



## Re: Summary of Formulary Changes Effective January 1, 2026

Dear Health Partner,

We are dedicated to partnering with you to manage our members' care in the most effective way. The CareSource Pharmacy and Therapeutics (P&T) Committee meets regularly to review the Marketplace Drug Formulary and make updates as necessary.

The P&T Committee met recently to update the Formulary. Please review the tables below to see how the Formulary is changing. Additional information about viewing the full Formulary and drug-specific criteria and policies is found at the end of this notice.

**Drugs in this table will be added to the Formulary effective January 1, 2026:**

DRUG NAME	FORMULARY TIER	COVERAGE LIMITS
ADALIMUMAB-ADBIM	4	PA, QL
ADALIMUMAB-RYVK	4	PA, QL
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
STEQEYMA	4	PA, QL
USTEKINUMAB-TTWE	4	PA, QL
XATMEP 2.5 MG/ML ORAL SOLUTION	3	PA
YESINTEK	4	PA, QL

**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.
BIKTARVY	Cost share updated to tier 3.
BIMZELX	Removed from formulary.
COMPLERA	Cost share updated to tier 3.

DRUG NAME	COVERAGE CHANGE
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.
ENFLONIA	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.
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.

DRUG NAME	COVERAGE CHANGE
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.

Drugs in this table were reviewed by the P&T Committee and will have **no changes** to their Formulary status. Additional clinical updates are noted below.

DRUG NAME	NOTES
ANDEMBRY	New drug review.
APRETUDE	Annual review.
ATZUMI	New drug review
AUBAGIO	Annual review.
BAFIERTAM	Annual review.
BERINERT	Annual review.
BREKIYA	New drug review.
CINRYZE	Annual review.
DOPTelet	Age expansion and new dosage form review
DUPIXENT	New indication review.
EKTERLY	New drug review.
EMPAVELI	New indication review.
FINGOLIMOD	Annual review.
FIRAZYR/ SAJAZIR	Annual review.
GAMIFANT	New indication review.
GAMMAGARD ERC	New dosage form review.
HAEGARDA	Annual review.
JIVI	Age expansion review.
KALBITOR	Annual review.
KERENDIA	New indication review.
KISUNLA	New dosage form review.
KUVAN	Annual review.
LEMTRADA	Annual review.
LEQSELVI	New drug review
LUPRON	Policy update.
MAVENCLAD	Annual review.
MAVYRET	New indication review.
MAYZENT	Annual review.
MULPLETA	Annual review.
NOVANTRONE	Annual review.
NUCALA	New indication review.
ORLADEYO	Annual review.
OXLUMO	Annual review.
PONVORY	Annual review.
PROMACTA	Annual review.
QALSODY	Annual review.
RADICAVA	Annual review.

DRUG NAME	COVERAGE CHANGE
RIVFLOZA	Age expansion review.
RUCONEST	Annual review.
SEPHIENCE	New drug review
SIMPONI	Annual review.
SKYCLARYS	Annual review.
SYLVANT	Drug-specific policy created.
SYNAGIS	Archiving policy. Drug discontinued.
TAKHZYRO	Annual review.
TECFIDERA	Annual review.
TESTOSTERONE	Policy update.
TRYPTYR	New drug review.
VELSIPITY	Annual review.
VUMERITY	Annual review.
XELJANZ	Annual review.
YUTIQ	Archiving policy. Drug discontinued.
YUTREPIA	New drug review.
ZEPOSIA	Annual review.
ZOLADEX	Policy update.

We can provide a list of CareSource members taking any medication upon request. Please email your request to [PharmacyConversionProgram@CareSource.com](mailto:PharmacyConversionProgram@CareSource.com). Include medication names and your secure fax number in your request. We will fax you a list of your patients who were prescribed these medications.

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**

You can view the **full CareSource Marketplace Drug Formulary** on the Provider pages at **CareSource.com**. Select “Drug Formulary” from the “Tools & Resources” menu under the “Providers” drop down.

The [Drug Formulary page](#) also includes a link to our online Formulary Search Tool where you can find **drug coverage criteria** and links to applicable clinical and administrative policies.

We recognize each patient is unique, and we appreciate your partnership in transitioning members who may be impacted by the Formulary changes above. We are here to help you with any questions. Call Provider Services at **1-877-514-2442 (TTY: 711)**. We are open Monday through Friday, 8 a.m. to 5 p.m., Central Time (CT).

Thank you for being a CareSource health partner.

Sincerely,

CareSource Marketplace

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