



Re: Summary of Formulary Changes Effective March 17, 2025

Dear Health Partner,

We are dedicated to partnering with you to manage our members' care in the most effective way. The HAP CareSource Marketplace 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 March 17, 2025:

DRUG NAME	FORMULARY TIER	COVERAGE LIMITS
AMIODARONE	1	
ASENAPINE SL TABLETS	1	QL
ASAMANEX HFA	2	QL
CEFACLOR 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*

We can provide a list of CareSource members taking any medication upon request. Please email your request to 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 and 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 **1-833-230-2101**. We are open Monday through Friday, 8 a.m. to 5 p.m. Eastern Time (ET).

Thank you for being a HAP CareSource Marketplace health partner.

Sincerely,

HAP CareSource Marketplace

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