



**Re: Summary of PDL Changes Effective May 1, 2026**

Dear CareSource Member,

Your health care is our priority. That is why we are writing to tell you that on **May 1, 2026**, 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 MAY 1, 2026**

Brand Name	Generic Name	Strength(s)	Notes
	Besifloxacin HCl	0.6%	Prior authorization update
	Loteprednol etabonate/ Tobramycin	0.3%-0.5%	Prior authorization update

**THE FOLLOWING MEDICINES WILL BE PREFERRED ON THE PDL EFFECTIVE MAY 1, 2026**

Brand Name	Generic Name	Strength(s)	Notes
Erythromycin tablets	Erythromycin Base	250mg, 500mg	

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

Brand Name	Generic Name	Strength(s)	Notes
Wegovy tablets	Semaglutide	All strengths	Prior authorization update; age limit added; quantity limit added
Wegovy pens	Semaglutide	All strengths	Prior authorization update
Mounjaro	Tirzepatide	All strengths	Prior authorization update; age limit update; quantity limit update
	Exenatide	All strengths	Prior authorization update
	Liraglutide	All strengths	Prior authorization update
Ozempic	Semaglutide	All strengths	Prior authorization update
Rybelsus	Semaglutide	All strengths	Prior authorization update
Soliqua	Insulin Glargine/ Lixisenatide	100 unit- 33mcg/ml	Prior authorization update
Trulicity	Dulaglutide	All strengths	Prior authorization update
Victoza	Liraglutide	All strengths	Prior authorization update
Xultophy	Insulin Degludec/ Liraglutide	100 unit- 3.6mg/ml	Prior authorization update
Zepbound	Tirzepatide	All strengths	Prior authorization update
Voyxact	Sibeprenlimab- szsi	400mg/2ml syringe	Prior authorization update; age limit added; quantity limit added
Filspari	Sparsentan	All strengths	Prior authorization update

Brand Name	Generic Name	Strength(s)	Notes
Tarpeyo DR	Budesonide	4mg capsule	Prior authorization update
Vanrafia	Atrasentan hydrochloride	0.75mg tablet	Prior authorization update
Jascayd	Nerandomilast	All strengths	Prior authorization update; age limit added; quantity limit added
Daybue solution	Trofinetide	200mg/ml	Quantity limit added
Daybue STIX	Trofinetide	All strengths	Prior authorization update; quantity limit added
Aspruzo Sprinkle ER	Ranolazine	All strengths	Remove from Statewide Uniform Preferred Drug List (SUPDL)
Siklos	Hydroxyurea	All strengths	Prior authorization update; age limit added
Xromi	Hydroxyurea	100mg/ml	Prior authorization update; age limit added
	Capsaicin	0.075% cream	Remove from Over-the-Counter (OTC) drug formulary
Daytrana	Methylphenidate	All strengths	Remove from SUPDL
Trelegy Ellipta	Fluticasone/umeclidinium/vilanterol	All strengths	Prior authorization update
Erythromycin DR Capsule	Erythromycin Base	250mg	Remove from SUPDL

### 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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