



Re: Medicaid Drug List Changes Starting November 1, 2025

Dear HAP CareSource Member,

Your health care is our priority. On November 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 your provider's office.

THESE DRUGS ARE PREFERRED STARTING NOVEMBER 1, 2025:

Drug Name	Notes
Humulin N Kwikpen (insulin human NPH isophane)	Moved to Preferred Status
Tolterodine tartrate IR/ER (generic for Detrol) Tablet/Capsule	Moved to Preferred Status
Trospium chloride Tablet (generic for Sanctura)	Moved to Preferred Status
Fulphilia Syringe (pegfilgrastim-jmdb)	Moved to Preferred Status
Febuxostat Tablet (generic for Uloric)	Moved to Preferred Status
Jentadueto XR Tablet (linagliptin/metformin)	Moved to Preferred Status
Myrbetriq ER Suspension and Tablet (mirabegron)	Moved to Preferred Status
Fylnetra Syringe (pegfilgrastim-pbbk)	Moved to Preferred Status
Adalimumab-adbm (unbranded Cyltezo, biosimilar to Humira)	Moved to Preferred Status

THESE DRUGS ARE NON-PREFERRED STARTING NOVEMBER 1, 2025:

Drug Name	Notes
Janumet Tablet (sitagliptin/metformin)	Moved to Non-Preferred Status – Prior Authorization Required
Janumet XR Tablet (sitagliptin/metformin ER)	Moved to Non-Preferred Status – Prior Authorization Required
Novolin N Vial and FlexPen (insulin human NPH isophane)	Moved to Non-Preferred Status – Prior Authorization Required
Januvia Tablet (sitagliptin)	Moved to Non-Preferred Status – Prior Authorization Required
Novolin R Vial and FlexPen (insulin regular human)	Moved to Non-Preferred Status – Prior Authorization Required
Apidra Vial and Solostar pen (insulin glulisine)	Moved to Non-Preferred Status – Prior Authorization Required
Gvoke Hypopen 1-pack and 2-pack (glucagon)	Moved to Non-Preferred Status – Prior Authorization Required
Nyvepria syringe (pegfilgrastim-apgf)	Moved to Non-Preferred Status – Prior Authorization Required
Zunveyl Tablet (benzgalantamine)	New Drug added as Non-Preferred – Prior Authorization Required

THESE DRUGS ARE NON-PREFERRED STARTING NOVEMBER 1, 2025:

Drug Name	Notes
Tezruly Solution (terazosin)	New Drug added as Non-Preferred – Prior Authorization Required
Symbravo Tablet (meloxicam/rizatriptan)	New Drug added as Non-Preferred – Prior Authorization Required
Onapgo Cartridge (apomorphine)	New Drug added as Non-Preferred – Prior Authorization Required
Otulfi Vial and Syringe (biosimilar to Stelara)	New Drug added as Non-Preferred – Prior Authorization Required
Pyzchiva Vial and Syringe (biosimilar to Stelara)	New Drug added as Non-Preferred – Prior Authorization Required
Selarsdi Vial and Syringe (biosimilar to Stelara)	New Drug added as Non-Preferred – Prior Authorization Required
Ustekinumab-aekn (biosimilar to Stelara)	New Drug added as Non-Preferred – Prior Authorization Required
Ustekinumab-ttwe (biosimilar to Stelara)	New Drug added as Non-Preferred – Prior Authorization Required

THESE DRUGS HAVE A CHANGE IN STATUS STARTING NOVEMBER 1, 2025:

Drug Name	Notes
Forteo Pen Injector (teriparatide)	Brand preferred over generic
Myrbetriq ER Tablets and Suspension (mirabegron)	Brand preferred over generic
Journavx (suzetrigine) Tablet	Quantity Limit added

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.

Sincerely,

HAP CareSource