

2/1/2025

Medicare Part D Formulary Change

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

New Added Products: **Effective 2/1/2025**

| Drug | Reason | Cost sharing** | Restrictions*** |
|---|--------------------|----------------|-----------------|
| ADBRY 300 MG/2 ML SUBCUTANEOUS AUTO-INJECTOR | New Drug | Tier 2 | PA QL |
| AUGTYRO 160 MG CAPSULE | New Drug | Tier 2 | PA QL |
| baclofen 15 mg tablet | Formulary Addition | Tier 1 | |
| CAMZYOS 10 MG CAPSULE | Formulary Addition | Tier 2 | PA QL |
| CAMZYOS 15 MG CAPSULE | Formulary Addition | Tier 2 | PA QL |
| CAMZYOS 2.5 MG CAPSULE | Formulary Addition | Tier 2 | PA QL |
| CAMZYOS 5 MG CAPSULE | Formulary Addition | Tier 2 | PA QL |
| COBENFY 100 MG-20 MG CAPSULE | New Drug | Tier 2 | QL |
| COBENFY 125 MG-30 MG CAPSULE | New Drug | Tier 2 | QL |
| COBENFY 50 MG-20 MG CAPSULE | New Drug | Tier 2 | QL |
| COBENFY STARTER PACK 50 MG-20 MG/100 MG-20 MG CAPSULES IN A DOSE PACK | New Drug | Tier 2 | QL |
| dasatinib 100 mg tablet | New Drug | Tier 1 | PA QL |
| dasatinib 140 mg tablet | New Drug | Tier 1 | PA QL |
| dasatinib 20 mg tablet | New Drug | Tier 1 | PA QL |
| dasatinib 50 mg tablet | New Drug | Tier 1 | PA QL |
| dasatinib 70 mg tablet | New Drug | Tier 1 | PA QL |
| dasatinib 80 mg tablet | New Drug | Tier 1 | PA QL |
| gallifrey 5 mg tablet | New Drug | Tier 1 | |
| hydrocodone 10 mg-acetaminophen 325 mg/15 ml oral solution | New Drug | Tier 1 | QL |

*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

| Drug | Reason | Cost sharing** | Restrictions*** |
|--|----------|----------------|-----------------|
| hydrocodone 2.5 mg-acetaminophen 325 mg tablet | New Drug | Tier 1 | QL |
| ITOVEBI 3 MG TABLET | New Drug | Tier 2 | PA QL |
| ITOVEBI 9 MG TABLET | New Drug | Tier 2 | PA QL |
| LAZCLUZE 240 MG TABLET | New Drug | Tier 2 | PA QL LA |
| LAZCLUZE 80 MG TABLET | New Drug | Tier 2 | PA QL LA |
| LUMAKRAS 240 MG TABLET | New Drug | Tier 2 | PA QL |
| quinapril 10 mg-hydrochlorothiazide 12.5 mg tablet | New Drug | Tier 1 | |
| quinapril 20 mg-hydrochlorothiazide 12.5 mg tablet | New Drug | Tier 1 | |
| quinapril 20 mg-hydrochlorothiazide 25 mg tablet | New Drug | Tier 1 | |
| RINVOQ LQ 1 MG/ML ORAL SOLUTION | New Drug | Tier 2 | PA QL |
| tazarotene 0.05 % topical cream | New Drug | Tier 1 | PA |
| TREMFYA 200 MG/2 ML SUBCUTANEOUS SYRINGE | New Drug | Tier 2 | PA QL |
| TREMFYA PEN 200 MG/2 ML SUBCUTANEOUS PEN INJECTOR | New Drug | Tier 2 | PA QL |
| VORANIGO 10 MG TABLET | New Drug | Tier 2 | PA QL |
| VORANIGO 40 MG TABLET | New Drug | Tier 2 | PA QL |

Future Removed Products: **There were no future removed products this month.**

Cost Sharing Tier Changes: **There were no cost sharing tier changes this month.**

HAP CareSource™ MI Health Link (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees.

H9712_MI-MMP-M-3105612-V.1

CMS/MDHHS Approved: 8/4/2024

*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