Re: Summary of Formulary Changes Effective January 1, 2027

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 JANUARY 1, 2027

Brand Name	Generic Name	Strength(s)	Notes
Balfaxar	Human prothrombin	All strengths	
Rezenopy nasal spray	Naloxone HCl	10 mg	
Gransiol oral solution	Granisetron HCl	2 mg/10 mL	Quantity limit added; step therapy added
Nereus	Tradipitant	85 mg	Age limit added; quantity limit added; step therapy added
Relgaabi	Gabapentin	All strengths	
Vyvanse chewable tablets	Lisdexamfetamine Dismesylate	All strengths	Prior authorization update
	Tapentadol HCl solution	20 mg/mL	Prior authorization update; quantity limit added
Atmeksi suspension	Methocarbamol	750 mg/5 mL	Step therapy added
	Clindamycin Phosphate gel	1%	
Fiasp	Insulin Aspart	100 unit/mL	
Awiqli Flextouch	Insulin icodec-abae	700 unit/mL	Step therapy added
	Dapagliflozin/ Saxagliptin HCl	10 mg-5 mg	Step therapy added
Gwyn Lo patch	Norelgestromin/ ethinyl estradiol	220-20 mcg/ 24 hour	
Kyleena	Levonorgestrel	17.5 mcg/ 24 hour	
Mirena	Levonorgestrel	21 mcg/ 24 hour	
Miudella	Copper IUD	175 sq mm	
Skyla	Levonorgestrel	14 mcg/ 24 hour	
	Ranitidine HCl tablet	All strengths	
Armlupeg	Pegfilgrastim-unne	6 mg/0.6 mL	
Filkri	Filgrastim-laha	All strengths	
Zolymbus eye drop	Bimatoprost/PF	0.01%	
Byqlovi eye drop	Clobetasol Propionate	0.05%	
Lipfendra	Enlicitide decanoate	20 mg	Prior authorization update

THE FOLLOWING MEDICATIONS WILL BE PREFERRED ON THE PDL EFFECTIVE JANUARY 1, 2027

Brand Name	Generic Name	Strength(s)	Notes
	Lisdexamfetamine Chewable tablets	All strengths	Step therapy updated
Relexxii ER	Methylphenidate HCl	All strengths	Step therapy added
Absorica	Isotretinoin	All strengths	
Auvi-Q auto-injector	Epinephrine	0.1 mg	
Enoby	Denosumab-qbde	60 mg/mL	Prior authorization update
Xtrenbo	Denosumab-qbde	120 mg/1.7 mL	Prior authorization update
Humalog KwikPen	Insulin Lispro	100 unit/mL	
Humalog Jr. KwikPen	Insulin Lispro	100 unit/mL	
Toujeo Solostar	Insulin Glargine	300 unit/mL	
Toujeo Max Solostar	Insulin Glargine	300 unit/mL	
Lynkuet	Elinzanetant	60 mg	Prior authorization update
Veozah	Fezolinetant	45 mg	
Aqua-E Concentrate	Vitamin E Liquid	50.25 mg/mL (75 unit/mL)	Age limit added (effective 8.28.26)
	Pantoprazole granules suspension	40 mg	Effective 10.21.26
	Adapalene gel	0.3%	Age limit added; step therapy added (effective 10.13.26)
Spravato	Esketamine HCl	All strengths	Prior authorization update

THE FOLLOWING MEDICATIONS HAVE A CHANGE IN STATUS EFFECTIVE JANUARY 1, 2027

Brand Name	Generic Name	Strength(s)	Notes
Zimhi	Naloxone HCl	5 mg/0.5 mL syringe	Removed from Statewide Uniform Preferred Drug List (SUPDL)
Akynzeo	Netupitant/Palonosetron	300-0.5 mg	Quantity limit updated
Anzemet tablet	Dolasetron Mesylate	50 mg	Step therapy updated
	Dronabinol capsule	All strengths	Prior authorization update; quantity limit added
	Dronabinol oral solution	5 mg/mL	Prior authorization update; quantity limit added; step therapy added
	Granisetron HCl tablet	1 mg	Quantity limit updated; step therapy updated
	Granisetron HCl injection	All strengths	Step therapy updated
	Palonosetron HCl	All strengths	Step therapy updated
Sancuso transdermal patch	Granisetron HCL	3.1 mg/24 hour	Quantity limit added
Sustol	Granisetron HCL	10 mg/0.4 mL	Quantity limit added
Vigpoder powder pack	Vigabatrin	500 mg	Removed from SUPDL
Zonisade	Zonisamide	100 mg/5mL	Prior authorization update
	Ergoloid Mesylates	1 mg	Removed from SUPDL
Bucapsol capsule	Buspirone HCl	5 mg	Quantity limit added

Brand Name	Generic Name	Strength(s)	Notes
	Buspirone HCl tablets	2.5 mg and 12.5 mg	Quantity limit added
Cymbalta	Duloxetine HCl	All strengths	Removed from SUPDL
	Duloxetine HCl	80 mg, 90 mg, and 120 mg	Quantity limit added
Forfivo XL	Bupropion HCl	450 mg	Removed from SUPDL
Paxil suspension	Paroxetine HCl	10 mg/5 mL	Removed from SUPDL
	Trazodone HCl	25 mg and 75 mg	Quantity limit added
	Aripiprazole ODT	All strengths	Step therapy updated
	Aripiprazole solution	1 mg/mL	Step therapy updated
	Risperidone ODT	All strengths	Step therapy updated
	Risperidone solution	1 mg/mL	Step therapy updated
Symbyax	Olanzapine/ Fluoxetine HCl	All strengths	Removed from SUPDL
Halcion	Triazolam	0.25 mg	Removed from SUPDL
Qelbree ER	Viloxazine HCl	All strengths	Step therapy removed
Aptensio XR	Methylphenidate HCl	All strengths	Removed from SUPDL
Arynta solution	Lisdexamfetamine Dimesylate	10 mg/mL	Step therapy updated
	Dextroamphetamine Sulfate solution	5 mg/5 mL	Step therapy updated
Jornay PM	Methylphenidate HCl	All strengths	Step therapy updated
Procentra solution	Dextroamphetamine Sulfate	5 mg/5 mL	Step therapy updated
Hydromet solution	Hydrocodone Bitartrate/ Homatropine Methylbromide	5 mg-1.5 mg/ 5 mL	Removed from SUPDL
Tuxarin ER	Chlorpheniramine/ Codeine Phosphate	8 mg-54.3 mg	Removed from SUPDL (effective 10.1.26)
Lyvispah granules	Baclofen	All strengths	Removed from SUPDL
Bildyos	Denosumab-nxxp	60 mg/mL	Step therapy added
Bilprevda	Denosumab-nxxp	120 mg/1.7mL	Step therapy added
Onglyza	Saxagliptin HCl	All strengths	Removed from SUPDL
Ozempic tablet	Semaglutide	All strengths	Prior authorization update; quantity limits updated
Ozempic pen	Semaglutide	All strengths	Quantity limits updated
Soliqua	Insulin glargine/ lixisenatide	100 unit – 33 mcg/mL	Prior authorization update; quantity limit updated
Nutropin AQ Nuspin injector	Somatropin	All strengths	Removed from SUPDL
Humalog KwikPen	Insulin Lispro	200 unit/mL	Step therapy removed
Afrezza	Insulin human	All strengths	Prior authorization update
Basaglar Tempo Pen	Insulin Glargine	100 unit/mL	Removed from SUPDL
	Cimetidine tablet	All strengths	Quantity limit removed
	Famotidine tablet	All strengths	Quantity limit removed
	Nizatidine capsule	All strengths	Quantity limit removed
Linzess	Linaclotide	All strengths	Step therapy removed
Rapaflo	Silodosin	All strengths	Removed from SUPDL

Brand Name	Generic Name	Strength(s)	Notes
Detrol	Tolterodine Tartrate	All strengths	Removed from SUPDL
Betoptic-S eye drop	Betaxolol HCl	0.25%	Removed from SUPDL
Vtama	Tapinarof	1%	Quantity limit updated
Zoryve cream	Roflumilast	0.3%	Prior authorization update
Evkeeza	Evinacumab-dgnb	All strengths	Prior authorization update
Juxtapid	Lomitapide Mesylate	All strengths	Prior authorization update
Leqvio	Inclisiran sodium	284 mg/1.5 mL	Prior authorization update
Praluent	Alirocumab	All strengths	Prior authorization update
Repatha	Evolocumab	All strengths	Prior authorization update
Baxfendy	Baxdrostat	All strengths	Prior authorization update
Kerendia	Finerenone	All strengths	Prior authorization update
Delstrigo	Doravirine/lamivudine/ tenofovir disoproxil	100 mg- 300 mg-300 mg	Quantity limit added
Genvoya	Elvitegravir/cobicistat/ emtricitabine/tenofovir alafenamide	150 mg- 150 mg- 200 mg-10 mg	Quantity limit added
Isentress	Raltegravir Potassium	All strengths	Quantity limit added
Isentress HD	Raltegravir Potassium	600 mg	Quantity limit added
Pifeltro	Doravirine	100 mg	Quantity limit added
Prezcobix	Darunavir/cobicistat	All strengths	Quantity limit added
Hepcludex	Bulevirtide Acetate-gmod	8.5 mg	
Stribild	Elvitegravir/cobicistat/ emtricitabine/tenofovir disoproxil	150 mg- 150 mg- 200 mg-300 mg	Quantity limit added
Dexcom G6 Sensor			Quantity limit updated (effective 11.20.26)
Adempas	Riociguat	All strengths	Prior authorization update
	Riociguat	All strengths	Prior authorization update
Differin gel	Adapalene	0.3%	Removed from SUPDL (effective 10.13.26)
Protonix granules suspension	Pantoprazole	40 mg	Removed from SUPDL (effective 10.21.26)
Vfend suspension	Voriconazole	40 mg/mL	Prior authorization update
	Voriconazole suspension	40 mg/mL	Prior authorization update
Lynavoy	Linerixibat	40 mg	Prior authorization update; quantity limit added
Saphnelo vial	Anifrolumab-fnia	300 mg/2 mL	Quantity limit added
Saphnelo auto-injector and syringe	Anifrolumab-fnia	120 mg/0.8 mL	Quantity limit added
Jakafi XR	Ruxolitinib Phosphate	All strengths	Prior authorization update; quantity limit added
Jakafi	Ruxolitinib Phosphate	All strengths	Prior authorization update; quantity limit added
Waskyra	Etuvetidigene Autotemcel	$11.4x10^6$	Medical Benefit – Prior authorization update
Veletri	Epoprostenol Sodium	All strengths	Prior authorization update
Remodulin	Treprostinil Sodium	All strengths	Prior authorization update

Brand Name	Generic Name	Strength(s)	Notes
Enjaymo	Sutimlimab-jome	1,100 mg/ 22 mL	Medical Benefit – Prior authorization update
Givlaari	Givosiran	189 mg/mL	Medical Benefit – Prior authorization update
Imbruvica	Ibrutinib	All strengths	Prior authorization update
Ogsiveo	Nirogacestat Hydrobromide	All strengths	Quantity limit update
Panhematin	Hemin	350 mg	Medical Benefit – Prior authorization update
Strensiq	Asfotase Alfa	All strengths	Prior authorization update
Tepezza	Teprotumumab-trbw	500 mg	Medical Benefit – Prior authorization update
Vabysmo	Faricimab-svoa	6 mg/0.05 mL	Medical Benefit – Quality limit update
Xdemvy	Lotilaner	0.25%	Prior authorization update
Eylea HD	Afibercept	8 mg/0.07 mL	Medical Benefit - Prior authorization update; quantity limit update
	Liraglutide	All strengths	Quantity limits updated
Trulicity	Dulaglutide	All strengths	Quantity limits updated
Victoza	Liraglutide	All strengths	Quantity limits updated
Zepbound	Tirzepatide	All strengths	Quantity limits updated
	Exenatide	All strengths	Quantity limits updated
Rybelsus	Semaglutide	All strengths	Quantity limits updated
Wegovy	Semaglutide	All strengths	Quantity limits updated
Mounjaro	Tirzepatide	All strengths	Quantity limits updated
Xultophy	Insulin degludec/ Liraglutide	100 unit- 3.6 mg/mL	Quantity limit updated

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).

Sincerely,