

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 2	PA
ADLARITY 5 MG/24 HOUR WEEKLY TRANSDERMAL PATCH	New Drug	Tier 2	PA
CALQUENCE (ACALABRUTINIB MALEATE) 100 MG TABLET	New Drug	Tier 2	PA LA
CAPLYTA 10.5 MG CAPSULE	New Drug	Tier 2	PA
CAPLYTA 21 MG CAPSULE	New Drug	Tier 2	PA
fingolimod 0.5 mg capsule	New Drug	Tier 1	PA
icosapent ethyl 0.5 gram capsule	New Drug	Tier 1	PA QL
IMBRUVICA 70 MG/ML ORAL SUSPENSION	New Drug	Tier 2	PA QL
lenalidomide 2.5 mg capsule	New Drug	Tier 1	PA QL
lenalidomide 20 mg capsule	New Drug	Tier 1	PA QL
ROCKLATAN 0.02 %-0.005 % EYE DROPS	Formulary Addition	Tier 2	ST
tazarotene 0.05 % topical gel	New Drug	Tier 1	PA
tazarotene 0.1 % topical gel	New Drug	Tier 1	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.
larissia 0.1 mg-20 mcg tablet	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*
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

\*\*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