



Re: Medicaid Drug List Changes starting October 1, 2025

Dear HAP CareSource Member,

Your health care is our priority. On October 1, 2025, 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 HAVE A CHANGE IN STATUS STARTING OCTOBER 1, 2025.

| Brand Name | Generic Name | Notes |
|--------------------------------------|--------------------------------------|------------------------------|
| Amvuttra (J0225) | Vutrisiran | Prior Authorization Required |
| Epoetin – Epogen and Procrit (J0885) | Epoetin alfa | Prior Authorization Required |
| Syfovre (J2781) | Pegcetacoplan | Prior Authorization Required |
| Iluvien (J7313) | Fluocinolone acetonide | Prior Authorization Required |
| Izervay (J2782) | Avacincaptad pegol | Prior Authorization Required |
| Rystiggo (J9333) | Rozanolixizumab-noli | Prior Authorization Required |
| Ozurdex (J7312) | Dexamethasone | Prior Authorization Required |
| Retisert (J7311) | Fluocinolone acetonide | Prior Authorization Required |
| Uplizna (J1823) | Inebilizumab-cdon | Prior Authorization Required |
| Xiaflex (J0775) | Collagenase clostridium histolyticum | Prior Authorization Required |
| Xipere (J3299) | Triamcinolone acetonide | Prior Authorization Required |
| Yutiq (J7314) | Fluocinolone acetonide | Prior Authorization Required |

What should you do?

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

- Search 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.

Sincerely,

HAP CareSource