

3/1/2023

Medicare Part D Formulary Change

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

New Added Products: **Effective 3/1/2023**

Drug	Reason	Cost sharing**	Restrictions***
amlodipine 10 mg-valsartan 160 mg-hydrochlorothiazide 12.5 mg tablet	New Drug	Tier 2	
amlodipine 10 mg-valsartan 160 mg-hydrochlorothiazide 25 mg tablet	New Drug	Tier 2	
amlodipine 10 mg-valsartan 320 mg-hydrochlorothiazide 25 mg tablet	New Drug	Tier 2	
amlodipine 5 mg-valsartan 160 mg-hydrochlorothiazide 12.5 mg tablet	New Drug	Tier 2	
amlodipine 5 mg-valsartan 160 mg-hydrochlorothiazide 25 mg tablet	New Drug	Tier 2	
AUVELITY 45 MG-105 MG TABLET, EXTENDED RELEASE	New Drug	Tier 5	ST QL
GLEOSTINE 10 MG CAPSULE	New Drug	Tier 4	
GLEOSTINE 100 MG CAPSULE	New Drug	Tier 4	
GLEOSTINE 40 MG CAPSULE	New Drug	Tier 4	
MENEST 2.5 MG TABLET	New Drug	Tier 3	PA
roflumilast 250 mcg tablet	New Drug	Tier 4	PA QL
SKYRIZI 180 MG/1.2 ML (150 MG/ML) SUBCUTANEOUS WEARABLE INJECTOR	New Drug	Tier 5	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-C5T

Future Removed Products: **Effective 3/1/2023**

Drug	Reason	Alternative*
INTRON A 10 MILLION UNIT (1 ML) SOLUTION FOR INJECTION	Removed from Formulary	Please contact your doctor.
INTRON A 50 MILLION UNIT (1 ML) SOLUTION FOR INJECTION	Removed from Formulary	Please contact your doctor.
PASER 4 GRAM GRANULES DELAYED-RELEASE PACKET	Removed from Formulary	Please contact your doctor.

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

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2/1/2023

Medicare Part D Formulary Change

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

New Added Products: **Effective 2/1/2023**

Drug	Reason	Cost sharing**	Restrictions***
CALQUENCE (ACALABRUTINIB MALEATE) 100 MG TABLET	New Drug	Tier 5	PA QL LA
CAPLYTA 10.5 MG CAPSULE	New Drug	Tier 4	QL
CAPLYTA 21 MG CAPSULE	New Drug	Tier 4	QL
CIPRO 250 MG/5 ML ORAL SUSPENSION	Formulary Addition	Tier 4	
CIPRO 500 MG/5 ML ORAL SUSPENSION	Formulary Addition	Tier 4	
dabigatran etexilate 150 mg capsule	New Drug	Tier 4	
dabigatran etexilate 75 mg capsule	New Drug	Tier 4	
DESCOVY 120 MG-15 MG TABLET	New Drug	Tier 5	
doxycycline hyclate 100 mg tablet	Formulary Addition	Tier 2	
fingolimod 0.5 mg capsule	New Drug	Tier 5	PA QL
icosapent ethyl 0.5 gram capsule	New Drug	Tier 2	
IMBRUVICA 140 MG TABLET	Formulary Addition	Tier 5	PA QL
IMBRUVICA 70 MG/ML ORAL SUSPENSION	New Drug	Tier 5	PA QL
INGREZZA 40 MG CAPSULE	Formulary Addition	Tier 5	PA QL LA
INGREZZA 60 MG CAPSULE	Formulary Addition	Tier 5	PA QL LA
INGREZZA 80 MG CAPSULE	Formulary Addition	Tier 5	PA QL LA
INGREZZA INITIATION PACK 40 MG (7)-80 MG (21) CAPSULES IN A DOSE PACK	Formulary Addition	Tier 5	PA QL LA

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Drug	Reason	Cost sharing**	Restrictions***
lenalidomide 2.5 mg capsule	New Drug	Tier 5	PA QL
lenalidomide 20 mg capsule	New Drug	Tier 5	PA QL
mesalamine er 500 mg capsule,extended release	New Drug	Tier 5	
ORKAMBI 75 MG-94 MG ORAL GRANULES IN PACKET	New Drug	Tier 5	PA QL
penciclovir 1 % topical cream	New Drug	Tier 4	QL
PHOSPHOLINE IODIDE 0.125 % EYE DROPS	Formulary Addition	Tier 4	
roflumilast 500 mcg tablet	New Drug	Tier 4	PA QL
sodium,potassium,mag sulfates 17.5 gram-3.13 gram-1.6 gram oral soln	Formulary Addition	Tier 4	
tazarotene 0.05 % topical gel	New Drug	Tier 4	PA
tazarotene 0.1 % topical gel	New Drug	Tier 4	PA
ZONISADE 100 MG/5 ML ORAL SUSPENSION	New Drug	Tier 5	PA

Future Removed Products: **Effective 2/1/2023**

Drug	Reason	Alternative*
digitek 125 mcg (0.125 mg) tablet	Removed from Formulary	Please contact your doctor.
ENBREL 25 MG (1 ML) SUBCUTANEOUS POWDER FOR SOLUTION	Removed from Formulary	Please contact your doctor.
furosemide 10 mg/ml injection syringe	Removed from Formulary	Please contact your doctor.
INTRON A 18 MILLION UNIT (1 ML) SOLUTION FOR INJECTION	Removed from Formulary	Please contact your doctor.
larissia 0.1 mg-20 mcg tablet	Removed from Formulary	Please contact your doctor.
PENTACEL (PF) 15 LF UNIT-20 MCG-5 LF /0.5 ML INTRAMUSCULAR KIT	Removed from Formulary	Please contact your doctor.
SKYRIZI 150 MG/1.66 ML(75 MG/0.83 ML X 2) SUBCUTANEOUS SYRINGE KIT	Removed from Formulary	Please contact your doctor.

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

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