

5/1/2024

Medicare Part D Formulary Change

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

New Added Products: **Effective 5/1/2024**

Drug	Reason	Cost sharing**	Restrictions***
IXCHIQ 1,000 TCID50/0.5 ML INTRAMUSCULAR SOLUTION	New Drug	Tier 2	
JOENJA 70 MG TABLET	New Drug	Tier 2	PA LA
Ioteprednol etabonate 0.2 % eye drops,suspension	New Drug	Tier 1	
mifepristone 300 mg tablet	New Drug	Tier 1	PA
ROZLYTREK 50 MG ORAL PELLETS IN PACKET	New Drug	Tier 2	PA
XOLAIR 150 MG/ML SUBCUTANEOUS AUTO-INJECTOR	New Drug	Tier 2	PA LA
XOLAIR 300 MG/2 ML SUBCUTANEOUS AUTO-INJECTOR	New Drug	Tier 2	PA LA
XOLAIR 300 MG/2 ML SUBCUTANEOUS SYRINGE	New Drug	Tier 2	PA LA
XOLAIR 75 MG/0.5 ML SUBCUTANEOUS AUTO-INJECTOR	New Drug	Tier 2	PA LA

Future Removed Products: **Effective 5/1/2024**

Drug	Reason	Alternative*
ALREX 0.2 % EYE DROPS,SUSPENSION	Removed from Plan Formulary	Ioteprednol etabonate 0.2 % eye drops,suspension
KORLYM 300 MG TABLET	Removed from Plan Formulary	mifepristone 300 mg tablet

*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

Drug	Reason	Alternative*
NATPARA 50 MCG/DOSE SUBCUTANEOUS CARTRIDGE	Removed from Formulary	Please contact your doctor.
NATPARA 75 MCG/DOSE SUBCUTANEOUS CARTRIDGE	Removed from Formulary	Please contact your doctor.

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

H9712_MI-MMP-M-2566011_V.5

HAP CareSource™ MI Health Link (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees.

*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