



**Re: Summary of Formulary Changes Effective April 1, 2025.**

Dear CareSource Member:

Your Formulary is an important part of your Prescription Drug Benefit because 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 below to see how the Formulary is changing.

**Drugs in this table will be added to your Formulary effective April 1, 2025.**

| DRUG NAME  | FORMULARY TIER | COVERAGE LIMITS                                               |
|------------|----------------|---------------------------------------------------------------|
| DABIGATRAN | 1              | Quantity limit of 2 capsules per day;<br>No PA or ST required |

**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                                                                                              |
|---------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| BIMZELX                                           | Hidradenitis Suppurativa (HS) criteria requires trial and failure of at least two preferred biologic DMARDS. |
| BRIXADI                                           | Tier 3, Quantity limit removed                                                                               |
| BUNAVAIL FILM®                                    | Tier 3, Quantity limit removed                                                                               |
| DESCOVY*                                          | Prior authorization not required, quantity limit of 1 tablet per day                                         |
| DULOXETINE                                        | Quantity limit updated to 2 units per day                                                                    |
| NICOTINE PRODUCTS (CHANTIX® / TOBACCO CESSATION)* | Quantity limit removed (gum, lozenge, patch, spray); Chantix® Tier 3                                         |
| SUBLOCADE*                                        | Tier 3, Quantity limit removed                                                                               |
| SUBOXONE (brand & generic films)*                 | Tier 3, Quantity limit removed                                                                               |
| VIVITROL*                                         | Quantity limit removed                                                                                       |

|           |                                                                 |
|-----------|-----------------------------------------------------------------|
| VYALEV    | Benefit updated. Medical benefit with medical necessity review. |
| ZUBSOLV®* | Tier 3, Quantity limit removed                                  |

*\*Effective 01/01/2025*

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 request form on **CareSource.com** on the Drug Formulary page. Your provider can also submit a request electronically or by faxing it to 1-866-930-0019.

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

Sincerely,

CareSource RxInnovations

**You and your provider can find the full Formulary and other information on the Drug Formulary page on [CareSource.com](https://www.caresource.com).**

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