

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***
amlodipine 10 mg-valsartan 160 mg-hydrochlorothiazide 12.5 mg tablet	New Drug	Tier 2	
amlodipine 10 mg-valsartan 160 mg-hydrochlorothiazide 25 mg tablet	New Drug	Tier 2	
amlodipine 10 mg-valsartan 320 mg-hydrochlorothiazide 25 mg tablet	New Drug	Tier 2	
amlodipine 5 mg-valsartan 160 mg-hydrochlorothiazide 12.5 mg tablet	New Drug	Tier 2	
amlodipine 5 mg-valsartan 160 mg-hydrochlorothiazide 25 mg tablet	New Drug	Tier 2	
AUVELITY 45 MG-105 MG TABLET, EXTENDED RELEASE	New Drug	Tier 5	ST QL
GLEOSTINE 10 MG CAPSULE	New Drug	Tier 4	
GLEOSTINE 100 MG CAPSULE	New Drug	Tier 4	
GLEOSTINE 40 MG CAPSULE	New Drug	Tier 4	
MENEST 2.5 MG TABLET	New Drug	Tier 3	PA
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*
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.

*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-C6T

Drug	Reason	Alternative*
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.**

*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-C6T