



Re: Summary of PDL Changes Effective January 1, 2026

Dear CareSource Member,

Your health care is our priority. We are writing to tell you that on January 1, 2026, CareSource will change its Preferred Drug List (PDL). A PDL is a list of preferred drugs.

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

| Brand Name | Generic Name | Dose(s) | Notes |
|------------------------|--------------------------------------|--------------------------|--|
| Tryptyr | Acoltremon | 0.003% eye drop | Prior authorization update; quantity limit added |
| Widaplik | Telmisartan/Amlodipine/Indapamide | All strengths | Prior authorization update; quantity limit added |
| Anzupgo | Delgocitinib | 2% cream | Prior authorization update; quantity limit added |
| Andembry | Garadacimab-gxii | 200mg/1.2ml injection | Prior authorization update; quantity limit added |
| Harliku | Nitisinone | 2mg tablet | Prior authorization update; quantity limit added |
| Yeztugo | Lenacapavir sodium | 463.5mg/1.5 ml injection | Prior authorization update; medical benefit |
| Ekterly | Sebetralstat | 300mg tablet | Prior authorization update; quantity limit added |
| Sylvant | Siltuximab | All strengths | Prior authorization update; medical benefit |
| Radicava, Radicava ORS | Edaravone | All strengths | Prior authorization update |
| Firazyr | Icatibant acetate | 30mg/3ml injection | Prior authorization update |
| | Icatibant acetate, Sajazir | 30mg/3ml injection | Prior authorization update |
| Cinryze | C1 esterase inhibitor | 500 unit injection | Quantity limit update |
| Rivfloza | Nedosiran sodium | All strengths | Prior authorization update; age limit update |
| Xiaflex | Collagenase clostridium histolyticum | 0.9mg injection | Prior authorization update |
| Gamifant | Emapalumab-lzsg | All strengths | Prior authorization update |
| Apretude | Cabotegravir | 600mg/3ml injection | Prior authorization update |

| Brand Name | Generic Name | Dose(s) | Notes |
|------------|--------------------------------------|-----------------------------|--|
| Tavalisse | Fostamatinib disodium | All strengths | Prior authorization update |
| Triumeq | Abacavir/Dolutegravir/ Lamivudine | 600mg-50mg- 300mg tablet | Prior authorization removed |
| Yutrepia | Treprostinil sodium | All strengths | Quantity limit added |
| Vykat XR | Diazoxide choline | All strengths | Prior authorization update; quantity limit update |
| Ebglyss | Lebrikizumab-lbkz | 250mg/2ml injection | Prior authorization update |
| Nemluvio | Nemolizumab-ilto | 30mg injection | Prior authorization update |
| Alvaiz | Eltrombopag choline | All strengths | Prior authorization update; quantity limit added |
| Doptelet | Avatrombopag maleate | All strengths | Prior authorization update; quantity limit update for tablets; quantity limit added to sprinkle |
| Mulpleta | Lusutrombopag | 3mg tablet | Prior authorization update; quantity limit update |
| Nplate | Romiplostim | All strengths | Prior authorization update; quantity limit added |
| Promacta | Eltrombopag olamine | All strengths | Prior authorization update; quantity limit update |
| Wayrilz | Rilzabrutinib | 400mg tablet | Prior authorization update; quantity limit added |
| | Diclofenac epolamine | 1.3% patch | Step therapy 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

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