



Re: Summary of Drug List Changes Effective November 1, 2026

Dear Health Partner,

As of **November 1, 2026**, there will be changes in the HAP CareSource™ Medicaid covered drug list.

Changes apply to pharmacy or medical drugs, and may include:

- Addition of a quantity limit or restriction
- Addition of prior authorization requirements
- Removal of the drug from the formulary list

Drug Name	Coverage Change
adalimumab-adbm (unbranded Cyltezo by Quallent)	Moved to non-preferred
alendronate sodium 10mg tablet (generic for Fosamax)	Add quantity limit of 1 per day
allopurinol 200mg strength only (generic for Zyloprim)	Moved to non-preferred
Cosentyx (secukinumab)	Moved to non-preferred
dapagliflozin (generic for Farxiga)	Moved to preferred
darifenacin ER (generic for Enablex)	Moved to preferred
Ebglyss (lebrikizumab-lbkz)	Moved to preferred
Farxiga (dapagliflozin)	Moved to non-preferred
Fylmetra (pegfilgrastim -pbbk) biosimilar for Neulasta	Moved to non-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
Humira (adalimumab)	Moved to non-preferred
Janumet XR (sitagliptin/metformin XR)	Moved to non-preferred
mesalamine (generic for Apriso)	Moved to preferred
Mounjaro (tirzepatide)	Moved to preferred
Nexium Suspension (esomeprazole)	Moved to non-preferred
Nyvepria (pegfilgrastim-apgf) biosimilar for Neulasta	Moved to preferred
Oxybutynin 2.5mg (generic for Ditropan)	Moved to non-preferred
prucalopride (generic for Motegrity)	Moved to preferred
Starjemza (ustekinumab-hmny) biosimilar to Stelara	Moved to preferred
Steqeyma (ustekinumab-stba) biosimilar for Stelara	Moved to non-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

We notified members affected by this change. We encouraged members to discuss alternative medications with their providers.

On request, we can send a list of your HAP CareSource members with changes. Please email PharmacyConversionProgram@CareSource.com. Include medication names and your secure fax number in the request. We will fax your list of patients prescribed these medications.

Go to [Drug Formulary | Michigan – HAP CareSource | CareSource](#) for the complete drug list and other related resources, such as our procedure code lookup tool (PLT) found in the left margin; the PLT offers further medical drug information. Printed copies are available upon request.

We appreciate your efforts in transitioning members who may be impacted by HAP CareSource Medicaid drug list changes. If you have questions, please contact HAP CareSource Provider Services at 1-833-230-2102, Monday through Friday, 7 a.m. to 8 p.m. Eastern Time (ET).

Sincerely,

HAP CareSource