



*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



*Consult your Medical provider for cha*3eeQ.101.7d10.9i4u5o9(f)4(i)49(f)4d10.7a9.3omo13(mde9.7d10.nda*3eeQ.16.64.

OPSYNVI 10 MG-20 MG TABLET	Formulary Addition	Tier 2	PA QL
OPSYNVI 10 MG-40 MG TABLET	Formulary Addition	Tier 2	PA QL
SIMLANDI(CF) AUTOINJECTOR 40 MG/0.4 ML SUBCUTANEOUS AUTO-INJECTOR KIT	New Drug	Tier 2	PA QL
varenicline 1 mg tablet (56 pack)	New Drug	Tier 1	

Future Removed Products:

*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-C2T

7/1/2024

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

New Added Products:

INBRIJA 42 MG CAPSULE WITH INHALATION DEVICE	Formulary Addition	Tier 2	PA QL
mirabegron er 25 mg tablet,extended release 24 hr	New Drug	Tier 1	
mirabegron er 50 mg tablet,extended release 24 hr	New Drug	Tier 1	
REVLIMID 10 MG CAPSULE	Formulary Addition	Tier 2	PA QL LA
REVLIMID 15 MG CAPSULE	Formulary Addition	Tier 2	PA QL LA
REVLIMID 2.5 MG CAPSULE	Formulary Addition	Tier 2	PA QL LA
REVLIMID 20 MG CAPSULE	Formulary Addition	Tier 2	PA QL LA
REVLIMID 25 MG CAPSULE	Formulary Addition	Tier 2	PA QL LA
REVLIMID 5 MG CAPSULE	Formulary Addition	Tier 2	PA QL LANon
REZDIFFRA 100 MG TABLET	New Drug		

*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-C2T

6/1/2024

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

New Added Products:

clindamycin 1 % topical gel	New Drug	Tier 1	QL
MIEBO 100 % EYE DROPS	Formulary Addition	Tier 2	
MULTAQ 400 MG TABLET	Formulary Addition	Tier 2	
nitroglycerin 0.4 % (w/w) rectal ointment	New Drug	Tier 1	
theophylline 100 mg extended release, 12 hr	New Drug	Tier 1	
theophylline 200 mg extended release, 12 hr	New Drug	Tier 1	
ZYMFENTRA 12 MG/ML SUBCUTANEOUS PEN KIT	New Drug	Tier 2	PA QL

ZYMFENTRA 120 MG/ML SUBCUTANEOUS PEN KIT

*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-C2T



SYNJARDY XR 12.5 MG-1,000 MG TABLET, EXTENDED RELEASE	New Drug	Tier 2	QL
SYNJARDY XR 25 MG-1,000 MG TABLET, EXTENDED RELEASE	New Drug	Tier 2	QL
SYNJARDY XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE	New Drug	Tier 2	QL
XALKORI 150 MG ORAL PELLETS	New Drug	Tier 2	PA QL
XALKORI 20 MG ORAL PELLETS	New Drug	Tier 2	PA QL
XALKORI 50 MG ORAL PELLETS	New Drug	Tier 2	PA QL

Future Removed Products:

Cost Sharing Tier Changes:

H8452_OH-MYC-M-2645029_V.4

*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-C2T



3/1/2024

*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-C2T



*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-C2T



*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

Future Removed Products:

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:

H8452_OH-MYC-M-2645029_V.2

*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-C2T