

8/1/2022

Medicare Part D Formulary Change

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

New Added Products: Effective 8/1/2022

Drug	Reason	Cost sharing**	Restrictions***
ADBRY 150 MG/ML SUBCUTANEOUS SYRINGE	Formulary Addition	Tier 5	PA QL
betaine 1 gram/scoop oral powder	Formulary Addition	Tier 5	
CIBINQO 100 MG TABLET	Formulary Addition	Tier 5	PA QL
CIBINQO 200 MG TABLET	Formulary Addition	Tier 5	PA QL
CIBINQO 50 MG TABLET	Formulary Addition	Tier 5	PA QL
isosorbide 20 mg-hydralazine 37.5 mg tablet	New Drug	Tier 3	QL
MOUNJARO 10 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR	New Drug	Tier 3	PA QL
MOUNJARO 12.5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR	New Drug	Tier 3	PA QL
MOUNJARO 15 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR	New Drug	Tier 3	PA QL
MOUNJARO 2.5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR	New Drug	Tier 3	PA QL
MOUNJARO 5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR	New Drug	Tier 3	PA QL
MOUNJARO 7.5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR	New Drug	Tier 3	PA QL
pirfenidone 267 mg tablet	New Drug	Tier 5	PA QL
pirfenidone 801 mg tablet	New Drug	Tier 5	PA QL
tolvaptan 15 mg tablet	Formulary Addition	Tier 5	PA
TRIZIVIR 300 MG-150 MG-300 MG TABLET	Formulary Addition	Tier 5	

Drug	Reason	Cost sharing**	Restrictions***
varenicline 0.5 mg (11)-1 mg (42) tablets in a dose pack	Formulary Addition	Tier 4	
VONJO 100 MG CAPSULE	New Drug	Tier 5	PA QL

Future Removed Products: Effective 8/1/2022

Drug	Reason	Alternative*
UKONIQ 200 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"**