

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***
ADBRY 150 MG/ML SUBCUTANEOUS SYRINGE	Formulary Addition	Tier 5	PA QL
amlodipine 10 mg-valsartan 160 mg-hydrochlorothiazide 12.5 mg tablet	New Drug	Tier 2	QL
amlodipine 10 mg-valsartan 160 mg-hydrochlorothiazide 25 mg tablet	New Drug	Tier 2	QL
amlodipine 10 mg-valsartan 320 mg-hydrochlorothiazide 25 mg tablet	New Drug	Tier 2	QL
amlodipine 5 mg-valsartan 160 mg-hydrochlorothiazide 12.5 mg tablet	New Drug	Tier 2	QL
amlodipine 5 mg-valsartan 160 mg-hydrochlorothiazide 25 mg tablet	New Drug	Tier 2	QL
AUVELITY 45 MG-105 MG TABLET, EXTENDED RELEASE	New Drug	Tier 5	PA QL
CAMZYOS 10 MG CAPSULE	Formulary Addition	Tier 5	PA QL
CAMZYOS 15 MG CAPSULE	Formulary Addition	Tier 5	PA QL
CAMZYOS 2.5 MG CAPSULE	Formulary Addition	Tier 5	PA QL
CAMZYOS 5 MG CAPSULE	Formulary Addition	Tier 5	PA QL
GLEOSTINE 10 MG CAPSULE	New Drug	Tier 5	PA QL
GLEOSTINE 100 MG CAPSULE	New Drug	Tier 5	PA QL
GLEOSTINE 40 MG CAPSULE	New Drug	Tier 5	PA QL
MOUNJARO 10 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR	Formulary Addition	Tier 2	ST

\*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	Cost sharing**	Restrictions***
MOUNJARO 12.5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR	Formulary Addition	Tier 2	ST
MOUNJARO 15 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR	Formulary Addition	Tier 2	ST
MOUNJARO 2.5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR	Formulary Addition	Tier 2	ST
MOUNJARO 5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR	Formulary Addition	Tier 2	ST
MOUNJARO 7.5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR	Formulary Addition	Tier 2	ST
ROCKLATAN 0.02 %-0.005 % EYE DROPS	Formulary Addition	Tier 3	ST QL
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

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

Drug	Reason	Alternative*
DALIRESP 250 MCG TABLET	Removed from Plan Formulary	Please contact your doctor.
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.
MENTAX 1 % TOPICAL CREAM	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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