

4/1/2024

Medicare Part D Formulary Change

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

New Added Products: **Effective 4/1/2024**

Drug	Reason	Cost sharing**	Restrictions***
BOSULIF 100 MG CAPSULE	New Drug	Tier 5	PA QL
BOSULIF 50 MG CAPSULE	New Drug	Tier 5	PA QL
gabapentin er 300 mg tablet,extended release 24 hr	New Drug	Tier 4	PA
gabapentin er 600 mg tablet,extended release 24 hr	New Drug	Tier 4	PA
IWILFIN 192 MG TABLET	New Drug	Tier 5	PA QL LA
PENBRAYA (PF) 5 MCG-120 MCG/0.5 ML INTRAMUSCULAR KIT	New Drug	Tier 6	
risperidone microspheres er 12.5 mg/2 ml intramuscular susp,ext releas	New Drug	Tier 4	
risperidone microspheres er 25 mg/2 ml intramuscular susp,ext release	New Drug	Tier 5	
risperidone microspheres er 37.5 mg/2 ml intramuscular susp,ext releas	New Drug	Tier 5	
risperidone microspheres er 50 mg/2 ml intramuscular susp,ext release	New Drug	Tier 5	
sodium,potassium,mag sulfates 17.5 gram-3.13 gram-1.6 gram oral soln	New Drug	Tier 2	
SYNJARDY XR 10 MG-1,000 MG TABLET, EXTENDED RELEASE	New Drug	Tier 3	
SYNJARDY XR 12.5 MG-1,000 MG TABLET, EXTENDED RELEASE	New Drug	Tier 3	
SYNJARDY XR 25 MG-1,000 MG TABLET, EXTENDED RELEASE	New Drug	Tier 3	
SYNJARDY XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE	New Drug	Tier 3	

*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***
vancomycin 50 mg/ml oral solution	Formulary Addition	Tier 2	QL
WAINUA 45 MG/0.8 ML SUBCUTANEOUS AUTO-INJECTOR	New Drug	Tier 5	PA
XALKORI 150 MG ORAL PELLETS	New Drug	Tier 5	PA QL
XALKORI 20 MG ORAL PELLETS	New Drug	Tier 5	PA QL
XALKORI 50 MG ORAL PELLETS	New Drug	Tier 5	PA QL
ZILBRYSQ 23 MG/0.574 ML SUBCUTANEOUS SYRINGE	New Drug	Tier 5	PA
ZILBRYSQ 32.4 MG/0.81 ML SUBCUTANEOUS SYRINGE	New Drug	Tier 5	PA

Future Removed Products: **Effective 4/1/2024**

Drug	Reason	Alternative*
GRALISE 300 MG TABLET,EXTENDED RELEASE	Removed from Plan Formulary	Please contact your doctor.
GRALISE 600 MG TABLET,EXTENDED RELEASE	Removed from Plan Formulary	Please contact your doctor.
paramomycin 250 mg capsule	Removed from Formulary	Please contact your doctor.
RISPERDAL CONSTA 12.5 MG/2 ML INTRAMUSCULAR SUSP,EXTENDED RELEASE	Removed from Plan Formulary	Please contact your doctor.
RISPERDAL CONSTA 25 MG/2 ML INTRAMUSCULAR SUSP,EXTENDED RELEASE	Removed from Plan Formulary	Please contact your doctor.
RISPERDAL CONSTA 37.5 MG/2 ML INTRAMUSCULAR SUSP,EXTENDED RELEASE	Removed from Plan Formulary	Please contact your doctor.
RISPERDAL CONSTA 50 MG/2 ML INTRAMUSCULAR SUSP,EXTENDED RELEASE	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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