

4/1/2024

Medicare Part D Formulary Change

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

New Added Products: **Effective 4/1/2024**

| Drug | Reason | Cost sharing** | Restrictions*** |
|--|--------------------|----------------|-----------------|
| BOSULIF 100 MG CAPSULE | New Drug | Tier 2 | PA QL |
| BOSULIF 50 MG CAPSULE | New Drug | Tier 2 | PA QL |
| bromfenac 0.07 % eye drops | New Drug | Tier 1 | |
| gabapentin er 300 mg tablet,extended release 24 hr | New Drug | Tier 1 | PA QL |
| gabapentin er 600 mg tablet,extended release 24 hr | New Drug | Tier 1 | PA QL |
| INPEFA 400 MG TABLET | New Drug | Tier 2 | PA QL |
| IWILFIN 192 MG TABLET | New Drug | Tier 2 | PA QL LA |
| lidocan iii 5 % topical patch | Formulary Addition | Tier 1 | PA QL |
| PENBRAYA (PF) 5 MCG-120 MCG/0.5 ML INTRAMUSCULAR KIT | New Drug | Tier 1 | |
| risperidone microspheres er 12.5 mg/2 ml intramuscular susp,ext releas | New Drug | Tier 1 | QL |
| risperidone microspheres er 25 mg/2 ml intramuscular susp,ext release | New Drug | Tier 1 | QL |
| risperidone microspheres er 37.5 mg/2 ml intramuscular susp,ext releas | New Drug | Tier 1 | QL |
| risperidone microspheres er 50 mg/2 ml intramuscular susp,ext release | New Drug | Tier 1 | QL |
| sodium,potassium,mag sulfates 17.5 gram-3.13 gram-1.6 gram oral soln | New Drug | Tier 1 | |
| SYNJARDY XR 10 MG-1,000 MG TABLET, EXTENDED RELEASE | New Drug | Tier 2 | QL |
| SYNJARDY XR 12.5 MG-1,000 MG TABLET, EXTENDED RELEASE | New Drug | Tier 2 | 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

| Drug | Reason | Cost sharing** | Restrictions*** |
|---|----------|----------------|-----------------|
| SYNJARDY XR 25 MG-1,000 MG TABLET, EXTENDED RELEASE | New Drug | Tier 2 | QL |
| SYNJARDY XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE | New Drug | Tier 2 | QL |
| XALKORI 150 MG ORAL PELLETS | New Drug | Tier 2 | PA QL |
| XALKORI 20 MG ORAL PELLETS | New Drug | Tier 2 | PA QL |
| XALKORI 50 MG ORAL PELLETS | New Drug | Tier 2 | PA QL |

Future Removed Products: **There were no future removed products this month.**

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.

H8452_OH-MYC-M-2645029_V.4

*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