



**Re: Summary of Formulary Changes Effective April 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 MEDICINES WILL BE NON-PREFERRED ON THE PDL EFFECTIVE APRIL 1, 2026**

Brand Name	Generic Name	Strength(s)	Notes
	Desloratadine	0.5mg/ml solution	Prior authorization update; quantity limit added; step therapy added
	Fluticasone/ Salmeterol Resplick	All strengths	Prior authorization update
Trelegy Ellipta	Fluticasone/ umeclidinium/ vilanterol	All strengths	
Arbli	Losartan Potassium	10mg/ml suspension	Prior authorization update; step therapy added
Tyruko	Natalizumab-sztn	300mg/5ml solution	Prior authorization update; quantity limit update
Actemra	Tocilizumab	All strengths	Prior authorization update
Avtozma	Tocilizumab-anoh	All strengths	Prior authorization update
Rhapsido	Remibrutinib	25mg	Prior authorization update
	Azelastine/ fluticasone	137-50mcg nasal spray	Prior authorization update
	Ciprofloxacin/ hydrocortisone	0.2-1% otic suspension	Prior authorization update
Copaxone	Glatiramer Acetate	40mg/ml	Prior authorization update

**THE FOLLOWING MEDICINES WILL BE PREFERRED ON THE PDL EFFECTIVE APRIL 1, 2026**

Brand Name	Generic Name	Strength(s)	Notes
	Glatiramer Acetate	40mg/ml	Prior authorization update
Glatopa	Glatiramer Acetate	40mg/ml	Prior authorization update
	Fexofenadine Hydrochloride	30mg/5ml suspension	Age limit update; quantity limit update; step therapy added
Natroba	Spinosad	0.9% topical suspension	Prior authorization update
	Rivaroxaban	2.5mg	Prior authorization update

**THE FOLLOWING MEDICINES HAVE A CHANGE IN STATUS EFFECTIVE APRIL 1, 2026**

Brand Name	Generic Name	Strength(s)	Notes
Otezla XR	Apremilast	All strengths	Prior authorization update
Clarinox RX	Desloratadine	0.5mg/ml syrup	Removed from Statewide Uniform Preferred Drug List (SUPDL)
	Levocetirizine Dihydrochloride RX	2.5mg/5ml solution	Step therapy update
Breztri Aerosphere	Budesonide/ glycopyrrolate/ formoterol	160mcg-9mcg-4.8mcg /actuation	Step therapy update
Proair Digihaler	Albuterol Sulfate	90mcg/actuation	Removed from SUPDL
Singulair	Montelukast Sodium	4mg granules	Removed from SUPDL
Zetonna	Ciclesonide	37mcg/actuation	Removed from SUPDL
ArmonAir Digihaler	Fluticasone Propionate	All strengths	Removed from SUPDL
Liqrev	Sildenafil Citrate	10mg/ml suspension	Removed from SUPDL
Revatio	Sildenafil Citrate	10mg/ml suspension	Removed from SUPDL
Ventavis	Iloprost Tromethamine	All strengths	Removed from SUPDL
Tezspire	Tezepelumab-ekko	210mg/1.91ml	Prior authorization update
Diflucan	Fluconazole	All strengths of tablet	Removed from SUPDL
Noxafil DR	Posaconazole	100mg tablet	Removed from SUPDL
Altace	Ramipril	All strengths	Removed from SUPDL
Evkeeza	Evinacumab-dgnb	All strengths	Prior authorization update; age limit added
Lovaza	Omega-3 acid ethyl esters	1gm	Removed from SUPDL
Ajovy	Fremanezumab-vfrm	225mg/1.5ml	Prior authorization update
	Sumatriptan succinate/ Naproxen sodium	85mg-500mg	Step therapy added
Symbravo	Rizatriptan benzoate/ Meloxicam	10mg-20mg	Step therapy added
Treximet	Sumatriptan succinate/ Naproxen sodium	85mg-500mg	Removed from SUPDL
	Cladribine	10mg	Prior authorization update
Extavia	Interferon beta-1b	0.3mg	Removed from SUPDL
Tysabri	Natalizumab	300mg/15ml	Prior authorization update
Zeposia	Ozanimod Hydrochloride	All strengths	Prior authorization update
Rinvoq	Upadacitinib	All strengths	Prior authorization update

Brand Name	Generic Name	Strength(s)	Notes
Tremfya induction pack	Guselkumab	200mg/2ml	Quantity limit added
Brinsupri	Brensocatib	All strengths	Prior authorization update; age limit added; quantity limit added
Jascayd	Nerandomilast	All strengths	Prior authorization update; age limit added; quantity limit added
Papzimeos	Zopapogene imadenovec-drba		Medical Benefit - prior authorization update; age limit added; quantity limit added
Rezdiffra	Resmetirom	All strengths	Prior authorization update
Vizz	Aceclidine hydrochloride	1.44% eye drop	Quantity limit added
Koselugo	Selumetinib sulfate	All strengths	Prior authorization update, quantity limit update
Koselugo Sprinkle	Selumetinib sulfate	All strengths	Prior authorization update, quantity limit added
Wayrilz	Rilzabrutinib	400mg	Prior authorization update, quantity limit added
Dawnzera	Donidalorsen sodium	80mg/0.8ml	Quantity limit added
Javadin	Clonidine Hydrochloride	0.02mg/ml solution	Prior authorization update
Spravato	Esketamine Hydrochloride	All strengths	Prior authorization update
Lasix ONYU kit	Furosemide	80mg/2.67ml	Prior authorization update; quantity limit added
Lasix ONYU reusable unit			Prior authorization update; quantity limit added
Bynfezia	Octreotide Acetate	7000mcg/2.8ml	Prior authorization update
Mycapssa DR	Octreotide Acetate	20mg	Prior authorization update
Palsonify	Paltusotine Hydrochloride	All strengths	Prior authorization update; quantity limit added
Vyjuvek	Beremagene geperpavec-svdt		Medical Benefit - prior authorization update; age limit removed
Somatuline Depot	Lanreotide Acetate	All strengths	Medical Benefit - prior authorization update; age limit added
	Lanreotide Acetate	120mg/0.5ml	Medical Benefit - prior authorization update; age limit added
Sandostatin	Octreotide Acetate	All strengths	Medical Benefit - prior authorization update
Sandostatin LAR Depot	Octreotide Acetate	All strengths	Medical Benefit - prior authorization update
Epioxa Cross-Linking Kit	Riboflavin 5-Phosphate Sodium (B2)	0.239-0.177%	Medical Benefit - prior authorization update; age limit added; quantity limit added

Brand Name	Generic Name	Strength(s)	Notes
Forzinity	Elamipretide Hydrochloride	280mg/3.5ml	Prior authorization update; age limit added; quantity limit added
Gazyva	Obinutuzumab	1000mg/40ml	Medical Benefit - prior authorization update; age limit added; quantity limit added
Benlysta	Belimumab	200mg/ml autoinjector	Quantity limit added
Clotic	Clotrimazole	1% ear solution	Prior authorization update; age limit added; 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.

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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