

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
bromfenac 0.07 % eye drops	New Drug	Tier 3	
gabapentin er 300 mg tablet, extended release 24 hr	New Drug	Tier 3	PA QL
gabapentin er 600 mg tablet, extended release 24 hr	New Drug	Tier 3	PA QL
INPEFA 400 MG TABLET	New Drug	Tier 3	PA QL
IWILFIN 192 MG TABLET	New Drug	Tier 5	PA QL LA
lidocan iii 5 % topical patch	Formulary Addition	Tier 4	PA QL
PENBRAYA (PF) 5 MCG-120 MCG/0.5 ML INTRAMUSCULAR KIT	New Drug	Tier 1	
risperidone microspheres er 12.5 mg/2 ml intramuscular susp, ext releas	New Drug	Tier 3	QL
risperidone microspheres er 25 mg/2 ml intramuscular susp, ext release	New Drug	Tier 3	QL
risperidone microspheres er 37.5 mg/2 ml intramuscular susp, ext releas	New Drug	Tier 5	QL
risperidone microspheres er 50 mg/2 ml intramuscular susp, ext release	New Drug	Tier 5	QL
sodium, potassium, mag sulfates 17.5 gram-3.13 gram-1.6 gram oral soln	New Drug	Tier 4	
SYNJARDY XR 10 MG-1,000 MG TABLET, EXTENDED RELEASE	New Drug	Tier 3	QL
SYNJARDY XR 12.5 MG-1,000 MG TABLET, EXTENDED RELEASE	New Drug	Tier 3	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-C5T

Drug	Reason	Cost sharing**	Restrictions***
SYNJARDY XR 25 MG-1,000 MG TABLET, EXTENDED RELEASE	New Drug	Tier 3	QL
SYNJARDY XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE	New Drug	Tier 3	QL
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

Future Removed Products: **There were no future removed products this month.**

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-C5T