Re: Summary of Formulary Changes Effective November 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 NOVEMBER 1, 2026

Brand Name	Generic Name	Strength(s)	Notes
	Dorzolamide/Timolol/PF eye drops	2%-0.5%	Prior authorization update
	Mesalamine ER	250mg	Prior authorization update
Farxiga	Dapagliflozin	All strengths	Prior authorization update
Xocova	Ensitrelvir Fumarate	125mg	Prior authorization update; age limit added; quantity limit added

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

Brand Name	Generic Name	Strength(s)	Notes
Cosopt PF eye drops	Dorzolamide/Timolol/PF	2%-0.5%	Prior authorization update
	Dapagliflozin	All strengths	Prior authorization update

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

Brand Name	Generic Name	Strength(s)	Notes
Hepcludex	Bulevirtide acetate-gmod	8.5mg vial	Prior authorization update
Trutakna	Atacicept-vymi	150mg/ml autoinjector	Prior authorization update
Leqembi Iqlik	Lecanemab-irmb	All strengths	Prior authorization update; quantity limit added
Enbumyst	Bumetanide	0.5mg/spray	Prior authorization update; age limit added
Furoscix On-Body Kit	Furosemide	80mg/10ml	Prior authorization update; age limit added
Furoscix ReadyFlow	Furosemide	80mg/ml autoinjector	Prior authorization update; age limit added; quantity limit added
Lasix ONYU kit	Furosemide	80mg/2.67ml	Prior authorization update; age limit added
Jylamvo	Methotrexate	2mg/ml	Prior authorization update; age limit updated
Praluent	Alirocumab	All strengths	Prior authorization update

Brand Name	Generic Name	Strength(s)	Notes
Janumet XR	Sitagliptin Phosphate/Metformin Hydrochloride extended-release	All strengths	Prior authorization update
	Sitagliptin Phosphate/Metformin Hydrochloride extended-release	All strengths	Prior authorization update
Nuedexta	Dextromethorphan Hydrobromide/Quinidine	20-10mg	Prior authorization update
	Dextromethorphan Hydrobromide/Quinidine	20-10mg	Prior authorization update
Pentasa	Mesalamine	250mg	Prior authorization update
Rhofade	Oxymetazoline Hydrochloride	1%	Prior authorization update
	Oxymetazoline Hydrochloride	1%	Prior authorization update
Fycompa	Perampanel	All strengths	Prior authorization update
	Perampanel	All strengths	Prior authorization update
Ravicti liquid	Glycerol Phenylbutyrate	1.1 g/ml	Prior authorization update
	Glycerol Phenylbutyrate liquid	1.1 g/ml	Prior authorization update
Zituvio	Sitagliptin	All strengths	Prior authorization update
	Sitagliptin	All strengths	Prior authorization update
Zituvimet	Sitagliptin/Metformin Hydrochloride	All strengths	Prior authorization update
	Sitagliptin/Metformin Hydrochloride	All strengths	Prior authorization update

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