



Re: Summary of Formulary Changes Effective January 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 HAVE A CHANGE IN STATUS EFFECTIVE JANUARY 1, 2026

Brand Name	Generic Name	Strength(s)	Notes
Tryptryr	Acoltremon	0.003% eye drop	Prior authorization update; quantity limit added
Widaplik	Telmisartan/Amlodipine/Indapamide	All strengths	Prior authorization update; quantity limit added
Anzupgo	Delgocitinib	2% cream	Prior authorization update; quantity limit added
Andembry	Garadacimab-gxii	200mg/1.2ml injection	Prior authorization update; quantity limit added
Harliku	Nitisinone	2mg tablet	Prior authorization update; quantity limit added
Yeztugo	Lenacapavir sodium	463.5mg/1.5ml injection	Prior authorization update; medical benefit
Ekterly	Sebetralstat	300mg tablet	Prior authorization update; quantity limit added
Sylvant	Siltuximab	All strengths	Prior authorization update; medical benefit
Radicava, Radicava ORS	Edaravone	All strengths	Prior authorization update
Firazyr	Icatibant acetate	30mg/3ml injection	Prior authorization update
	Icatibant acetate, Sajazir	30mg/3ml injection	Prior authorization update
Cinryze	C1 esterase inhibitor	500 unit injection	Quantity limit update
Rivfloza	Nedosiran sodium	All strengths	Prior authorization update; age limit update
Xiaflex	Collagenase clostridium histolyticum	0.9mg injection	Prior authorization update
Gamifant	Emapalumab-lzsg	All strengths	Prior authorization update
Apretude	Cabotegravir	600mg/3ml injection	Prior authorization update
Tavalisse	Fostamatinib disodium	All strengths	Prior authorization update
Triumeq	Abacavir/Dolutegravir/Lamivudine	600mg-50mg-300mg tablet	Prior authorization removed
Yutrepia	Treprostinil sodium	All strengths	Quantity limit added
Vykat XR	Diazoxide choline	All strengths	Prior authorization update; quantity limit update

Brand Name	Generic Name	Strength(s)	Notes
Ebglyss	Lebrikizumab-lbkz	250mg/2ml injection	Prior authorization update
Nemluvio	Nemolizumab-ilto	30mg injection	Prior authorization update
Alvaiz	Eltrombopag choline	All strengths	Prior authorization update; quantity limit added
Doptelet	Avatrombopag maleate	All strengths	Prior authorization update; quantity limit update for tablets; quantity limit added to sprinkle
Mulpleta	Lusutrombopag	3mg tablet	Prior authorization update; quantity limit update
Nplate	Romiplostim	All strengths	Prior authorization update; quantity limit added
Promacta	Eltrombopag olamine	All strengths	Prior authorization update; quantity limit update
Wayrilz	Rilzabrutinib	400mg tablet	Prior authorization update; quantity limit added
	Diclofenac epolamine	1.3% patch	Step therapy 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.

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