



Re: Summary of Formulary Changes Effective May 1, 2026

Dear Health Partner,

We are dedicated to partnering with you in the most effective way to manage our members' care. CareSource routinely reviews medications available on the Preferred Drug List (PDL). We encourage you to actively work with your CareSource patients in advance of the effective date above to ensure a smooth transition.

THE FOLLOWING MEDICATIONS 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 MEDICATIONS 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 MEDICATIONS 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
Tarpeyo DR	Budesonide	4mg capsule	Prior authorization update

Brand Name	Generic Name	Strength(s)	Notes
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 you should know

We know patient care is of the utmost importance to you. We are notifying our members of this change to help ensure their treatment plan is maintained. We have asked our members to contact their prescriber if they have questions.

Additional Resources

For the most up-to-date information, please utilize the [formulary search tools](#) online. To access the complete formulary, visit the <Provider Pharmacy pages at CareSource.com>. You may find your patient's plan formulary by clicking on:

- Your patient's CareSource plan
- Tools & Resources
- Drug Formulary

We recognize each patient is unique and we appreciate your partnership in making this a successful transition.

We are here to help with any questions. Call Provider Services at **1-844-607-2831**. We are open Monday through Friday, 8 a.m. to 8 p.m. Eastern Time (ET)/7a.m. to 7 p.m. Central Time (CT).

Thank you for being a CareSource Health Partner.

Sincerely,

CareSource

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