

12/1/2023

Medicare Part D Formulary Change

The product changes noted below will be implemented on the Medicare Part D Plan:

New Added Products: **Effective 12/1/2023**

Drug	Reason	Cost sharing**	Restrictions***
BREO ELLIPTA 50 MCG-25 MCG/DOSE POWDER FOR INHALATION	New Drug	Tier 2	QL
CRESEMBA 74.5 MG CAPSULE	New Drug	Tier 2	PA
HYRIMOZ(CF) PEDIATRIC CROHN'S STARTR 80 MG/0.8 ML SUBCUTANEOUS SYRINGE	New Drug	Tier 2	PA QL
lithium citrate 8 meq/5 ml oral solution	New Drug	Tier 1	
OJJAARA 100 MG TABLET	New Drug	Tier 2	PA QL
OJJAARA 150 MG TABLET	New Drug	Tier 2	PA QL
OJJAARA 200 MG TABLET	New Drug	Tier 2	PA QL
saxagliptin 2.5 mg tablet	New Drug	Tier 1	QL
saxagliptin 2.5 mg-metformin er 1,000 mg tablet,extend release 24hr mp	New Drug	Tier 1	QL
saxagliptin 5 mg tablet	New Drug	Tier 1	QL
saxagliptin 5 mg-metformin er 1,000 mg tablet,extend release 24hr mp	New Drug	Tier 1	QL
saxagliptin 5 mg-metformin er 500 mg tablet,extend release 24hr mp	New Drug	Tier 1	QL
testosterone 12.5 mg/1.25 gram per pump actuation (1%) transdermal gel	Formulary Addition	Tier 1	PA QL
VANFLYTA 17.7 MG TABLET	New Drug	Tier 2	PA QL
VANFLYTA 26.5 MG TABLET	New Drug	Tier 2	PA QL
XDEMVY 0.25 % EYE DROPS	New Drug	Tier 2	PA QL

*Consult your Medical provider for changes or recommendations to your medical care and prescription therapy

**Please consult the plan benefit design for copay/coinsurance amounts

***Indicates a restriction of Step Therapy, Prior Authorization or Quantity Limits may exist [LA] = Limited Access, [PA] = Prior Authorization, [QL] = Quantity Limit, [ST] = Step Therapy PRF-C2T

Future Removed Products: **Effective 12/1/2023**

Drug	Reason	Alternative*
cefaclor 125 mg/5 ml oral suspension	Removed from Formulary	Please contact your doctor.
cefaclor 375 mg/5 ml oral suspension	Removed from Formulary	Please contact your doctor.
SYNJARDY XR 10 MG-1,000 MG TABLET, EXTENDED RELEASE	Removed from Formulary	Please contact your doctor.
SYNJARDY XR 12.5 MG-1,000 MG TABLET, EXTENDED RELEASE	Removed from Formulary	Please contact your doctor.
SYNJARDY XR 25 MG-1,000 MG TABLET, EXTENDED RELEASE	Removed from Formulary	Please contact your doctor.
SYNJARDY XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE	Removed from Formulary	Please contact your doctor.

Cost Sharing Tier Changes: **There were no cost sharing tier changes this month.**

CareSource® MyCare Ohio (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Ohio Medicaid to provide benefits of both programs to enrollees.



ATTENTION: If you speak Spanish, language services, free of charge, are available to you. Call **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, Monday – Friday, 8 a.m. – 8 p.m. The call is free.

ATENCIÓN: Si habla español, tiene disponible los servicios de asistencia de idioma gratis. Llame al **1-855-475-3163 (TTY: 1-833-711-4711 o 711)**, de lunes a viernes, de 8 a.m. a 8 p.m. La llamada es gratuita.

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