



# Medicare Part D Formulary Change

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

New Added Products: Effective 10/1/2024

Drug	Reason	Cost sharing**	Restrictions***
BELSOMRA 10 MG TABLET	Formulary Addition	Tier 3	PA QL
BELSOMRA 15 MG TABLET	Formulary Addition	Tier 3	PA QL
BELSOMRA 20 MG TABLET	Formulary Addition	Tier 3	PA QL
BELSOMRA 5 MG TABLET	Formulary Addition	Tier 3	PA QL
DRIZALMA SPRINKLE 20 MG CAPSULE, DELAYED RELEASE	New Drug	Tier 4	QL
DRIZALMA SPRINKLE 30 MG CAPSULE, DELAYED RELEASE	New Drug	Tier 4	QL
DRIZALMA SPRINKLE 40 MG CAPSULE, DELAYED RELEASE	New Drug	Tier 4	QL
DRIZALMA SPRINKLE 60 MG CAPSULE, DELAYED RELEASE	New Drug	Tier 4	QL
ENTRESTO SPRINKLE 15 MG-16 MG ORAL PELLET	New Drug	Tier 3	QL
ENTRESTO SPRINKLE 6 MG-6 MG ORAL PELLET	New Drug	Tier 3	QL
glutamine (sickle cell) 5 gram oral powder packet	New Drug	Tier 5	PA
ivabradine 5 mg tablet	New Drug	Tier 3	QL
ivabradine 7.5 mg tablet	New Drug	Tier 3	QL
JYLAMVO 2 MG/ML ORAL SOLUTION	Formulary Addition	Tier 4	PA
kionex (with sorbitol) 15 gram-20 gram/60 ml oral suspension	Formulary Addition	Tier 3	

<sup>\*</sup>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

<sup>\*\*\*</sup>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***
MYHIBBIN 200 MG/ML ORAL SUSPENSION	Formulary Addition	Tier 5	PA
naloxone 0.4 mg/ml injection syringe (prefilled syringe)	New Drug	Tier 2	
norelgestromin 150 mcg-e.estradiol 35 mcg/24 hr weekly transderm patch	Formulary Addition	Tier 3	
tridacaine ii 5 % topical patch	New Drug	Tier 4	PA QL
TYENNE 162 MG/0.9 ML SUBCUTANEOUS SYRINGE	New Drug	Tier 5	PA QL
TYENNE AUTOINJECTOR 162 MG/0.9 ML SUBCUTANEOUS PEN INJECTOR	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.

Y0119\_Multi-DSNP-M-2644368\_V.9\_C

<sup>\*</sup>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

<sup>\*\*\*</sup>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





### Medicare Part D Formulary Change

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

New Added Products: Effective 9/1/2024

Drug	Reason	Cost sharing**	Restrictions***
OJEMDA 25 MG/ML ORAL SUSPENSION	New Drug	Tier 5	PA QL
OJEMDA 500 MG/WEEK (100 MG X 5) TABLET	New Drug	Tier 5	PA QL
SCEMBLIX 100 MG TABLET	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.

Y0119\_Multi-DSNP-M-2644368\_V.8\_C

<sup>\*</sup>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

<sup>\*\*\*</sup>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





# Medicare Part D Formulary Change

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

New Added Products: Effective 8/1/2024

Drug	Reason	Cost sharing**	Restrictions***
ADALIMUMAB-ADBM 40 MG/0.4 ML SUBCUTANEOUS PEN KIT	New Drug	Tier 5	PA QL
ADALIMUMAB-ADBM 40 MG/0.4 ML SUBCUTANEOUS SYRINGE KIT	New Drug	Tier 5	PA QL
ADALIMUMAB-ADBM(CF) PEN CROHN'S-UC-HS STARTER 40 MG/0.4 ML SUBCUT KIT	New Drug	Tier 5	PA QL
ADALIMUMAB-ADBM(CF) PEN PSORIASIS- UVEITIS STRT 40 MG/0.4 ML SUBCUT KIT	New Drug	Tier 5	PA QL
CYLTEZO(CF) 40 MG/0.4 ML SUBCUTANEOUS SYRINGE KIT	New Drug	Tier 5	PA QL
CYLTEZO(CF) PEN 40 MG/0.4 ML SUBCUTANEOUS KIT	New Drug	Tier 5	PA QL
CYLTEZO(CF) PEN CROHN-ULC COLITIS-HID SUP STRT 40 MG/0.4 ML SUBCUT KIT	New Drug	Tier 5	PA QL
CYLTEZO(CF) PEN PSORIASIS-UVEITIS STARTER 40 MG/0.4 ML SUBCUT KIT	New Drug	Tier 5	PA QL
FASENRA 10 MG/0.5 ML SUBCUTANEOUS SYRINGE	New Drug	Tier 5	PA QL
INGREZZA SPRINKLE 40 MG CAPSULE	New Drug	Tier 5	PA QL LA
INGREZZA SPRINKLE 60 MG CAPSULE	New Drug	Tier 5	PA QL LA
INGREZZA SPRINKLE 80 MG CAPSULE	New Drug	Tier 5	PA QL LA
LIBERVANT 10 MG BUCCAL FILM	New Drug	Tier 5	PA QL
LIBERVANT 12.5 MG BUCCAL FILM	New Drug	Tier 5	PA QL
LIBERVANT 15 MG BUCCAL FILM	New Drug	Tier 5	PA QL
LIBERVANT 5 MG BUCCAL FILM	New Drug	Tier 5	PA QL
LIBERVANT 7.5 MG BUCCAL FILM	New Drug	Tier 5	PA QL

<sup>\*</sup>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

<sup>\*\*\*</sup>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***
OPSYNVI 10 MG-20 MG TABLET	Formulary Addition	Tier 5	PA QL
OPSYNVI 10 MG-40 MG TABLET	Formulary Addition	Tier 5	PA QL
SIMLANDI(CF) AUTOINJECTOR 40 MG/0.4 ML SUBCUTANEOUS AUTO-INJECTOR KIT	New Drug	Tier 5	PA QL
varenicline 1 mg tablet (56 pack)	New Drug	Tier 4	

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

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

Y0119\_Multi-DSNP-M-2644368\_V.7\_C

<sup>\*</sup>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

<sup>\*\*\*</sup>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





# Medicare Part D Formulary Change

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

New Added Products: Effective 7/1/2024

Drug	Reason	Cost sharing**	Restrictions***
INBRIJA 42 MG CAPSULE WITH INHALATION DEVICE	Formulary Addition	Tier 5	PA QL
mirabegron er 25 mg tablet,extended release 24 hr	New Drug	Tier 3	
mirabegron er 50 mg tablet,extended release 24 hr	New Drug	Tier 3	
REVLIMID 10 MG CAPSULE	Formulary Addition	Tier 5	PA QL LA
REVLIMID 15 MG CAPSULE	Formulary Addition	Tier 5	PA QL LA
REVLIMID 2.5 MG CAPSULE	Formulary Addition	Tier 5	PA QL LA
REVLIMID 20 MG CAPSULE	Formulary Addition	Tier 5	PA QL LA
REVLIMID 25 MG CAPSULE	Formulary Addition	Tier 5	PA QL LA
REVLIMID 5 MG CAPSULE	Formulary Addition	Tier 5	PA QL LA
REZDIFFRA 100 MG TABLET	New Drug	Tier 5	PA QL
REZDIFFRA 60 MG TABLET	New Drug	Tier 5	PA QL
REZDIFFRA 80 MG TABLET	New Drug	Tier 5	PA QL
XCOPRI 25 MG TABLET	New Drug	Tier 5	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.

<sup>\*</sup>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

<sup>\*\*\*</sup>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





Y0119 Multi-DSNP-M-2644368 V.6 C

6/1/2024

### Medicare Part D Formulary Change

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

New Added Products: Effective 6/1/2024

Drug	Reason	Cost sharing**	Restrictions***
clindamycin 1 % topical gel	New Drug	Tier 3	QL
MIEBO 100 % EYE DROPS	Formulary Addition	Tier 3	
MULTAQ 400 MG TABLET	Formulary Addition	Tier 3	
nitroglycerin 0.4 % (w/w) rectal ointment	New Drug	Tier 3	
theophylline er 100 mg tablet,extended release,12 hr	New Drug	Tier 2	
theophylline er 200 mg tablet,extended release,12 hr	New Drug	Tier 2	
ZYMFENTRA 120 MG/ML SUBCUTANEOUS PEN KIT	New Drug	Tier 5	PA QL
ZYMFENTRA 120 MG/ML SUBCUTANEOUS SYRINGE KIT	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.

Y0119\_Multi-DSNP-M-2644368\_V.5\_C

<sup>\*</sup>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

<sup>\*\*\*</sup>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





### Medicare Part D Formulary Change

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

New Added Products: Effective 5/1/2024

Drug	Reason	Cost sharing**	Restrictions***
bromfenac 0.075 % eye drops	New Drug	Tier 3	
dabigatran etexilate 110 mg capsule	New Drug	Tier 4	
heather 0.35 mg tablet	New Drug	Tier 2	
IXCHIQ 1,000 TCID50/0.5 ML INTRAMUSCULAR SOLUTION	New Drug	Tier 1	
loteprednol etabonate 0.2 % eye drops, suspension	New Drug	Tier 3	
mifepristone 300 mg tablet	New Drug	Tier 5	PA
ROZLYTREK 50 MG ORAL PELLETS IN PACKET	New Drug	Tier 5	PA QL
XOLAIR 150 MG/ML SUBCUTANEOUS AUTO- INJECTOR	New Drug	Tier 5	PA QL LA
XOLAIR 300 MG/2 ML SUBCUTANEOUS AUTO- INJECTOR	New Drug	Tier 5	PA QL LA
XOLAIR 300 MG/2 ML SUBCUTANEOUS SYRINGE	New Drug	Tier 5	PA QL LA
XOLAIR 75 MG/0.5 ML SUBCUTANEOUS AUTO- INJECTOR	New Drug	Tier 5	PA QL LA

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

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

Y0119\_Multi-DSNP-M-2644368\_V.4\_C

<sup>\*</sup>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

<sup>\*\*\*</sup>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





#### 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

<sup>\*</sup>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

<sup>\*\*\*</sup>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 12.5 MG-1,000 MG TABLET, EXTENDED RELEASE	New Drug	Tier 3	QL
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.

Y0119 Multi-DSNP-M-2644368 V.3 C

<sup>\*</sup>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

<sup>\*\*\*</sup>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





### Medicare Part D Formulary Change

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

New Added Products: Effective 3/1/2024

Drug	Reason	Cost sharing**	Restrictions***
AKEEGA 100 MG-500 MG TABLET	New Drug	Tier 5	PA QL LA
AKEEGA 50 MG-500 MG TABLET	New Drug	Tier 5	PA QL LA
AUGTYRO 40 MG CAPSULE	New Drug	Tier 5	PA QL
KALYDECO 5.8 MG ORAL GRANULES IN PACKET	New Drug	Tier 5	PA QL
KESIMPTA PEN 20 MG/0.4 ML SUBCUTANEOUS PEN INJECTOR	Formulary Addition	Tier 5	PA QL
vigpoder 500 mg oral powder packet	New Drug	Tier 5	PA LA
ZENPEP 60,000-189,600-252,600 UNIT CAPSULE,DELAYED RELEASE	New Drug	Tier 5	

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

Cost Sharing Tier Changes: There were no cost sharing

Y0119\_Multi-DSNP-M-2644368\_V.2\_C

<sup>\*</sup>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

<sup>\*\*\*</sup>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





# Medicare Part D Formulary Change

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

New Added Products: Effective 2/1/2024

Drug	Reason	Cost sharing**	Restrictions***
ADALIMUMAB-ADBM 10 MG/0.2 ML SUBCUTANEOUS SYRINGE KIT	New Drug	Tier 5	PA QL
ADALIMUMAB-ADBM 20 MG/0.4 ML SUBCUTANEOUS SYRINGE KIT	New Drug	Tier 5	PA QL
ADALIMUMAB-ADBM 40 MG/0.8 ML SUBCUTANEOUS PEN KIT	New Drug	Tier 5	PA QL
ADALIMUMAB-ADBM 40 MG/0.8 ML SUBCUTANEOUS SYRINGE KIT	New Drug	Tier 5	PA QL
ADALIMUMAB-ADBM(CF) PEN CROHN'S-UC-HS STARTER 40 MG/0.8 ML SUBCUT KIT	New Drug	Tier 5	PA QL
ADALIMUMAB-ADBM(CF) PEN PSORIASIS- UVEITIS STRT 40 MG/0.8 ML SUBCUT KIT	New Drug	Tier 5	PA QL
BREO ELLIPTA 50 MCG-25 MCG/DOSE POWDER FOR INHALATION	New Drug	Tier 3	QL
breyna 160 mcg-4.5 mcg/actuation hfa aerosol inhaler	New Drug	Tier 3	QL
breyna 80 mcg-4.5 mcg/actuation hfa aerosol inhaler	New Drug	Tier 3	QL
brimonidine 0.1 % eye drops	New Drug	Tier 3	
CRESEMBA 74.5 MG CAPSULE	New Drug	Tier 5	PA
FRUZAQLA 1 MG CAPSULE	New Drug	Tier 5	PA QL
FRUZAQLA 5 MG CAPSULE	New Drug	Tier 5	PA QL
HYRIMOZ(CF) PEDIATRIC CROHN'S STARTR 80 MG/0.8 ML SUBCUTANEOUS SYRINGE	New Drug	Tier 5	PA QL

<sup>\*</sup>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

<sup>\*\*\*</sup>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***
INPEFA 200 MG TABLET	Formulary Addition	Tier 3	PA QL
kourzeq 0.1 % dental paste	New Drug	Tier 2	
LAGEVRIO 200 MG CAPSULE (EUA)	New Drug	Tier 1	QL
lithium citrate 8 meq/5 ml oral solution	New Drug	Tier 2	
OJJAARA 100 MG TABLET	New Drug	Tier 5	PA QL
OJJAARA 150 MG TABLET	New Drug	Tier 5	PA QL
OJJAARA 200 MG TABLET	New Drug	Tier 5	PA QL
PAXLOVID 150 MG-100 MG TABLETS IN A DOSE PACK (RENAL DOSE)	New Drug	Tier 1	QL
PAXLOVID 300 MG (150 MG X 2)-100 MG TABLETS IN A DOSE PACK	New Drug	Tier 1	QL
pazopanib 200 mg tablet	New Drug	Tier 5	PA QL
pitavastatin calcium 1 mg tablet	New Drug	Tier 1	QL
pitavastatin calcium 2 mg tablet	New Drug	Tier 1	QL
pitavastatin calcium 4 mg tablet	New Drug	Tier 1	QL
saxagliptin 2.5 mg tablet	New Drug	Tier 3	QL
saxagliptin 2.5 mg-metformin er 1,000 mg tablet,extend release 24hr mp	New Drug	Tier 3	QL
saxagliptin 5 mg tablet	New Drug	Tier 3	QL
saxagliptin 5 mg-metformin er 1,000 mg tablet,extend release 24hr mp	New Drug	Tier 3	QL
saxagliptin 5 mg-metformin er 500 mg tablet,extend release 24hr mp	New Drug	Tier 3	QL
testosterone 12.5 mg/1.25 gram per pump actuation (1%) transdermal gel	Formulary Addition	Tier 3	PA QL
TRUQAP 160 MG TABLET	New Drug	Tier 5	PA QL
TRUQAP 200 MG TABLET	New Drug	Tier 5	PA QL
turqoz (28) 0.3 mg-30 mcg tablet	New Drug	Tier 2	
VANFLYTA 17.7 MG TABLET	New Drug	Tier 5	PA QL
VANFLYTA 26.5 MG TABLET	New Drug	Tier 5	PA QL
XDEMVY 0.25 % EYE DROPS	New Drug	Tier 5	PA QL
ZURZUVAE 20 MG CAPSULE	New Drug	Tier 5	PA

<sup>\*</sup>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

<sup>\*\*\*</sup>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***
ZURZUVAE 25 MG CAPSULE	New Drug	Tier 5	PA
ZURZUVAE 30 MG CAPSULE	New Drug	Tier 5	PA

Future Removed Products: Effective 2/1/2024

Drug	Reason	Alternative*
SYNJARDY XR 10 MG-1,000 MG TABLET, EXTENDED RELEASE	Removed from Formulary	Please contact your doctor.
SYNJARDY XR 12.5 MG-1,000 MG TABLET, EXTENDED RELEASE	Removed from Formulary	Please contact your doctor.
SYNJARDY XR 25 MG-1,000 MG TABLET, EXTENDED RELEASE	Removed from Formulary	Please contact your doctor.
SYNJARDY XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE	Removed from Formulary	Please contact your doctor.

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

Y0119\_Multi-DSNP-M-2644368\_C

<sup>\*</sup>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

<sup>\*\*\*</sup>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