

9/1/2023

Medicare Part D Formulary Change

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

New Added Products: **Effective 9/1/2023**

Drug	Reason	Cost sharing**	Restrictions***
ABILIFY ASIMTUFII 720 MG/2.4 ML SUSPENSION, EXTEND.REL. IM SYRINGE	Formulary Addition	Tier 5	QL
ABILIFY ASIMTUFII 960 MG/3.2 ML SUSPENSION, EXTEND.REL. IM SYRINGE	Formulary Addition	Tier 5	QL
CYLTEZO(CF) 10 MG/0.2 ML SUBCUTANEOUS SYRINGE KIT	New Drug	Tier 5	PA QL
CYLTEZO(CF) 20 MG/0.4 ML SUBCUTANEOUS SYRINGE KIT	New Drug	Tier 5	PA QL
CYLTEZO(CF) 40 MG/0.8 ML SUBCUTANEOUS SYRINGE KIT	New Drug	Tier 5	PA QL
CYLTEZO(CF) PEN 40 MG/0.8 ML SUBCUTANEOUS KIT	New Drug	Tier 5	PA QL
CYLTEZO(CF) PEN CROHN-ULC COLITIS-HID SUP STRT 40 MG/0.8 ML SUBCUT KIT	New Drug	Tier 5	PA QL
CYLTEZO(CF) PEN PSORIASIS STARTER 40 MG/0.8 ML SUBCUTANEOUS KIT	New Drug	Tier 5	PA QL
darunavir ethanolate 600 mg tablet	New Drug	Tier 5	
darunavir ethanolate 800 mg tablet	New Drug	Tier 5	
GRALISE 450 MG TABLET,EXTENDED RELEASE	New Drug	Tier 3	PA QL
GRALISE 750 MG TABLET,EXTENDED RELEASE	New Drug	Tier 3	PA QL
GRALISE 900 MG TABLET,EXTENDED RELEASE	New Drug	Tier 3	PA QL
HYRIMOZ(CF) 10 MG/0.1 ML SUBCUTANEOUS SYRINGE	New Drug	Tier 5	PA QL
HYRIMOZ(CF) 20 MG/0.2 ML SUBCUTANEOUS SYRINGE	New Drug	Tier 5	PA QL
HYRIMOZ(CF) 40 MG/0.4 ML SUBCUTANEOUS SYRINGE	New Drug	Tier 5	PA QL

*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	Cost sharing**	Restrictions***
HYRIMOZ(CF) PEDI CROHNS START 80 MG/0.8 ML-40 MG/0.4 ML SUBCUT SYRINGE	New Drug	Tier 5	PA QL
HYRIMOZ(CF) PEN 40 MG/0.4 ML SUBCUTANEOUS PEN INJECTOR	New Drug	Tier 5	PA QL
HYRIMOZ(CF) PEN 80 MG/0.8 ML SUBCUTANEOUS PEN INJECTOR	New Drug	Tier 5	PA QL
HYRIMOZ(CF) PEN CROHN-ULC COLITIS START 80MG/0.8ML SUBCUT PEN INJECTOR	New Drug	Tier 5	PA QL
HYRIMOZ(CF) PEN PSORIASIS START 80MG/0.8ML(1)-40MG/0.4ML(2) SUBCUT PEN	New Drug	Tier 5	PA QL
LUPRON DEPOT-PED 11.25 MG (3 MONTH) INTRAMUSCULAR SYRINGE KIT	New Drug	Tier 5	PA
LUPRON DEPOT-PED 45 MG INTRAMUSCULAR SYRINGE KIT	New Drug	Tier 5	PA
LUPRON DEPOT-PED 7.5 MG (PED) INTRAMUSCULAR KIT	New Drug	Tier 5	PA
NEXPLANON 68 MG SUBDERMAL IMPLANT	New Drug	Tier 4	
UZEDY 100 MG/0.28 ML SUBCUT EXT REL SUSPENSION SYRINGE	Formulary Addition	Tier 5	QL
UZEDY 125 MG/0.35 ML SUBCUT EXT REL SUSPENSION SYRINGE	Formulary Addition	Tier 5	QL
UZEDY 150 MG/0.42 ML SUBCUT EXT REL SUSPENSION SYRINGE	Formulary Addition	Tier 5	QL
UZEDY 200 MG/0.56 ML SUBCUT EXT REL SUSPENSION SYRINGE	Formulary Addition	Tier 5	QL
UZEDY 250 MG/0.7 ML SUBCUT EXT REL SUSPENSION SYRINGE	Formulary Addition	Tier 5	QL
UZEDY 50 MG/0.14 ML SUBCUT EXT REL SUSPENSION SYRINGE	Formulary Addition	Tier 5	QL
UZEDY 75 MG/0.21 ML SUBCUT EXT REL SUSPENSION SYRINGE	Formulary Addition	Tier 5	QL

Future Removed Products: **Effective 9/1/2023**

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Drug	Reason	Alternative*
procto-pak 1 % topical cream perineal applicator	Removed from Formulary	Please contact your doctor.

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

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