



**2023 Medicare formulary Changes**

Quantity Limit (QL)	
Drug Name	
OSELTAMIVIR SUS 6MG/ML	Add QL of 25mL/day
DIAZEPAM CON 5MG/ML	Reduce QL to 240ML/30 days
DIAZEPAM SOL 5MG/5ML	Add QL of 1200ml/30 days
DEXTROAMPHET SOL 5MG/5ML	Add QL of 1800/30 days
METHYLPHENID CHW 2.5MG	Add QL of 90/30days
METHYLPHENID CHW 5MG	Add QL of 90/30days
METHYLPHENID CHW 10MG	Add QL of 180/30 days
ENBREL INJ 25MG	Reduce QL to 8/28 days
RILUZOLE TAB 50MG	Add QL of 2/1 days
AMCINONIDE LOT 0.1%	Remove QL
TEXACORT SOL 2.5%	Add QL of 240/30 days

Brand Removals	
Brand Name	
AMBISOME INJ 50MG	Brand removed from formulary. Generic on formulary
SELZENTRY TAB 150MG	Brand removed from formulary. Generic on formulary
SELZENTRY TAB 300MG	Brand removed from formulary. Generic on formulary
CYSTADANE POW	Brand removed from formulary. Generic on formulary
CARBAGLU TAB 200MG	Brand removed from formulary. Generic on formulary
FERRIPROX TAB 1000MG	Brand removed from formulary. Generic on formulary
REVLIMID CAP 5MG	Brand removed from formulary. Generic on formulary
REVLIMID CAP 10MG	Brand removed from formulary. Generic on formulary
REVLIMID CAP 15MG	Brand removed from formulary. Generic on formulary
REVLIMID CAP 25MG	Brand removed from formulary. Generic on formulary
AZASAN TAB 75 MG	Brand removed from formulary. Generic on formulary
AZASAN TAB 100MG	Brand removed from formulary. Generic on formulary
APOKYN INJ 10MG/ML	Brand removed from formulary. Generic on formulary
VIMPAT TAB 150MG	Brand removed from formulary. Generic on formulary
VIMPAT TAB 200MG	Brand removed from formulary. Generic on formulary
VIMPAT SOL 10MG/ML	Brand removed from formulary. Generic on formulary
TARGRETIN GEL 1%	Brand removed from formulary. Generic on formulary
VIIBRYD TAB 10MG	Brand removed from formulary. Generic on formulary

VIIBRYD TAB 20MG	Brand removed from formulary. Generic on formulary
VIIBRYD TAB 40MG	Brand removed from formulary. Generic on formulary
MINITRAN DIS 0.1MG/HR	Brand removed from formulary. Generic on formulary
MINITRAN DIS 0.2MG/HR	Brand removed from formulary. Generic on formulary
MINITRAN DIS 0.4MG/HR	Brand removed from formulary. Generic on formulary
MINITRAN DIS 0.6MG/HR	Brand removed from formulary. Generic on formulary

Tier Changes		
Drug Name	Current Tier	New Tier
ABACAVIR SOL 20MG/ML	TIER 1	Up Tier to Tier 2
AMMONIUM LAC CRE 12%	TIER 3	Down Tier to Tier 2
CLOBAZAM TAB 10MG	TIER 3	Down Tier to Tier 2
CLOBAZAM TAB 20MG	TIER 3	Down Tier to Tier 2
INDOMETHACIN CAP 75MG ER	TIER 2	Down Tier to Tier 1
KETOPROFEN CAP 200MG ER	TIER 1	Up Tier to Tier 2
Prograf Packet 1 MG Oral	TIER 5	Down Tier to Tier 4
Retacrit Solution 20000 UNIT/ML Injection	TIER 5	Down Tier to Tier 4
Dalfampridine ER Tablet Extended Release 12 Hour 10 MG Oral	TIER 5	Down Tier to Tier 3
ERYTHROMYCIN ETHYLSUCCINATE SUSR 400MG/5ML	TIER 1	Up Tier to Tier 5
STREPTOMYCIN SULFATE SOLR 1GM	TIER 4	Up Tier to Tier 5
ITRACONAZOLE SOLN 10MG/ML	TIER 2	Up Tier to Tier 5
TIVICAY PD TBSO 5MG	TIER 3	Up Tier to Tier 5
PREZISTA TABS 150MG	TIER 4	Up Tier to Tier 5
ETRAVIRINE TABS 100MG	TIER 2	Up Tier to Tier 5
EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE TABS	TIER 2	Up Tier to Tier 5
EFAVIRENZ/EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE TABS	TIER 2	Up Tier to Tier 5
SITAVIG TABS 50MG	TIER 4	Up Tier to Tier 5
NITAZOXANIDE TABS 500MG	TIER 2	Up Tier to Tier 5
THIOTEPA SOLR 15MG	TIER 2	Up Tier to Tier 5
ONUREG TABS 200MG	TIER 4	Up Tier to Tier 5
ONUREG TABS 300MG	TIER 4	Up Tier to Tier 5
ERLOTINIB HYDROCHLORIDE TABS 25MG	TIER 2	Up Tier to Tier 5
ERLOTINIB HYDROCHLORIDE TABS 100MG	TIER 2	Up Tier to Tier 5
ERLOTINIB HYDROCHLORIDE TABS 150MG	TIER 2	Up Tier to Tier 5

VENCLEXTA TABS 50MG	TIER 4	Up Tier to Tier 5
DIAZOXIDE SUSP 50MG/ML	TIER 2	Up Tier to Tier 5
GENOTROPIN SOLR 5MG	TIER 4	Up Tier to Tier 5
GENOTROPIN MINIQUICK SOLR 0.2MG	TIER 4	Up Tier to Tier 5
OCTREOTIDE ACETATE SOLN 1000MCG/ML	TIER 2	Up Tier to Tier 5
DESMOPRESSIN ACETATE SOLN 4MCG/ML	TIER 2	Up Tier to Tier 5
CINACALCET HYDROCHLORIDE TABS 60MG	TIER 4	Up Tier to Tier 5
SAPROPTERIN DIHYDROCHLORIDE PACK 100MG	TIER 2	Up Tier to Tier 5
CROMOLYN SODIUM NEBU 20MG/2ML	TIER 2	Up Tier to Tier 5
ELMIRON CAPS 100MG	TIER 4	Up Tier to Tier 5
FANAPT TABS 1MG	TIER 4	Up Tier to Tier 5
FANAPT TABS 2MG	TIER 4	Up Tier to Tier 5
FANAPT TABS 4MG	TIER 4	Up Tier to Tier 5
METHADONE HCL SOLN 10MG/ML	TIER 2	Up Tier to Tier 5
BELBUCA FILM 600MCG	TIER 4	Up Tier to Tier 5
BELBUCA FILM 750MCG	TIER 4	Up Tier to Tier 5
BELBUCA FILM 900MCG	TIER 4	Up Tier to Tier 5
NAPROXEN SUSP 125MG/5ML	TIER 2	Up Tier to Tier 5
ARCALYST SOLR 220MG	TIER 3	Up Tier to Tier 5
ERGOMAR SUBL 2MG	TIER 3	Up Tier to Tier 5
XCOPRI TBPK 0	TIER 4	Up Tier to Tier 5
XCOPRI TABS 50MG	TIER 4	Up Tier to Tier 5
XCOPRI TABS 100MG	TIER 4	Up Tier to Tier 5
XCOPRI TABS 150MG	TIER 4	Up Tier to Tier 5
FYCOMPA TABS 8MG	TIER 4	Up Tier to Tier 5
FYCOMPA SUSP 0.5MG/ML	TIER 4	Up Tier to Tier 5
VIMPAT SOLN 10MG/ML	TIER 4	Up Tier to Tier 5
LAMOTRIGINE STARTER KIT/GREEN KIT 0	TIER 2	Up Tier to Tier 5
SUBVENITE STARTER KIT/GREEN KIT 0	TIER 2	Up Tier to Tier 5
RUFINAMIDE SUSP 40MG/ML	TIER 2	Up Tier to Tier 5
DIFLORASONE DIACETATE OINT 0.05%	TIER 4	Up Tier to Tier 5
EVEROLIMUS TABS 0.25MG	TIER 2	Up Tier to Tier 5
SIROLIMUS TABS 2MG	TIER 2	Up Tier to Tier 5
AZATHIOPRINE SOLR 100MG	TIER 2	Up Tier to Tier 5

Added to Formulary
Drug Name
PENICILLN GK INJ 5MU
GENTAMICIN INJ 10MG/ML
AZTREONAM INJ 2GM
BICILLIN C-R INJ 900/300

TESTOSTERONE GEL 1%(25MG)
TESTOSTERONE GEL PUMP 1%
TESTOSTERONE GEL PUMP 1%
TESTOSTERONE GEL 1.62%
TESTOSTERONE GEL 1.62%
TESTOSTERONE GEL 1.62%
TESTOSTERONE GEL 1.62%
ANGELIQ TAB 0.25-0.5
MESALAMINE TAB 1.2GM
HEPARIN SOD INJ 5000/ML
HEPARIN SOD INJ 5000/0.5
FLUOCINONIDE CRE 0.1%
Reli-On Insulin Syringe 29G 0.3 ML
CVS Gauze Sterile PAD 2"X2"
Assure ID Insulin Safety Syr 29G X 1/2" 1 ML
Comfort Assist Insulin Syringe 29G X 1/2" 1 ML
BCG Vaccine Solution Reconstituted 50 MG Injection
metroNIDAZOLE Solution 500 MG/100ML Intravenous
Pediarix Suspension Prefilled Syringe Intramuscular
Genotropin Cartridge 5 MG Subcutaneous
Genotropin Cartridge 12 MG Subcutaneous
Genotropin MiniQuick Prefilled Syringe 0.2 MG Subcutaneous
Genotropin MiniQuick Prefilled Syringe 0.4 MG Subcutaneous
Genotropin MiniQuick Prefilled Syringe 0.8 MG Subcutaneous
Genotropin MiniQuick Prefilled Syringe 1 MG Subcutaneous
Genotropin MiniQuick Prefilled Syringe 0.6 MG Subcutaneous
Typhim VI Solution Prefilled Syringe 25 MCG/0.5ML Intramuscular
Genotropin MiniQuick Prefilled Syringe 1.2 MG Subcutaneous
Genotropin MiniQuick Prefilled Syringe 1.4 MG Subcutaneous
Genotropin MiniQuick Prefilled Syringe 2 MG Subcutaneous
Genotropin MiniQuick Prefilled Syringe 1.6 MG Subcutaneous
Genotropin MiniQuick Prefilled Syringe 1.8 MG Subcutaneous
Vaqta SUSPENSION 25 UNIT/0.5ML Intramuscular (injection)
Vaqta SUSPENSION 50 UNIT/ML Intramuscular (injection)
Recombivax HB SUSPENSION 10 MCG/ML INJECTION (1ML SYRINGE)

**Removed from Formulary**

**Drug Name**

Thyroid TABLET 65 MG Oral

Bronchitol Tolerance Test Capsule 40MG

Pradaxa Capsule 150 MG Oral

Pradaxa Capsule 75 MG Oral
Pradaxa CAPSULE 110 MG Oral
APO-VARENICL TAB 0.5MG
APO-VARENICL TAB 1MG

<b>Prior Authorization (PA)</b>	
<b>Drug Name</b>	
Zemaira SOLUTION RECONSTITUTED 1000 MG Intravenous	Add PA
Glassia Solution 1000 MG/50ML Intravenous	Add PA
Aralast NP SOLUTION RECONSTITUTED 1000 MG Intravenous	Add PA
Prolastin-C Solution Reconstituted 1000 MG Intravenous	Add PA
Meperidine HCl SOLUTION 100 MG/ML INJECTION	Add PA
Meperidine HCl SOLUTION 25 MG/ML INJECTION	Add PA
Meperidine HCl SOLUTION 50 MG/ML INJECTION	Add PA
Lacosamide Tablet 50 MG Oral	Removed PA
Lacosamide Tablet 100 MG Oral	Removed PA
Lacosamide Tablet 150 MG Oral	Removed PA
Lacosamide Tablet 200 MG Oral	Removed PA
Lacosamide Solution 10 MG/ML Oral	Removed PA
Asenapine Maleate Tablet Sublingual 5 MG Sublingual	Removed PA
Asenapine Maleate Tablet Sublingual 10 MG Sublingual	Removed PA
Asenapine Maleate Tablet Sublingual 2.5 MG Sublingual	Removed PA

<b>Step Therapy (ST)</b>	
<b>Drug Name</b>	
Fanapt Tablet 1 MG Oral	PA Required to Step Therapy
Fanapt Tablet 2 MG Oral	PA Required to Step Therapy
Fanapt Tablet 4 MG Oral	PA Required to Step Therapy
Fanapt Tablet 6 MG Oral	PA Required to Step Therapy
Fanapt Tablet 8 MG Oral	PA Required to Step Therapy
Fanapt Tablet 10 MG Oral	PA Required to Step Therapy
Fanapt Tablet 12 MG Oral	PA Required to Step Therapy
Fanapt Titration Pack Tablet 1 & 2 & 4 & 6 MG Oral	PA Required to Step Therapy
Vraylar CAPSULE 1.5 MG Oral	PA Required to Step Therapy
Vraylar CAPSULE 3 MG Oral	PA Required to Step Therapy
Vraylar CAPSULE 4.5 MG Oral	PA Required to Step Therapy
Vraylar CAPSULE 6 MG Oral	PA Required to Step Therapy
Vraylar Capsule Therapy Pack 1.5 & 3 MG Oral	PA Required to Step Therapy
Vraylar Capsule Therapy Pack 1.5 & 3 MG Oral	PA Required to Step Therapy

