



P.O. Box 8738, Dayton, OH 45401-8738 | CareSource.com

Re: Summary of Formulary Changes Effective July 1, 2024.

Dear Health Partner:

We are dedicated to partnering with you to manage our members' care in the most effective way. The CareSource 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 July 1, 2024:

DRUG NAME	FORMULARY TIER	COVERAGE
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1.4MG–0.36MG, 2.9MG-0.7MG, 5.7MG-1.4MG, 11.4MG - 2.9MG	1 tablet per day
Zubsolv Tablet SL 8.6-2.1 MG	Remains non-formulary. Quantity limit of 2 tablets per day

Drugs in this table were reviewed by the P&T Committee and will have no changes to their Formulary status. Additional clinical updates are noted below.

DRUG NAME



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	formulary pharmacy benefit. No changes.
Tarpeyo	Remains non-formulary. No changes.
Tegsedi	Remains non-formulary. No changes.
Trogarzo	Billed to medical ben.59 618.9i(t.)No chan



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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 the CareSource Pharmacy Services Department at **833-230-2101**. The Pharmacy Department is open Monday through Friday, 8 a.m. to 5 p.m.

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