



Re: Summary of Formulary Changes Effective July 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 JULY 1, 2026

Brand Name	Generic Name	Strength(s)	Notes
Subvenite	Lamotrigine	10mg/ml suspension	Prior authorization update; step therapy added
	Tapentadol IR	All strengths	Prior authorization update; quantity limit added
Ontralfy	Tizandine HCl	2mg/5ml solution	Prior authorization update; step therapy added
ZTlido	Lidocaine	1.8% patch	Prior authorization update
Yuviwel	Navepegritide	All strengths	Prior authorization update
	Tapentadol ER	All strengths	Prior authorization update; quantity limit update
	Ipratropium Bromide HFA inhaler	17mcg	Prior authorization update
	Sulfasalazine	500mg tablet	Prior authorization update
	Sulfasalazine DR	500mg tablet	Prior authorization update
	Umeclidinium Bromide inhaler	62.5mcg	Prior authorization update
	Milnacipran HCl tablets/titration pack	All strengths	Prior authorization update
	Bimatoprost	0.01% eye drops	Prior authorization update

THE FOLLOWING MEDICATIONS WILL BE PREFERRED ON THE PDL EFFECTIVE JULY 1, 2026

Brand Name	Generic Name	Strength(s)	Notes
Azulfidine	Sulfasalazine	500mg	Prior authorization update
Azulfidine EN-tabs	Sulfasalazine DR	500mg	Prior authorization update

THE FOLLOWING MEDICATIONS HAVE A CHANGE IN STATUS EFFECTIVE JULY 1, 2026

Brand Name	Generic Name	Strength(s)	Notes
Epitol	Carbamazepine	200mg	Removed from Statewide Uniform Preferred Drug List (SUPDL)
Eprontia	Topiramate	25mg/ml solution	Prior authorization update

Brand Name	Generic Name	Strength(s)	Notes
Qudexy XR	Topiramate	All strengths	Removed from SUPDL
Adlarity	Donepezil HCl	All strengths	Removed from SUPDL
Namenda XR	Memantine HCl	All strengths	Removed from SUPDL
	Fluvoxamine Maleate	25mg, 50mg tablets	Update quantity limit
Haldol	Haloperidol Decanoate	All strengths	Removed from SUPDL
Vraylar	Cariprazine HCl	All strengths	Update age limit
Vraylar	Cariprazine HCl	0.5mg, 0.75mg	Quantity limit added
Zyprexa Zydis ODT	Olanzapine	All strengths	Removed from SUPDL
Wakix	Pitolisant HCl	All strengths	Prior authorization update; age limit update
Procentra	Dextroamphetamine Sulfate	5mg/5ml solution	Update step therapy
Actiq lozenge on a handle	Fentanyl Citrate	All strengths	Removed from SUPDL
	Fentanyl Citrate lozenge on a handle	All strengths	Removed from SUPDL
Fentora	Fentanyl Citrate	All strengths	Removed from SUPDL
	Fentanyl Citrate buccal tablet	All strengths	Removed from SUPDL
Non-preferred SUPDL products with non-specific criteria			Prior authorization update
	Liraglutide	All strengths	Prior authorization update
Ozempic	Semaglutide	All strengths	Prior authorization update
Victoza	Liraglutide	All strengths	Prior authorization update
Zepbound	Tirzepatide	All strengths	Prior authorization update
Ngenla	Somatogon-ghla	All strengths	Prior authorization update
Skytrofa	Lonapegsomatropin -tcgd	All strengths	Prior authorization update
Sogroya	Somapacitan-beco	All strengths	Prior authorization update
Qtern	Dapagliflozin/ Saxagliptin HCl	All strengths	Removed from SUPDL
Undecatrex	Testosterone Undecanoate	200mg	Removed from SUPDL
Yartemlea	Narsoplimab-wuug	370mg/2ml	Medical Benefit - prior authorization update
Zycubo	Copper Histidinate	2.9mg	Prior authorization update
Bkemv	Eculizumab-aeeb	300mg/30ml	Medical Benefit - prior authorization update
Empaveli	Pegcetacoplan	1080mg/20ml	Prior Authorization update
Epysqli	Eculizumab-aagh	300mg/30ml	Medical Benefit - prior authorization update
Piasky	Crovalimab-akkz	340mg/2ml	Prior authorization update

Brand Name	Generic Name	Strength(s)	Notes
Soliris	Eculizumab	300mg/30ml	Medical Benefit - prior authorization update
Ultomiris	Ravulizumab-cwvz	All strengths	Prior authorization update
Fabhalta	Iptacopan HCl	200mg	Prior authorization update
Duvyzat	Givinostat	8.86mg/ml	Prior authorization update
Palynziq	Pegvaliase-pgpz	All strengths	Age limit update
Nuzolvence	Zoliflodacin	3g	Prior authorization update; age limit added; quantity limit added
Nereus	Tradipitant	85mg	Prior authorization update; age limit added; quantity limit added
Exdensur	Depemokimab-ulaa	100mg/ml	Medical Benefit - prior authorization update; age limit added; quantity limit added
Lerochol	Lerodalcibep-liga	300mg/1.2ml	Prior authorization update; age limit added; quantity limit added
Myqorzo	Aficamten	All strengths	Prior authorization update; age limit added; quantity limit added
Redempro	Plozasiran sodium	25mg/0.5ml	Prior authorization update; age limit added; quantity limit updated
Kygeevi	Doxecitine and Doxribtimine	2g-2g	Prior authorization update; quantity limit added
Uplinza	Inebilizumab-cdon	10mg/ml	Prior authorization update; age limit added; quantity limit added
Blujepa	Gepotidacin mesylate	750mg	Prior authorization update; age limit added; quantity limit added
Accrufer	Ferric Maltol	30mg	Prior authorization update; age limit added; quantity limit added
Eylea HD	Aflibercept	8mg/0.07ml	Medical Benefit - prior authorization update
Cablivi	Caplacizumab-yhdp	11mg	Prior authorization update; age limit updated
Nocdurna	Desmopressin Acetate	All strengths	Prior authorization update
Rituxan Hycela	Rituximab/ Hyaluronidase, human	All strengths	Medical Benefit - prior authorization update
Riabni	Rituximab-arrx	10mg/ml	Medical Benefit - prior authorization update
Rituxan	Rituximab	10mg/ml	Medical Benefit - prior authorization update
Ruxience	Rituximab-pvvr	10mg/ml	Medical Benefit - prior authorization update
Truxima	Rituximab-abbs	10mg/ml	Medical Benefit - prior authorization update
Sucraid	Sacosidase	8500units/ml	Prior authorization update
Mycapssa DR	Octreotide Acetate	20mg	Prior authorization update
Grastek	Grass Pollen-Timothy, Standard	2800 unit	Prior authorization update
Odactra 12 SQ-HDM	House Dust Mite Allergen Extract	6U-6U	Prior authorization update

Brand Name	Generic Name	Strength(s)	Notes
Oralair IR	Mixed Grass Pollen Allergen Extract	300 IR	Prior authorization update
Ragwitek	Short Ragweed Pollen Allergen Extract	12 unit	Prior authorization update
Nexiclon XR	Clonidine HCl	0.17mg	Prior authorization update
Lysodren	Mitotane	500mg	Prior authorization update
Elmiron	Pentosan Polysulfate Sodium	100mg	Prior authorization update
Horizant ER	Gabapentin Enacarbil	All strengths	Prior authorization update
Lyrica CR	Pregabalin	All strengths	Prior authorization update
Lucemyra	Lofexidine HCl	0.18mg	Prior authorization update
Mepron	Atovaquone	750mg/5ml	Prior authorization update
DermacinRX			Prior authorization update
Inzirqo	Hydrochlorothiazide	10mg/ml	Prior authorization update
	Minocycline HCl		Prior authorization update
	Niacin ER	All strengths	Prior authorization update
Endari	Glutamine	5g	Prior authorization update
	Lidocaine	All topical forms	Prior authorization update
	Fluocinonide	0.1% cream	Prior authorization update
	Betamethasone Dipropionate	0.05%	Prior authorization update
	Sapropterin Dihydrochloride	All strengths	Prior authorization update
Kuvan	Sapropterin Dihydrochloride	All strengths	Prior authorization update
Javygtor	Sapropterin Dihydrochloride	All strengths	Prior authorization update
Zelvysia	Sapropterin Dihydrochloride	All strengths	Prior authorization update
Evrysdi	Risdiplam	5mg	Quantity limit added
Evrysdi	Risdiplam	60mg/80ml (0.75mg/ml)	Quantity limit added
Orladeyo	Bertralstat HCl	All strengths	Quantity limit added
Aqvesme	Mitapivat Sulfate	100mg	Quantity limit added

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.

For 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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