

Date

FIRST_NAME LAST_NAME
 ADDRESS1
 ADDRESS2
 CITY, STATE ZIP

Re: Summary of Formulary Changes Effective JUNE 1, 2021

Dear CareSource Member:

Your health care is our priority. That is why we are writing to tell you that on JUNE 1, 2021, CareSource will change its Marketplace Drug Formulary. A formulary is a list of covered drugs.

THE FOLLOWING MEDICINES WILL BE ADDED TO THE FORMULARY EFFECTIVE JUNE 1, 2021.

Brand Name	Generic Name	Dose(s)	Notes – If Applicable
CHORIONIC GONAD VL	CHORIONIC GONADOTROPIN; HUMAN	10;000 UNIT	Step therapy restriction applies
FLUORESCEIN-BENOXIN	BENOXINATE HCL/ FLUORESCEIN SOD	0.3%-0.4%	New generic available
DOLISHALE TABLET	LEVONORGESTREL/ ETHIN.ESTRADIOL	90-20 MCG	
OXLUMO VIAL	LUMASIRAN SODIUM	94.5 MG/0.5 ML	
KESIMPTA PEN	OFATUMUMAB	20 MG/ 0.4 ML	
PREGABALIN ER TABLET	PREGABALIN	82.5 MG, 165 MG, 330 MG	
SUTAB TAB	SOD SULF/ POT CHLORIDE/ MAG SULF	1.479-0.225-0.188 GM	
VERQUVO TABLET	VERICIGUAT	2.5 MG, 5 MG, 10 MG	

THE FOLLOWING MEDICINES HAVE A CHANGE IN STATUS EFFECTIVE JUNE 1, 2021.

Brand Name	Generic Name	Dose(s)	Notes – If Applicable
DEXCOM G5-G4 SENSOR KIT, DEXCOM G6 SENSOR	BLOOD-GLUCOSE SENSOR		Quantity limit restriction added
DEXCOM G4 TRANSMITTER KIT, DEXCOM G6 TRANSMITTER	BLOOD-GLUCOSE TRANSMITTER		Quantity limit restriction added
CALCIUM ACETATE CAPSULE, TABLET	CALCIUM ACETATE	667 MG	Quantity limit restriction added
PHOSLYRA SOLUTION	CALCIUM ACETATE	667 MG/5 ML	Quantity limit restriction added
TABRECTA TABLET	CAPMATINIB HYDROCHLORIDE	150 MG, 200 MG	Changed from tier 5 to tier 4
NASCOBAL NASAL SPRAY	CYANOCOBALAMIN (VITAMIN B-12)	500 MCG	Quantity limit restriction added
VITRAKVI CAPSULE, SOLUTION	LAROTRECTINIB SULFATE	25 MG, 100 MG, 20 MG/ML	Quantity limit restriction added
ANAPROX DS TABLET	NAPROXEN SODIUM	550 MG	Step therapy restriction removed
CONDYLOX GEL	PODOFILOX	0.5%	Quantity limit restriction added
REVELA TABLET, POWDER PACKET	SEVELAMER CARBONATE	800 MG, 2.4 GM, 0.8 GM	Quantity limit restriction added
SEVELAMER CARBONATE TAB, POWDER PACKET	SEVELAMER CARBONATE	800 MG, 2.4 GM, 0.8 GM	Quantity limit restriction added
SEVELAMER HCL TABLET	SEVELAMER HCL	400 MG, 800 MG	Quantity limit restriction added
HETLIOZ LQ SUSPENSION	TASIMELTEON	4 MG/ML	Quantity limit restriction added
XYOSTED AUTO-INJ	TESTOSTERONE ENANTHATE	50 MG/0.5 ML, 75 MG/0.5 ML,	Quantity limit restriction added

		100 MG/0.5 ML	
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What should you do?

First, talk to your prescriber. There may be other medicines on the CareSource Marketplace Drug Formulary that you can take instead. There are a few ways you and your prescriber can find medicines:

- You can look on our website at **CareSource.com**. Go to the Member’s page and click on “Find My Prescriptions” and then you can either download a complete list of the Formulary medications by clicking on “2019 Drug Formulary” or you may search by individual drugs following the “My Prescriptions” link.
- Or, call our Member Services Department at:
 - Indiana - **1-877-806-9284** (TTY: 800-743-3333 or 711)
 - Kentucky - **1-888-815-6446** (TTY: 800-648-6056 or 711)
 - Ohio - **1-800-479-9502** (TTY: 800-750-0750 or 711)
 - West Virginia - **1-855-202-0622** (TTY: 800-982-8771 or 711).

We are here to help you. The CareSource Member Services Department is open Monday through Friday, 7 a.m. to 7 p.m.

Sincerely,

CareSource Pharmacy Department

CareSource complies with applicable state and federal civil rights laws and does not discriminate on the basis of age, gender, gender identity, color, race, disability, national origin, marital status, sexual preference, religious affiliation, health status, or public assistance status.

<APPLICABLE TAGLINES AND NON-DISCRIMINATION DISCLOSURES>