



Re: Summary of Preferred Drug List Changes Effective May 1, 2026

Dear Health Partner,

We are dedicated to partnering with you to manage our members' care in the most effective way. CareSource routinely reviews drugs available on the Preferred Drug List (PDL). We encourage you to work with your CareSource patients before the effective date to ensure a smooth transition.

DRUGS IN THIS TABLE WILL HAVE A CHANGE IN STATUS ON THE PDL EFFECTIVE MAY 1, 2026.

| DRUG NAME | COVERAGE CHANGE |
|--|---|
| Daytrana patch | Removed from PDL |
| Methylphenidate patch | Move to non-preferred |
| Methylin solution | Move to non-preferred |
| Methylphenidate ER capsule (generic Aptensio XR) | Move to non-preferred |
| Bosentan tablet | Now preferred with prior authorization |
| Tracleer tablet | Move to non-preferred |
| Liqrev oral suspension | Removed from PDL |
| Asmanex Twisthaler | Move to preferred without prior authorization |
| Asmanex HFA | Move to preferred without prior authorization |
| Flovent Diskus | Removed from PDL |
| Flovent HFA | Removed from PDL |
| Pulmicort Flexhaler | Removed from PDL |
| Frova tablet | Removed from PDL |
| Treximet tablet | Removed from PDL |
| Symbravo tablet | Move to non-preferred |
| Carbidopa/levodopa ER capsule/tablet (generic for Rytary ER) | Move to non-preferred |
| Bromocriptine capsule/tablet | Added to non-preferred |
| Carbidopa tablet | Added as non-preferred |
| Crexont ER capsule | Added to non-preferred |
| Dhivy tablet | Added to non-preferred |

| DRUG NAME | COVERAGE CHANGE |
|---|--|
| Gocovri ER capsule | Added to non-preferred |
| Vyalev for injection | Added to non-preferred |
| Ropinirole ER tablet | Move to non-preferred |
| Mirapex tablet | Removed from PDL |
| Mirapex ER tablet | Removed from PDL |
| Requip tablet | Removed from PDL |
| Requip XL tablet | Removed from PDL |
| Onapgo cartridge | Added to non-preferred |
| Olanzapine/fluoxetine capsule | Added to non-preferred |
| OPIPZA film | Added to non-preferred |
| Versacloz suspension | Added to non-preferred |
| Zyprexa Zydis tablet | Removed from PDL |
| Erzofri injectable | Added to preferred with prior authorization |
| Risperidone (generic Risperdal Consta) suspension for injection | Added to non-preferred |
| Eysuvis eye drops | Move to preferred with quantity limit |
| Cyclosporine (generic Restasis) eye drops | Added to non-preferred |
| Miebo eye drops | Added to non-preferred |
| Tryptyr eye drops | Added to non-preferred |
| Vevye eye drops | Added to non-preferred |
| Ventavis solution for inhalation | Removed from PDL |
| Yutrepia powder for inhalation | Added to preferred with prior authorization |
| Tyvaso nebulizer | Move to non-preferred |
| BENZTROPINE tablet | Added to preferred with no prior authorization |
| Entacapone tablet | Added to preferred |
| Trihexyphidyl tablet | Added to preferred |
| Nourianz tablet | Added to non-preferred |
| Ongentys capsule | Added to non-preferred |
| Selegiline capsule/tablet | Added to non-preferred |

| DRUG NAME | COVERAGE CHANGE |
|--|---|
| Tolcapone tablet | Added to non-preferred |
| Trihexyphenidyl solution | Added to non-preferred |
| Xadago tablet | Added to non-preferred |
| Haegarda vial for injection | Added to preferred with prior authorization |
| Takhzyro syringe/vial for injection | Added to preferred with prior authorization |
| Andembry autoinjector | Added to non-preferred |
| Cinrzye intravenous vial | Added to non-preferred |
| Dawnzera pen for injection | Added to non-preferred |
| Orladeyo capsule/pellet packet | Added to non-preferred |
| Berinert vial | Added to preferred with prior authorization |
| Icatibant syringe for injection | Added to preferred with prior authorization |
| Sajazir syringe for injection | Added to preferred with prior authorization |
| Ekterly tablet | Added to non-preferred |
| Firazyr syringe for injection | Added to non-preferred |
| Kalbitor vial for injection | Added to non-preferred |
| Ruconest vial | Added to non-preferred |
| Albuterol HFA (all generic versions except for authorized generic of Ventolin HFA) | Move to preferred |

What you should know

We know patient care is of the utmost importance to you. We sent a letter to members who may be negatively impacted due to these changes. In our letter, we recommended members contact their prescriber if they have questions.

Additional Resources

For the most up-to-date information, please utilize our [formulary search tools](#) online. Please visit the Provider Pharmacy pages at **CareSource.com** to access the complete formulary. You may find your patient’s plan formulary by clicking on:

- Your patient’s CareSource plan
- Tools & Resources
- Drug Formulary

For questions and concerns, please call Provider Services at **1-833-230-2112**, Monday through Friday, 8 a.m. to 6 p.m. Pacific Time (PT).

Sincerely,

CareSource
 NV-MED-P-5367300-V.1