



Re: Medicaid Drug List Changes starting November 1, 2026

Dear HAP CareSource Member,

Your health care is our priority. On **November 1, 2026**, there will be changes to the covered drug list. This includes drugs on the formulary (also called a preferred drug list) and drugs you can get at the doctor's office.

THE FOLLOWING DRUGS WILL BE PREFERRED STARTING NOVEMBER 1, 2026

Drug Name	Notes
dapagliflozin (generic for Farxiga)	Moved to preferred
darifenacin ER (generic for Enablex)	Moved to preferred
Ebglyss (lebrikizumab-lbkz)	Moved to preferred
Gvoke syringe, kit, vial and Gvoke Hypopen (glucagon)	Moved to preferred
Hadlima (adalimumab-bwwd) biosimilar for Humira	Moved to preferred
Humalog 75/25 pens (insulin lispro)	Moved to preferred
mesalamine (generic for Apriso)	Moved to preferred
Mounjaro (tirzepatide)	Moved to preferred
Nyvepria (pegfilgrastim-apgf) biosimilar for Neulasta	Moved to preferred
prucalopride (generic for Motegrity)	Moved to preferred
Starjemza (ustekinumab-hmny) biosimilar to Stelara	Moved to preferred
Taltz (ixekizumab)	Moved to preferred
testosterone gel packet (generic for Vogelxo)	Moved to preferred
Tezspire pen (tezepelumab-ekko)	Moved to preferred
Tyenne (tocilizumab-aazg) biosimilar for Actemra	Moved to preferred

THE FOLLOWING DRUGS WILL BE NON-PREFERRED STARTING NOVEMBER 1, 2026

Drug Name	Notes
adalimumab-adbm (unbranded Cyltezo by Quallent)	Moved to non-preferred
allopurinol 200mg strength only (generic for Zyloprim)	Moved to non-preferred
Cosentyx (secukinumab)	Moved to non-preferred
Farxiga (dapagliflozin)	Moved to non-preferred
Fylnetra (pegfilgrastim -pbbk) biosimilar for Neulasta	Moved to non-preferred
Humira (adalimumab)	Moved to non-preferred
Janumet XR (sitagliptin/metformin XR)	Moved to non-preferred
Nexium Suspension (esomeprazole)	Moved to non-preferred
Oxybutynin 2.5mg (generic for Ditropan)	Moved to non-preferred
Steqeyma (ustekinumab-stba) biosimilar for Stelara	Moved to non-preferred

THE FOLLOWING DRUGS HAVE A STATUS CHANGE STARTING NOVEMBER 1, 2026

Drug Name	Notes
alendronate sodium 10mg tablet (generic for Fosamax)	Add quantity limit of 1 per day

What should you do?

First, talk to your doctor. There may be other drugs that you can take instead. There are a few ways you and your doctor can find other drugs covered by your plan:

- You can look on our website at **HAPCareSource.com**. On the **Members** page, go to **Tools & Resources** and click on **Find My Prescriptions**.
- Call Member Services at 1-833-230-2053 (TTY: 711). We are open 24 hours a day, seven days a week.

We are here to help you.

Sincerely,

HAP CareSource

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