

Health Partners Medicare Prime and Complete 2023 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

Drug Name	Dosage Form	Drug Tier	Requirements / Limits	Formulary Change Type	Effective Date
24 hr venlafaxine 112.5 mg extended release	TAB	4 – Non-Preferred Drug	QL 30/30 days	Addition	02/01/2023
CALQUENCE 100 MG	TAB	5 – Specialty	PA	Addition	02/01/2023
CAPLYTA 10.5MG	CAP	5 – Specialty	QL 30/30 days	Addition	02/01/2023
CAPLYTA 21 MG	CAP	5 – Specialty	QL 30/30 days	Addition	02/01/2023
DESCOVY	SOLN PRSYR	5 – Specialty	QL 30/30 days	Addition	02/01/2023
fingolimod 0.5 mg	CAP	5 – Specialty	QL 30/30 days	Addition	02/01/2023
IMBRUVICA 70MG/ML	SUSP	5 – Specialty	PA	Addition	02/01/2023
javygtor 100 mg	POWDER	5 – Specialty		Addition	02/01/2023
javygtor 100 mg	TAB	5 – Specialty		Addition	02/01/2023
javygtor 500 mg	POWDER	5 – Specialty		Addition	02/01/2023
JYNNEOS 0.5 ML	SUSPENSION	3 – Preferred Brands		Addition	02/01/2023
KRAZATI 200 MG	TAB	5 – Specialty	PA	Addition	02/01/2023
lenalidomide 2.5 mg	CAP	5 – Specialty	PA, QL 28/28 days	Addition	02/01/2023

lenalidomide 20 mg	CAP	5 – Specialty	PA, QL 28/28 days	Addition	02/01/2023
NOXAFIL 300 MG	POWDER	5 – Specialty	PA, QL 60/30 days	Addition	02/01/2023
ORKAMBI 94 MG/75 MG ORAL GRANULES	TAB	5 – Specialty	PA, QL 56/28 days	Addition	02/01/2023
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN	TAB	3 – Preferred Brands	QL 3/28 days	Addition	02/01/2023
pirfenidone 534 mg oral tablet	TAB	5 – Specialty	PA, QL 90/30 days	Addition	02/01/2023
REZLIDHIA 150 MG CAP	TAB	5 – Specialty	PA	Addition	02/01/2023
roflumilast 0.5 mg oral tablet	TAB SOL	4 – Non-Preferred Drug		Addition	02/01/2023
SKYRIZI 180 MG/1.2ML SOLN CART	TAB	5 – Specialty	PA	Addition	02/01/2023
ZONISADE 100 MG/5ML SUSPENSION	TAB	4 – Non-Preferred Drug		Addition	02/01/2023
Drug Name	Dosage Form	Drug Tier	Requirements / Limits	Formulary Change Type	Effective Date
AUVELITY 45-105 MG ER	TAB	5 – Specialty	QL 60/30 days	Addition	03/01/2023
bendamustine hcl 100 mg recon	SOLN	5 – Specialty	PA	Addition	03/01/2023
bendamustine hcl 25 mg recon	SOLN	5 – Specialty	PA	Addition	03/01/2023
GLEOSTINE 10 MG	CAP	4 – Non-Preferred Drug		Addition	03/01/2023
GLEOSTINE 100 MG	CAP	5 – Specialty		Addition	03/01/2023
GLEOSTINE 40 MG	CAP	4 – Non-Preferred Drug		Addition	03/01/2023
JYNNEOS 0.5 ML	SUSPENSION	3 – Preferred Brands	PA	Addition	02/01/2023
pirfenidone 267 mg	CAP	5 – Specialty	PA, QL 270/30 days	Addition	03/01/2023
SUNLENCA 4 X 300 MG	TAB	5 – Specialty		Addition	03/01/2023
SUNLENCA 463.5 MG/1.5ML	SOLUTION	5 – Specialty		Addition	03/01/2023
SUNLENCA 5 X 300 MG	TAB	5 – Specialty		Addition	03/01/2023
tasimelteon 20 mg	CAP	5 – Specialty	PA, QL 30/30 days	Addition	03/01/2023

TURALIO 125 MG	CAP	5 – Specialty	PA	Addition	03/01/2023
Drug Name	Dosage Form	Drug Tier	Requirements / Limits	Formulary Change Type	Effective Date
ERLEADA 240 MG	TAB	5 – Specialty	PA	Addition	04/01/2023
Estradiol Valerate 10 MG/ML	OIL	2 – Generic		Addition	04/01/2023
HEPLISAV-B 20 MCG/0.5ML SOLN	PRSYR	3 – Preferred Brands	PA	Addition	04/01/2023
JAYPIRCA 100 MG	TAB	5 – Specialty	PA, QL 60/30 days	Addition	04/01/2023
JAYPIRCA 50 MG	TAB	5 – Specialty	PA, QL 30/30 days	Addition	04/01/2023
LEUPROLIDE ACETATE 22.5 MG	INJ	5 – Specialty	PA	Addition	04/01/2023
ORSERDU 345 MG	TAB	5 – Specialty	PA, QL 30/30 days	Addition	04/01/2023
ORSERDU 86 MG	TAB	5 – Specialty	PA, QL 90/30 days	Addition	04/01/2023
ROTARIX	SUSP	3 – Preferred Brands		Addition	04/01/2023