

Health Partners Medicare Special 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	1 - Covered	QL 30/30 days	Addition	02/01/2023
CALQUENCE 100 MG	TAB	1 - Covered	PA, NDS	Addition	02/01/2023
CAPLYTA 10.5MG	CAP	1 - Covered	QL 30/30 days, NDS	Addition	02/01/2023
CAPLYTA 21 MG	CAP	1 - Covered	QL 30/30 days, NDS	Addition	02/01/2023
DESCOVY	SOLN PRSYR	1 - Covered	QL 30/30 days, NDS	Addition	02/01/2023
fingolimod 0.5 mg	CAP	1 - Covered	QL 30/30 days, NDS	Addition	02/01/2023
IMBRUVICA 70MG/ML	SUSP	1 - Covered	PA, NDS	Addition	02/01/2023
javygtor 100 mg	POWDER	1 - Covered	NDS	Addition	02/01/2023
javygtor 100 mg	TAB	1 - Covered	NDS	Addition	02/01/2023
javygtor 500 mg	POWDER	1 - Covered	NDS	Addition	02/01/2023
JYNNEOS 0.5 ML	SUSPENSION	1 - Covered		Addition	02/01/2023
KRAZATI 200 MG	TAB	1 - Covered	PA, NDS	Addition	02/01/2023
lenalidomide 2.5 mg	CAP	1 - Covered	PA, QL 28/28 days, NDS	Addition	02/01/2023

lenalidomide 20 mg	CAP	1 - Covered	PA, QL 28/28 days, NDS	Addition	02/01/2023
NOXAFIL 300 MG	POWDER	1 - Covered	PA, QL 60/30 days, NDS	Addition	02/01/2023
ORKAMBI 94 MG/75 MG ORAL GRANULES	TAB	1 - Covered	PA, QL 56/28 days, NDS	Addition	02/01/2023
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN	TAB	1 - Covered	QL 3/28 days	Addition	02/01/2023
pirfenidone 534 mg oral tablet	TAB	1 - Covered	PA, QL 90/30 days, NDS	Addition	02/01/2023
REZLIDHIA 150 MG CAP	TAB	1 - Covered	PA, NDS	Addition	02/01/2023
roflumilast 0.5 mg oral tablet	TAB SOL	1 - Covered		Addition	02/01/2023
SKYRIZI 180 MG/1.2ML SOLN CART	TAB	1 - Covered	PA, NDS	Addition	02/01/2023
ZONISADE 100 MG/5ML SUSPENSION	TAB	1 - Covered		Addition	02/01/2023
Drug Name	Dosage Form	Drug Tier	Requirements / Limits	Formulary Change Type	Effective Date
AUVELITY 45-105 MG ER	TAB	1 - Covered	QL 60/30 days, NDS	Addition	03/01/2023
bendamustine hcl 100 mg recon	SOLN	1 - Covered	PA, NDS	Addition	03/01/2023
bendamustine hcl 25 mg recon	SOLN	1 - Covered	PA, NDS	Addition	03/01/2023
GLEOSTINE 10 MG	CAP	1 - Covered		Addition	03/01/2023
GLEOSTINE 100 MG	CAP	1 - Covered	NDS	Addition	03/01/2023
GLEOSTINE 40 MG	CAP	1 - Covered		Addition	03/01/2023
JYNNEOS 0.5 ML	SUSPENSION	1 - Covered	PA	Addition	02/01/2023
pirfenidone 267 mg	CAP	1 - Covered	PA, QL 270/30 days, NDS	Addition	03/01/2023
SUNLENCA 4 X 300 MG	TAB	1 - Covered	NDS	Addition	03/01/2023
SUNLENCA 463.5 MG/1.5ML	SOLUTION	1 - Covered	NDS	Addition	03/01/2023
SUNLENCA 5 X 300 MG	TAB	1 - Covered	NDS	Addition	03/01/2023
tasimelteon 20 mg	CAP	1 - Covered	PA, QL 30/30 days, NDS	Addition	03/01/2023

TURALIO 125 MG	CAP	1 - Covered	PA, NDS	Addition	03/01/2023
Drug Name	Dosage Form	Drug Tier	Requirements / Limits	Formulary Change Type	Effective Date
ERLEADA 240 MG	TAB	1 - Covered	PA	Addition	04/01/2023
estradiol valerate 10 mg/ml	OIL	1 - Covered		Addition	04/01/2023
HEPLISAV-B 20 MCG/0.5ML SOLN	PRSYR	1 - Covered	PA	Addition	04/01/2023
JAYPIRCA 100 MG	TAB	1 - Covered	PA, QL 60/30 days	Addition	04/01/2023
JAYPIRCA 50 MG	TAB	1 - Covered	PA, QL 30/30 days	Addition	04/01/2023
LEUPROLIDE ACETATE 22.5 MG	INJ	1 - Covered	PA	Addition	04/01/2023
ORSERDU 345 MG	TAB	1 - Covered	PA, QL 30/30 days	Addition	04/01/2023
ORSERDU 86 MG	TAB	1 - Covered	PA, QL 90/30 days	Addition	04/01/2023
ROTARIX	SUSP	1 - Covered		Addition	04/01/2023
Drug Name	Dosage Form	Drug Tier	Requirements / Limits	Formulary Change Type	Effective Date
LUMAKRAS 320 MG	TAB	1 - Covered	PA	Addition	05/01/2023
lurasidone hcl 120 mg	TAB	1 - Covered	QL 30/30 days	Addition	05/01/2023
lurasidone hcl 20 mg	TAB	1 - Covered	QL 30/30 days	Addition	05/01/2023
lurasidone hcl 40 mg	TAB	1 - Covered	QL 30/30 days	Addition	05/01/2023
lurasidone hcl 60 mg	TAB	1 - Covered	QL 30/30 days	Addition	05/01/2023
lurasidone hcl 80 mg	TAB	1 - Covered	QL 30/30 days	Addition	05/01/2023
OZEMPIC (1 MG/DOSE) 2 MG/1.5ML	SOLN PEN	1 - Covered	QL 3/28 days	Addition	05/01/2023
quetiapine fumarate 150 mg	TAB	1 - Covered		Addition	05/01/2023
ZTALMY 50 MG/ML	SUSP	1 - Covered	PA, QL 1100/30 days	Addition	05/01/2023

Drug Name	Dosage Form	Drug Tier	Requirements / Limits	Formulary Change Type	Effective Date
AUSTEDO XR	TAB	1 - Covered	PA, QL 30/30 days, NDS	Addition	06/01/2023
lurasidone hcl 80 mg	TAB	1 - Covered	QL 60/30 days, NDS	QL Update	06/01/2023
diltiazem er 120mg er 24h	TAB	1 - Covered	QL 30/30 days	Addition	06/01/2023
MYRBETRIQ	TAB	1 - Covered	QL removal	QL Update	06/01/2023
posaconazole 40mg/ml	SUSP	1 - Covered	PA, QL 630/30, NDS	Addition	06/01/2023