



Re: Summary of Formulary Changes Effective March 17, 2025

Dear HAP 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 March 17, 2025.

DRUG NAME	FORMULARY TIER	COVERAGE LIMITS
AMIODARONE	1	
ASENAPINE SL TABLETS	1	QL
ASAMANEX HFA	2	QL
CEFACLOER ER	1	
CLOCORTOLONE PIVALATE CREAM	1	PA
DAPSONE 7.5% GEL PUMP	1	
DEXTROAMPETAMINE SOLUTION	1	
DICLOFENAC 2% SOLUTION	1	
DICLOFENAC 3% GEL	1	PA, QL
DIDANOSINE CAPSULES	1	
DROSP-EE-LEVOMEF 3-0.02-0.451 (GENERIC FOR BEYAZ)	0	
EVEROLIMUS 1MG TABLETS	1	
KYNMOBI FILMS	2	
LORAZEPAM CARPUJECT	1	
LUPANETA PACK	4	PA
OLANZAPINE-FLUOXETINE	1	ST
OTIPRIO VIAL	3	
POSACONAZOLE SUSPENSION	1	PA
QNASL NASAL SPRAY	3	PA
REDITREX 10MG / 0.4ML SYRINGE	2	PA
STERILE DILUENT FOR TREPROSTINIL	3	PA
TRINTELLIX TABLETS	3	ST, 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. Details are below.

DRUG NAME	COVERAGE CHANGE
BRIUMVI*	Criteria updated to require trial and failure of one preferred generic disease-modifying Multiple Sclerosis drug.
NAYZILAM AND VALTOCO*	Trial of midazolam with atomizer removed from criteria.
OCREVUS*	Criteria for Multiple Sclerosis indication updated to specify that trial must be generic.
TYSABRI*	Criteria for Multiple Sclerosis indication updated requiring inadequate response to ONE preferred generic disease-modifying Multiple Sclerosis drug.

**Effective 04/01/2025*

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 [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,

HAP 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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