

Health Partners Medicare Special 2022 Formulary Changes

Changes occur, for example, because new drugs come on the market, a drug is moved to a different cost-sharing level (tier), or a generic version becomes available.

Requirements/Limits Key:

QL	Quantity Limit
PA	Prior Authorization
ST	Step Therapy
NDS	Non-Extended Day Supply

Drug Name	Dosage Form	Drug Tier	Requirements / Limits	Formulary Change Type	Effective Date
atropine sulfate 1% solution	SOLUTION	1 - Covered		Addition	02/01/2022
azathioprine 100 mg tab	TAB	1 - Covered	PA	Addition	02/01/2022
azathioprine 75 mg tab	TAB	1 - Covered	PA	Addition	02/01/2022
BIKTARVY 30-120-15 MG TAB	TAB	1 - Covered	QL 30/30 days, NDS	Addition	02/01/2022
carglumic acid 200 mg tab	TAB	1 - Covered	NDS	Addition	02/01/2022
CORTROPHIN 80 UNIT/ML GEL	GEL	1 - Covered	PA, NDS	Addition	02/01/2022
difluprednate 0.05% emulsion	EMULSION	1 - Covered		Addition	02/01/2022
DUPIXENT 100 MG/0.67ML SOLN PRSYR	SOLN PRSYR	1 - Covered	PA, NDS	Addition	02/01/2022
EPCLUSA 150-37.5 MG PACKET	PACKET	1 - Covered	PA, QL 28/28 days, NDS	Addition	02/01/2022
EPCLUSA 200-50 MG PACKET	PACKET	1 - Covered	PA, QL 56/28 days, NDS	Addition	02/01/2022
everolimus 10 mg tab	TAB	1 - Covered	PA, NDS	Addition	02/01/2022
everolimus 2 mg tab sol	TAB SOL	1 - Covered	PA, NDS	Addition	02/01/2022
everolimus 3 mg tab sol	TAB SOL	1 - Covered	PA, NDS	Addition	02/01/2022

everolimus 5 mg tab sol	TAB SOL	1 - Covered	PA, NDS	Addition	02/01/2022
INTELENCE 100 MG TAB	TAB SOL	1 - Covered		QL removal	02/01/2022
INTELENCE 200 MG TAB	TAB	1 - Covered		QL removal	02/01/2022
INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR	SUSP PRSYR	1 - Covered	QL 3.5/180 days	Addition	02/01/2022
INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR	SUSP PRSYR	1 - Covered	QL 5/180 days	Addition	02/01/2022
INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR	SUSP PRSYR	1 - Covered	QL 2.63/84 days	QL update	02/01/2022
LYBALVI 10-10 MG TAB	TAB	1 - Covered	NDS	Addition	02/01/2022
LYBALVI 15-10 MG TAB	TAB	1 - Covered	NDS	Addition	02/01/2022
LYBALVI 20-10 MG TAB	TAB	1 - Covered	NDS	Addition	02/01/2022
LYBALVI 5-10 MG TAB	TAB	1 - Covered	NDS	Addition	02/01/2022
MAVYRET 50-20 MG PACKET	PACKET	1 - Covered	PA, QL 140/28 days, NDS	Addition	02/01/2022
MYRBETRIQ 8 MG/ML SRER	SUSPENSION	1 - Covered		Addition	02/01/2022
naloxone hcl 4 mg/0.1ml liquid	LIQUID	1 - Covered		Addition	02/01/2022
PANRETIN 0.1 % GEL	GEL	1 - Covered	PA, QL 60/30 days, NDS	Addition	02/01/2022
paroxetine hcl 10 mg/5ml suspension	SUSPENSION	1 - Covered		Addition	02/01/2022
PENTACEL RECON SUSP	SUSPENSION	1 - Covered		Addition	02/01/2022
RIABNI 100 MG/10ML SOLUTION	SOLUTION	1 - Covered	PA, NDS	Addition	02/01/2022
RIABNI 500 MG/50ML SOLUTION	SOLUTION	1 - Covered	PA, NDS	Addition	02/01/2022
sertraline hcl 150 mg cap	CAP	1 - Covered		Addition	02/01/2022
sertraline hcl 200 mg cap	CAP	1 - Covered		Addition	02/01/2022
TRUSELTIQ 100 MG DAILY DOSE	CAP THPK	1 - Covered	PA, NDS	Addition	02/01/2022
TRUSELTIQ 125 MG DAILY DOSE	CAP THPK	1 - Covered	PA, NDS	Addition	02/01/2022

TRUSELTIQ50 MG DAILY DOSE	CAP THPK	1 - Covered	PA, NDS	Addition	02/01/2022
TRUSELTIQ75 MG DAILY DOSE	CAP THPK	1 - Covered	PA, NDS	Addition	02/01/2022
Drug Name	Dosage Form	Drug Tier	Requirements / Limits	Formulary Change Type	Effective Date
BESREMI 500 MCG/ML SOLN PRSYR	SOLN PRSYR	1 - Covered	NDS	Addition	03/01/2022
betaine powder	POWDER	1 - Covered	NDS	Addition	03/01/2022
EPRONTIA 25 MG/ML SOLUTION	SOLUTION	1 - Covered		Addition	03/01/2022
everolimus 1 mg tab	TAB	1 - Covered	PA, NDS	Addition	03/01/2022
EXKIVITY 40 MG CAP	CAP	1 - Covered	PA, NDS	Addition	03/01/2022
RINVOQ30 MG TAB ER 24H	TAB ER 24H	1 - Covered	PA, NDS	Addition	03/01/2022
SCEMBLIX20 MG TAB	TAB	1 - Covered	PA, NDS	Addition	03/01/2022
SCEMBLIX40 MG TAB	TAB	1 - Covered	PA, NDS	Addition	03/01/2022
TICOVAC 2.4 MCG/0.5ML SUSP PRSYR	SUSP PRSYR	1 - Covered		Addition	03/01/2022
Drug Name	Dosage Form	Drug Tier	Requirements / Limits	Formulary Change Type	Effective Date
APRETUDE 600 MG/3ML SUSP	SUSP	1 - Covered	NDS	Addition	04/01/2022
deferiprone 1000 mg tab	TAB	1 - Covered	NDS	Addition	04/01/2022
QUADRACEL 0.5 ML SUSP PRSYR	SUSP PRSYR	1 - Covered		Addition	04/01/2022
XARELTO 1 MG/ML RECON SUSP	RECON SUSP	1 - Covered		Addition	04/01/2022
Drug Name	Dosage Form	Drug Tier	Requirements / Limits	Formulary Change Type	Effective Date
amphotericin b liposome 50 mg recon susp	RECON SUSP	1 - Covered	PA, NDS	Addition	05/01/2022
lacosamide 100 mg tab	TAB	1 - Covered		Addition	05/01/2022
lacosamide 150 mg tab	TAB	1 - Covered		Addition	05/01/2022

lacosamide 200 mg tab	TAB	1 - Covered		Addition	05/01/2022
lacosamide 200 mg/20ml solution	IV SOLUTION	1 - Covered		Addition	05/01/2022
lacosamide 50 mg tab	TAB	1 - Covered		Addition	05/01/2022
maraviroc 150 mg tab	TAB	1 - Covered		Addition	05/01/2022
maraviroc 300 mg tab	TAB	1 - Covered		Addition	05/01/2022
RINVOQ45 MG TAB ER 24H	TAB ER 24H	1 - Covered	PA, NDS	Addition	05/01/2022
TALZENNA 0.5 MG CAP	CAP	1 - Covered	PA, NDS	Addition	05/01/2022
TALZENNA 0.75 MG CAP	CAP	1 - Covered	PA, NDS	Addition	05/01/2022
VARENICLINE TARTRATE 0.5 MG X 11 & 1 MG X 42	TAB KIT	1 - Covered		Addition	05/01/2022
Drug Name	Dosage Form	Drug Tier	Requirements / Limits	Formulary Change Type	Effective Date
aztreonam 2 gm recon soln	RECON SOLN	1 - Covered		Addition	06/01/2022
DESCOVY 120-15 MG TA	TAB	1 - Covered	QL 30/30 days, NDS	Addition	06/01/2022
GVOKE KIT 1 MG/0.2ML SOLUTION	SOLUTION	1 - Covered		Addition	06/01/2022
lenalidomide 5 mg cap	CAP	1 - Covered	PA, NDS	Addition	06/01/2022
lenalidomide 10 mg cap	CAP	1 - Covered	PA, NDS	Addition	06/01/2022
lenalidomide 15 mg cap	CAP	1 - Covered	PA, NDS	Addition	06/01/2022
lenalidomide 25 mg cap	CAP	1 - Covered	PA, NDS	Addition	06/01/2022
OZEMPIC (2 MG/DOSE) 8 MG/3ML SOLN PEN	SOLN	1 - Covered	QL 3/28 days	Addition	06/01/2022
paclitaxel protein-bound part 100 mg recon susp	RECON SUSP	1 - Covered	PA, NDS	Addition	06/01/2022