



**Re: Summary of PDL Changes Effective December 1, 2025**

Dear CareSource Member,

Your health care is our priority. We are writing to tell you that on December 1, 2025, CareSource will change its Preferred Drug List (PDL). A PDL is a list of preferred drugs.

**THE FOLLOWING MEDICINES WILL BE NON-PREFERRED ON THE PDL  
EFFECTIVE DECEMBER 1, 2025**

| Brand Name | Generic Name  | Dose(s)     | Notes      |
|------------|---------------|-------------|------------|
| Ampyra     | Dalfampridine | 10mg tablet | Brand only |

**THE FOLLOWING MEDICINES HAVE A CHANGE IN STATUS EFFECTIVE  
DECEMBER 1, 2025**

| Brand Name    | Generic Name                | Dose(s)             | Notes                      |
|---------------|-----------------------------|---------------------|----------------------------|
| Kuvan         | Sapropterin dihydrochloride | All strengths       | Prior authorization update |
| Javygtor      | Sapropterin dihydrochloride | All strengths       | Prior authorization update |
| Zelvysia      | Sapropterin dihydrochloride | All strengths       | Prior authorization update |
| Palynziq      | Pegvaliase-pqpz             | All strengths       | Prior authorization update |
| Sepience      | Sepiapterin                 | All strengths       | Prior authorization update |
| Aduhelm       | Aducanumab-avwa             | All strengths       | Prior authorization update |
| Kisunla       | Donanemab-azbt              | 350mg vial          | Prior authorization update |
| Leqembi       | Lecanemab-irmb              | All strengths       | Prior authorization update |
| Leqembi Iqlik | Lecanemab-irmb              | 360mg auto injector | Prior authorization update |
| Empaveli      | Pegcetacoplan               | 1,080mg vial        | Prior authorization update |
| Epysqli       | Eculizumab-aagh             | 300mg vial          | Prior authorization update |
| Fabhalta      | Iptacopan hydrochloride     | 200mg capsule       | Prior authorization update |
| Metopirone    | Metyrapone                  | 250mg capsule       | Quantity limit update      |
| Ozempic       | Semaglutide                 | All strengths       | Prior authorization update |
| Victoza       | Liraglutide                 | 18mg/3mL injection  | Prior authorization update |
| Zepbound      | Tirzepatide                 | All strengths       | Prior authorization update |
| Wegovy        | Semaglutide                 | All strengths       | Prior authorization update |
| Kerendia      | Finerenone                  | All strengths       | Prior authorization update |
| Doptelet      | Avatrombopag maleate        | 20mg tablet         | 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 on “Find My Prescriptions.”
- Or, call Member Services at **1-844-607-2829** (TTY: 1-800-743-3333 or 711).

We are here to help. Member Services is 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

IN-MED-M-3083118-V.5; First Use: 4/29/2025

OMPP Approved: 4/29/2025