

12/1/2022

Medicare Part D Formulary Change

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

New Added Products: **Effective 12/1/2022**

Drug	Reason	Cost sharing**	Restrictions***
ADLARITY 10 MG/24 HOUR WEEKLY TRANSDERMAL PATCH	New Drug	Tier 3	PA
ADLARITY 5 MG/24 HOUR WEEKLY TRANSDERMAL PATCH	New Drug	Tier 3	PA
CALQUENCE (ACALABRUTINIB MALEATE) 100 MG TABLET	New Drug	Tier 5	PA LA
CAPLYTA 10.5 MG CAPSULE	New Drug	Tier 5	PA
CAPLYTA 21 MG CAPSULE	New Drug	Tier 5	PA
fingolimod 0.5 mg capsule	New Drug	Tier 5	PA
icosapent ethyl 0.5 gram capsule	New Drug	Tier 4	PA QL
IMBRUVICA 70 MG/ML ORAL SUSPENSION	New Drug	Tier 5	PA QL
lenalidomide 2.5 mg capsule	New Drug	Tier 5	PA QL LA
lenalidomide 20 mg capsule	New Drug	Tier 5	PA QL LA
ROCKLATAN 0.02 %-0.005 % EYE DROPS	Formulary Addition	Tier 3	ST
tazarotene 0.05 % topical gel	New Drug	Tier 4	PA
tazarotene 0.1 % topical gel	New Drug	Tier 4	PA

Future Removed Products: **Effective 12/1/2022**

Drug	Reason	Alternative*
ENBREL 25 MG (1 ML) SUBCUTANEOUS POWDER FOR SOLUTION	Removed from Formulary	Please contact your doctor.
FML S.O.P. 0.1 % EYE OINTMENT	Removed from Formulary	Please contact your doctor.
INTRON A 18 MILLION UNIT (1 ML) SOLUTION FOR INJECTION	Removed from Formulary	Please contact your doctor.

*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*
larissia 0.1 mg-20 mcg tablet	Removed from Formulary	Please contact your doctor.
REVLIMID 2.5 MG CAPSULE	Removed from Plan Formulary	Please contact your doctor.
REVLIMID 20 MG CAPSULE	Removed from Plan Formulary	Please contact your doctor.
TAZORAC 0.05 % TOPICAL GEL	Removed from Plan Formulary	Please contact your doctor.
TAZORAC 0.1 % TOPICAL GEL	Removed from Plan Formulary	Please contact your doctor.

*Consult your Medical provider for changes or recommendations to your medical care and prescription therapy

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