

10/1/2023

Medicare Part D Formulary Change

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

New Added Products: **Effective 10/1/2023**

Drug	Reason	Cost sharing**	Restrictions***
ABRYSCO 120 MCG/0.5 ML INTRAMUSCULAR SOLUTION	New Drug	Tier 6	
ADALIMUMAB-FKJP 20 MG/0.4 ML SUBCUTANEOUS SYRINGE KIT	Formulary Addition	Tier 5	PA QL
ADALIMUMAB-FKJP 40 MG/0.8 ML SUBCUTANEOUS PEN KIT	Formulary Addition	Tier 5	PA QL
ADALIMUMAB-FKJP 40 MG/0.8 ML SUBCUTANEOUS SYRINGE KIT	Formulary Addition	Tier 5	PA QL
AREXVY (PF) 120 MCG/0.5 ML IM SUSPENSION	New Drug	Tier 6	
DAYBUE 200 MG/ML ORAL SOLUTION	New Drug	Tier 5	PA LA
HADLIMA 40 MG/0.8 ML SUBCUTANEOUS SYRINGE	New Drug	Tier 5	PA QL
HADLIMA PUSHTOUCH 40 MG/0.8 ML SUBCUTANEOUS AUTO-INJECTOR	New Drug	Tier 5	PA QL
haloette 0.12 mg-0.015 mg/24 hr vaginal ring	New Drug	Tier 2	
prednisolone 5 mg tablet	New Drug	Tier 2	PA
TALZENNA 0.1 MG CAPSULE	New Drug	Tier 5	PA
TALZENNA 0.35 MG CAPSULE	New Drug	Tier 5	PA
VEOZAH 45 MG TABLET	New Drug	Tier 5	PA
vigadrone 500 mg tablet	New Drug	Tier 5	LA
ZEJULA 100 MG TABLET	New Drug	Tier 5	PA LA
ZEJULA 200 MG TABLET	New Drug	Tier 5	PA LA
ZEJULA 300 MG TABLET	New Drug	Tier 5	PA LA

*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

Future Removed Products: **Effective 10/1/2023**

Drug	Reason	Alternative*
benzonatate 100 mg capsule	Removed from Plan Formulary	Please contact your doctor.
benzonatate 200 mg capsule	Removed from Plan Formulary	Please contact your doctor.
ergocalciferol (vitamin d2) 1,250 mcg (50,000 unit) capsule	Removed from Plan Formulary	Please contact your doctor.
folic acid 1 mg tablet	Removed from Plan Formulary	Please contact your doctor.
penicillin g procaine 1.2 million unit/2 ml intramuscular syringe	Removed from Formulary	Please contact your doctor.
phytonadione (vitamin k1) 5 mg tablet	Removed from Plan Formulary	Please contact your doctor.
promethazine-dm 6.25 mg-15 mg/5 ml oral syrup	Removed from Plan Formulary	Please contact your doctor.
VITAMIN K 1 MG/0.5 ML INJECTION SOLUTION	Removed from Plan Formulary	Please contact your doctor.
VITAMIN K1 10 MG/ML INJECTION SOLUTION	Removed from Plan Formulary	Please contact your doctor.

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

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