



## Re: Summary of Formulary Changes Effective October 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 will be added to your Formulary Effective October 1, 2025.

DRUG NAME	FORMULARY TIER	COVERAGE CHANGE
OTC DICLOFENAC TOPICAL GEL 1%	1	
ADALIMUMAB-ADBIM	4	PA, QL
ADALIMUMAB-RYVK	4	PA, QL
STEQUEYMA	4	PA, QL
USTEKINUMAB-TTWE	4	PA, QL
YESINTEK	4	PA, QL

PA = Prior Authorization      QL = Quantity Limits      ST = Step Therapy

Drugs in this table 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.

DRUG NAME	COVERAGE CHANGE
BUPRENORPHINE EXTENDED-RELEASE (BRIXADI, SUBLOCADE)	Quantity limit of 128 mg per month
CHENODAL	Quantity limit of 210 tablets per 30 days
CHOLBAM	Quantity limit of 120 capsules/30 days
CTEXLI	Quantity limit of 90 tablets per 30 days
DUPIXENT	Quantity limit of 2 syringes or pens per 28 days
HARVONI	Quantity limit of: 90 mg / 400 mg and 33.75mg / 150mg – 1 tablet or pellet packet per day 45mg / 200mg – 2 tablets or pellet packets per day
JOURNAVX	Quantity limit of 29 tablets per 14 days
LIVMARLI	Quantity limit of 60 tablets per 30 days

DRUG NAME	COVERAGE CHANGE
QFITLIA (HEMOPHILIA AND OTHER CLOTTING DISORDERS)	Quantity limit of 1 pen/vial per 28 days
ROMVIMZA	Quantity limit of 8 capsules per 28 days
SYMBRAVO	Quantity limit of 9 tablets (1 bottle) per 30 days
VANRAFIA	Quantity limit of 30 tablets per 30 days
VOSEVI	Quantity limit of 28 tablets per 28 days
VYKAT XR	Quantity limit of: 25 mg: 1 tablet per day 75 mg: 1 tablet per day 150 mg: 3 tablets per day
VYVGART HYTRULO (PFS)	Quantity limit of 4 pre-filled syringes per 28 days
ZEPATIER	Quantity limit of 28 tablets 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 **HAPCareSource.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.**