



3/1/2022

## Medicare Part D Formulary Change

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

New Added Products: Effective 3/1/2022

| Drug   | Reason   | Cost sharing** | Restrictions*** |
|--|----------|----------------|-----------------|
| BESREMI 500 MCG/ML SUBCUTANEOUS<br>SYRINGE           | New Drug | Tier 5         | PA LA           |
| DUPIXENT 100 MG/0.67 ML SUBCUTANEOUS<br>SYRINGE      | New Drug | Tier 5         | PA QL           |
| EPCLUSA 150 MG-37.5 MG ORAL PELLETS IN<br>PACKET     | New Drug | Tier 5         | PA QL           |
| EPCLUSA 200 MG-50 MG ORAL PELLETS IN PACKET          | New Drug | Tier 5         | PA QL           |
| EPRONTIA 25 MG/ML ORAL SOLUTION                      | New Drug | Tier 4         | PA              |
| everolimus (immunosuppressive) 1 mg tablet           | New Drug | Tier 5         | PA              |
| EXKIVITY 40 MG CAPSULE                               | New Drug | Tier 5         | PA QL LA        |
| SCEMBLIX 20 MG TABLET                                | New Drug | Tier 5         | PA QL           |
| SCEMBLIX 40 MG TABLET                                | New Drug | Tier 5         | PA QL           |
| TICOVAC 2.4 MCG/0.5 ML INTRAMUSCULAR<br>SYRINGE      | New Drug | Tier 3         |                 |
| TRUDHESA 0.725 MG/PUMP ACT. (4 MG/ML)<br>NASAL SPRAY | New Drug | Tier 5         | ST QL           |

## Future Removed Products: Effective 3/1/2022

| Drug                      | Reason                 | Alternative*                |
|---------------------------|------------------------|-----------------------------|
| zarah 3 mg-0.03 mg tablet | Removed from Formulary | Please contact your doctor. |

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

"\*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-C6T"