



Re: Summary of Formulary Changes Effective July 1, 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 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
ALYFTREK	Quantity limit updated to 1 carton per 28 days
ATTRUBY	Quantity limit of 112 tablets per 28 days
CRENESSITY	Quantity limit of 60 capsules (4 bottles) per 30 days or 4 bottles (solution) per 30 days
CUVRIOR	Quantity limit of 280 tablets per 28 days
IMCIVREE	Quantity limit of 10 mL (10 vials) per 30 days
ORLYNVAH	Quantity limit of 10 tablets per 5 days
SODIUM PHENYLBUTYRATE	Quantity limit: Buphenyl: 1200 tablets per 30 days, 2 bottles of powder per 25 days
SODIUM PHENYLBUTYRATE	Quantity limit: Pheburane: 7 bottles of oral granules per 28 days
SODIUM PHENYLBUTYRATE	Quantity limit: Olpruva: 1 kit (90 envelopes) per 30 days
TRIKAFTA	Quantity limit of 84 tablets/packets per 28 days
TRYNGOLZA	Quantity limit of 1 autoinjector per 28 days
VTAMA	Quantity limit of 1 tube per 28 days
VYNDAQEL/VYNDAMAX	Requires a trial of Attruby.
XERMELO	Quantity limit of 84 tablets per 28 days
ZEPBOUND	Quantity limit of 4 pens/vials 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,

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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