorization update |
| Imbruvica | Ibrutinib | All strengths | Prior authorization update |
| Ogsiveo | Nirogacestat Hydrobromide | All strengths | Quantity limit update |

| Brand Name | Generic Name | Strength(s) | Notes |
|---|---|---|---|
| Panhematin | Hemin | 350 mg | Medical Benefit – Prior authorization update |
| Strensiq | Asfotase Alfa | All strengths | Prior authorization update |
| Tepezza | Teprotumumab-trbw | 500 mg | Medical Benefit – Prior authorization update |
| Vabysmo | Faricimab-svoa | 6 mg/0.05 mL | Medical Benefit – Quality limit update |
| Xdemvy | Lotilaner | 0.25% | Prior authorization update |
| Eylea HD | Afibercept | 8 mg/0.07 mL | Medical Benefit - Prior authorization update; quantity limit update |
| | Liraglutide | All strengths | Quantity limits updated |
| Trulicity | Dulaglutide | All strengths | Quantity limits updated |
| Victoza | Liraglutide | All strengths | Quantity limits updated |
| Zepbound | Tirzepatide | All strengths | Quantity limits updated |
| | Exenatide | All strengths | Quantity limits updated |
| Rybelsus | Semaglutide | All strengths | Quantity limits updated |
| Wegovy | Semaglutide | All strengths | Quantity limits updated |
| Mounjaro | Tirzepatide | All strengths | Quantity limits updated |
| Xultophy | Insulin degludec/ Liraglutide | 100 unit-3.6 mg/mL | Quantity limit updated |

**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

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