



Re: Summary of Formulary Changes Effective January 1, 2026

Dear CareSource Marketplace Member,

Your Formulary is an important part of your Prescription Drug Benefit. It shows what drugs may be covered for you, what limits may apply, and what tier drugs are in. A committee of health care providers, like doctors and pharmacists, decide what will be included on your Formulary. This is called the Pharmacy and Therapeutics (P&T) Committee.

The P&T Committee looks at your Formulary regularly to make sure it is up to date. The P&T Committee met recently to update the Formulary. Please review the tables to see how the Formulary is changing.

Drugs in this table will be added to your Formulary effective January 1, 2026.

| DRUG NAME | FORMULARY TIER | COVERAGE LIMITS |
|--------------------------------|----------------|-----------------|
| BETASERON | 4 | PA, ST |
| DAPAGLIFLOZIN | 2 | PA, QL |
| HALOPERIDOL DECANOATE | 1 | |
| INDOMETHACIN ER 75mg Capsule | 3 | |
| LENVIMA | 4 | PA |
| LINZESS | 3 | ST |
| MECLOFENAMATE SODIUM | 3 | PA |
| OLANZAPINE ODT | 3 | |
| RISPERIDONE ODT | 3 | |
| SIMLANDI | 4 | PA, QL |
| XATMEP 2.5 MG/ML ORAL SOLUTION | 3 | PA |

PA= Prior Authorization

QL= Quantity Limits

ST= Step Therapy

Drugs in this table have had a change in how they are covered. This could include a change in their Formulary tier and/or adding or removing a coverage limit. The details are shown below.

| DRUG NAME | COVERAGE CHANGE |
|------------------------------|--|
| ABILIFY MAINTENA | Removed from formulary. |
| ADALIMUMAB-FKJP | Removed from formulary. |
| ANZUPGO | Quantity limit of 2 tubes (60g) per 30 days added. |
| APTIVUS | Cost share updated to tier 3. |
| ARISTADA and ARISTADA INITIO | Removed from formulary. |

| DRUG NAME | COVERAGE CHANGE |
|--------------------------------------|---|
| BIKTARVY | Cost share updated to tier 3. |
| BIMZELX | Removed from formulary. |
| COMPLERA | Cost share updated to tier 3. |
| DAYBUE | Quantity limit of 8 bottles (3600 mls) per 30 days added. |
| DELSTRIGO | Cost share updated to tier 3. |
| DENOSUMAB BIOSIMILARS | Policy updated – requires biosimilar trials. |
| DESCOVY | Cost share updated to tier 3. |
| DOVATO | Cost share updated to tier 3. |
| EGRIFTA WR | Quantity limit of 4 vials per 28 days added. |
| EMTRIVA | Removed from formulary. |
| ENFLONISIA | Added to medical benefit coverage |
| EVOTAZ | Cost share updated to tier 3. |
| FARXIGA | Removed from formulary. |
| GENVOYA | Cost share updated to tier 3. |
| HARLIKU | Step therapy added. Quantity limit of 30 per 30 days added. |
| HUMALOG, HUMALOG MIX, HUMALOG JUNIOR | Removed from formulary. |
| HUMIRA | Removed from formulary. |
| INFLIXIMAB BIOSIMILARS | Policy updated – requires biosimilar trials. |
| INGREZZA and INGREZZA SPRINKLE | Step therapy added. |
| INVEGA SUSTENNA and INVEGA TRINZA | Removed from formulary. |
| ISENTRESS | Cost share updated to tier 3. |
| ISTURISA | Removed from formulary. |
| JANUMET and JANUMET XR | Cost share updated to tier 3. Step therapy added. |
| JANUVIA | Cost share updated to tier 3. Step therapy added. |
| JULUCA | Removed from formulary. |
| KESIMPTA PEN | Removed from formulary. |
| LEXIVA | Cost share updated to tier 3. |
| LISDEXAMFETAMINE DIMESYLATE | Cost share updated to tier 3. |
| LITFULO | Step therapy added. |
| MOUNJARO | Removed from formulary. |
| NORVIR | Removed from formulary. |
| ODEFSEY | Removed from formulary. |
| OLUMIANT | Policy updated. |
| PAXLOVID | Cost share updated to tier 3. Age limit added. |
| PIFELTRO | Removed from formulary. |
| PREZCOBIX | Cost share updated to tier 3. |

| DRUG NAME | COVERAGE CHANGE |
|------------------|---|
| PREZISTA | Cost share updated to tier 3. |
| REPATHA | Cost share updated to tier 3. |
| RISPERDAL CONSTA | Removed from formulary. |
| SELZENTRY | Cost share updated to tier 3. |
| STELARA | Removed from formulary. |
| STRIBILD | Removed from formulary. |
| SYM TUZA | Removed from formulary. |
| TRIUMEQ | Cost share updated to tier 3. |
| TRULANCE | Removed from formulary. |
| VIRACEPT | Cost share updated to tier 3. |
| VIREAD | Cost share updated to tier 3. |
| WIDAPLIK | Quantity limit of 30 per 30 days added. |
| XIFAXAN | Cost share updated to tier 3. |
| YEZTUGO | Added to medical benefit coverage with a required medical necessity review per policy |
| ZORYVE 0.3% FOAM | Quantity limit updated to 1 can per 28 days. |

Please talk to your provider or pharmacist about these changes. They can help you get a new prescription if needed. A new prescription may or may not be the best choice for you. If not, you or your provider can request an exception. You can find the [Member Exception Request for Non-Formulary Medication form](#) on **CareSource.com**. Your provider can also submit a request electronically or by faxing it to 866-930-0019.

If you or your provider have questions, please contact Member Services at the number on your ID card.

Sincerely,

CareSource Marketplace

You and your provider can find the full Formulary and other information on the Drug Formulary page on CareSource.com.

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