

Retiree RxCare may add or remove drugs from our formulary during the year. If we remove drugs from our formulary **or** add prior authorization, quantity limits and/or step therapy restrictions to a drug **and/or** move a drug to a higher cost-sharing tier, we will notify you of the change at least 60 days before the date that the change becomes effective.

There are two exceptions to the 60-day advance member notification requirement:

1. If the Food and Drug Administration (FDA) deems a drug on our formulary to be unsafe **or** the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary.
2. When the FDA approves a first time generic for a brand name drug, we may immediately allow a brand to generic substitution. Notification to the member will be made but can occur after the substitution is made.

FORMULARY CHANGES EFFECTIVE: 3/1/2023	
AUVELITY ER 45-105 MG TABLET	Reduced to tier 4
FYARRO 100 MG VIAL	Added to tier 5; PA edit added
GLEOSTINE 100 MG CAPSULE	Added to tier 4
GLEOSTINE 10 MG CAPSULE	Added to tier 4
GLEOSTINE 40 MG CAPSULE	Added to tier 4
LEVEMIR FLEXTOUCH 100 UNIT/ML	Added to tier 3
MENEST 2.5 MG TABLET	Added to tier 4
OXBRYTA 300 MG TABLET	Added to tier 5; QL added 240/30 days; PA edit added
OZEMPIC 0.25-0.5 MG/DOSE PEN	Added to tier 3; QL added 3/28 days;
PIRFENIDONE 267 MG CAPSULE	Added to tier 5; PA edit added
ROLVEDON 13.2 MG/0.6 ML SYRING	Added to tier 5; PA edit added
SKYRIZI 180 MG/1.2 ML ON-BODY	Added to tier 5; PA edit added
SODIUM OXYBATE 0.5 G/ML SOLN	Added to tier 5; PA edit added; QL added 540/30 days
SUNLENCA 463.5 MG/1.5 ML VIAL	Added to tier 5
SUNLENCA 4- 300 MG TABLET	Added to tier 5
SUNLENCA 5- 300 MG TABLET	Added to tier 5
TAMIFLU 30 MG CAPSULE	Added to tier 4; QL added 168/365 days
TAMIFLU 45 MG CAPSULE	Added to tier 4; QL added 84/365 days
TAMIFLU 6 MG/ML SUSPENSION	Added to tier 4; QL added 1080/365 days
TAMIFLU 75 MG CAPSULE	Added to tier 4; QL added 110/365 days
TURALIO 125 MG CAPSULE	Added to tier 5; PA edit added

FORMULARY CHANGES EFFECTIVE: 2/1/2023

Drug Name	Formulary Change Description
AUVELITY ER 45-105 MG TABLET	Added to tier 5; QL added 60/30 days;
CAPLYTA 10.5 MG CAPSULE	Added to tier 5; PA edit added; QL added 30/30 days
CAPLYTA 21 MG CAPSULE	Added to tier 5; PA edit added; QL added 30/30 days
ESTRADIOL 0.1% (0.25MG) GEL PK	Added to tier 4
ESTRADIOL 0.1% (0.5MG) GEL PKT	Added to tier 4
ESTRADIOL 0.1% (0.75MG) GEL PK	Added to tier 4
ESTRADIOL 0.1% (1 MG) GEL PKT	Added to tier 4
ESTRADIOL 0.1% (1.25MG) GEL PK	Added to tier 4
FINGOLIMOD 0.5 MG CAPSULE	Added to tier 5; PA edit added; QL added 30/30 days
ICOSAPENT ETHYL 500 MG CAPSULE	Added to tier 4; PA edit added
IMBRUVICA 70 MG/ML SUSPENSION	Added to tier 5; PA edit added
JYNNEOS 0.5 ML VIAL(STOCKPILE)	Added to tier 3
ORKAMBI 75-94 MG GRANULE PKT	Added to tier 5; PA edit added; QL added 56/28 days
RELYVRIO 3 GM-1 GM POWDER PKT	Added to tier 5; PA edit added; QL added 60/30 days
REVLIMID 5 MG CAPSULE	Added to tier 5; PA edit added
REVLIMID 10 MG CAPSULE	Added to tier 5; PA edit added
REVLIMID 15 MG CAPSULE	Added to tier 5; PA edit added
REVLIMID 25 MG CAPSULE	Added to tier 5; PA edit added
ROFLUMILAST 250 MCG TABLET	Added to tier 4; PA edit added
ROFLUMILAST 500 MCG TABLET	Added to tier 4; PA edit added
TAZAROTENE 0.05% GEL	Added to tier 4
TAZAROTENE 0.1% GEL	Added to tier 4
XENPOZYME 20 MG VIAL	Added to tier 5; PA edit added
ZTALMY 50 MG/ML SUSPENSION	Added to tier 5; PA edit added

QL = Quantity Limit, PA = Prior Authorization, B/D = Medicare Part B Versus Part D Determination

AER = Aerosol, CAP = Capsule, CON = Concentrate, CRE = Cream, DRO = Drops, ER = Extended Release, ENE = Enema, GRA = Granules, INH = Inhalation, INJ = Injection, LOT = Lotion, NEB = Nebulizer, ODT = Orally Disintegrating, OIN = Ointment, OP = Ophthalmic, POW = Powder, SHA = Shampoo, SOL = Solution, SPR = Spray, SUB = Sublingual, SUP = Suppository, SUS = Suspension, Tab = Tablet, CHW = Chewable