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Formulary Update



At A Glance

Formulary Additions

- Diltiazem ER Coated Beads 360 mg Capsules (generic Cardizem CD)
- Imatinib (generic Gleevec) Tablets
- Rasagiline (generic Azilect) Tablets
- Xtandi (enzalutamide) 40 and 80 mg Tablets

Prior Authorization (QRM) Additions

- Camzyos (mavacamten) Capsules
- Mounjaro (tirzepatide) SQ Injection
- Vonjo (pacritinib) Capsules

Prior Authorization (QRM) Updates

- Botulinum Toxins Injection
- Cabenuva (cabotegravir and rilpivirine) Injection
- Crysvida (burosumab-twza)
- Dupixent (dupilumab) Injection
- Enbrel (etanercept) Injection
- Gleevec (imatinib) Tablets
- Humira (adalimumab) Injection
- Modestly Effective Disease Modifying Therapies (DMTs)
- Nucala (mepolizumab) Injection
- Orgovyx (relugolix) Tablets
- Orkambi (lumacaftor and ivacaftor) Packets/ Tablets
- Poly (ADP-ribose) Polymerase Inhibitors
- RET Inhibitors
- Rinvoq (upadacitinib) Tablets
- Xolair (omalizumab) Injection
- Vocabria (cabotegravir) Tablets

A PUBLICATION OF THE GEORGIA PHARMACY AND THERAPEUTICS (P&T) COMMITTEE. The Formulary Update contains information regarding formulary additions, deletions, exclusions, brief descriptions of products, and current drug related news. It also lists items to be discussed at upcoming P&T meetings. Please refer to the web pages: [KP Georgia Formulary and Drug Lists](#) OR [Drug Formulary for Practitioners](#) for the full KPGA Drug Formulary.

Commercial HMO/Closed Formulary Additions

The following medications will be ADDED to the Commercial HMO/Closed Formularies effective January 11, 2023:

Note: Commercial HMO/Closed Formulary additions may result in tier changes on the QHP-ACA/Open Formularies

- **Diltiazem ER Coated Beads 360 mg capsules (generic Cardizem CD):** Indicated for hypertension, chronic stable angina, and vasospastic angina.
- **Imatinib tablets (generic Gleevec):** Indicated for the treatment of several oncologic disease states.
- **Rasagiline tablets (generic Azilect):** Indicated for the treatment of Parkinson's disease.
- **Xtandi (enzalutamide) 40 and 80 mg tablets:** Indicated for the treatment of prostate cancer.

QHP-ACA/Open Formulary Tier Changes

The following tier changes will be effective January 11, 2023:

- **Diltiazem ER Coated Beads 360 mg capsules (generic Cardizem CD):** Down-tier to Preferred Generic Tier 2
- **Qelbree (viloxazine) capsules:** Down-tier to Non-Preferred Tier 4
- **Rasagiline tablets (generic Azilect):** Down-tier to Preferred Generic Tier 2

Federal Employee Health Benefit Formulary Tier Changes

The following tier change will be effective January 1, 2023:

- **Qsymia (phentermine and topiramate) capsules:** Up-tier to Non-Preferred Brand Tier 4

Interregional Treatment Algorithms

The following IR Treatment Algorithm was recently updated:

- **Anemia in Non-Dialysis Dependent Chronic Kidney Disease:** Recommendations were updated to remove Hgb parameters from the treatment algorithm for initiating IV iron therapy.

Interregional Practice Recommendations

The Emerging Therapeutics Strategy Program (ETSP) is a centralized effort that applies our evidence-based model to develop interregional practice recommendations with KP physician specialists, coordinates KP HealthConnect clinical content for decision support, and monitors outcomes to measure uptake of the clinical and strategy recommendations. Through the collaboration of Pharmacy, Permanente physicians, and Federation partners, the ETSP offers a unified approach in the provision and management of specialty drugs to help ensure that our members derive the greatest value from these products.

The following IR Practice Recommendation were recently approved:

- **Relyvrio (sodium phenylbutyrate and taurursodiol):** Indicated for the treatment of adults with amyotrophic lateral sclerosis.
- **Skysona (elivaldogene autotemcel):** Indicated to slow the progression of neurologic dysfunction in male patients 4 to 17 years of age with early, active cerebral adrenoleukodystrophy (CALD).
- **Zynteglo (betibeglogene autotemcel):** Indicated for the treatment of beta thalassemia.

The following IR Practice Recommendation UPDATES were recently approved:

- **Reblozyl (luspatercept-aamt):** updated to reflect a new safety signal noted in product labeling and additional information was provided under the alternative treatment section.
- **Spravato (esketamine):** updates include 1) removed the upper age limit and number of trial medications under treatment initiation, 2) baseline labs/assessment section: added TSH lab and changed cognitive screening to a consideration, 3) monitoring section: removed criteria associated with the SLUMs and MOCA assessment, 4) removed outcome monitoring section, and 5) monitoring lab section: changed random urine drug screen to a consideration.

Upcoming Formulary Items



An important aspect of the formulary process is the involvement of all practitioners. Please contact your P&T Committee representative or your clinical service chief by January 27 if you wish to comment on any of the medications, class reviews, or other agenda items under consideration. To make formulary addition requests, you must submit a Formulary Additions/Deletions Form and Conflict of Interest Form to Drug Information Services or call (404) 439-4417 OR (404) 777-3784.

Interregional Practice Recommendations (Cont.)

ETSP recommendations as well as pipeline candidates can be found here: Emerging Therapeutics Strategy Program. Please note: Newly marketed medications requiring ETSP review will also receive prior authorization (PA) review. These medications will not be eligible for consideration of drug benefit coverage until completion of drug specific ETSP and PA criteria review processes.

Additions to the QRM Prior Authorization Review List of Medications for the Commercial HMO Closed Formularies & QHP-ACA/Open Formularies

The following QRM additions will be effective **January 11, 2023**:

Note: The updates below DO NOT APPLY to Medicare Part D or Dual Choice Prescription Benefit Plans. Optum and MedImpact are the external PBMs for each of these plans, respectively, externally administering all non-formulary or prior authorization criteria and coverage review.

- **Camzyos (mavacamten):** Indicated for treatment of symptomatic obstructive hypertrophic cardiomyopathy (New York Heart Association class II to III) in adults to improve functional capacity and symptoms.
- **Mounjaro (tirzepatide):** Indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus.
- **Vonjo (pacritinib):** Indicated for the treatment of intermediate or high-risk primary or secondary myelofibrosis in adults with a platelet count <50,000/mm³.

QRM Prior Authorization Review Criteria Updates

Note: The updates below DO NOT APPLY to Medicare Part D or Dual Choice Prescription Benefit Plans. Optum and MedImpact are the external PBMs for each of these plans, respectively, externally administering all non-formulary or prior authorization criteria and coverage review.

- **Botulinum Toxins:** Criteria added for the treatment of temporomandibular joint (TMJ) disorders and masseter hypertrophy.
- **Cabenuva (cabotegravir and rilpivirine)/ Vocabria (cabotegravir):** Criteria added to address QRM review requests for Vocabria only.
- **Crysvita (burosumab-twza):** Criteria added for the treatment of FGF23-related hypophosphatemia in tumor-induced osteomalacia (TIO) to align with updated IR Practice Recommendations.
- **Dupixent (dupilumab):** Criteria for nasal polyposis updated to 1) simplify prescribing for Allergists, 2) change symptom requirement to bilateral nasal polyposis after full sinus surgery, 3) added requirement that patient is not currently receiving another biologic for an eosinophilic indication, and 4) added criteria for the treatment of prurigo nodularis.
- **Enbrel (etanercept) and Humira (adalimumab):** Criteria updated to 1) remove Hepatitis B screening requirement, 2) extend the time span for TB screening to within 24 months, and 3) require the interferon-gamma release assay for TB screening.
- **Gleevec (imatinib):** Criteria updated to 1) only apply to Brand Gleevec and 2) require a trial of generic imatinib.
- **Modestly Effective Disease Modifying Therapies (DMTs) for Multiple Sclerosis (Aubagio, Copoxone, Dimethyl Fumarate, and Interferon Beta-1a):** Criteria updated to align with the National KP Treatment Algorithm for Multiple Sclerosis and current clinical practice.
- **Nucala (mepolizumab):** Criteria for nasal polyposis updated to 1) simplify prescribing for Allergists, 2) change symptom requirement to bilateral nasal polyposis after full sinus surgery, and 3) added requirement that patient is not currently receiving another biologic for an eosinophilic indication.
- **Orgovyx (relugolix):** Criteria updated to add Radiation Oncologists as prescribers.
- **Orkambi (lumacaftor and ivacaftor):** Criteria updated to 1) allow use in patients at least 1 year of age, 2) remove adequate monitoring under continued approval criteria, and 3) dosing/administration information revised into chart format.
- **Poly (ADP-ribose) polymerase inhibitors (PARPis) - Lynparza, Rubraca, and Zejula:** Criteria updated to remove criteria to treat third- and fourth-line treatment of ovarian cancer.

Information Concerning Coverage Determinations

Medicare Part D: Medicare Part D Plan Non Formulary and Prior Authorization criteria and coverage determination are made externally by the Pharmacy Benefit Manager Optum Rx.

Prescriber completes the .NFRequestForm when entering drug order. Your documentation is used by OptumRx to determine whether the prescribed drug is eligible for drug benefit coverage. No documentation = No coverage.

The KP Pharmacy Consult Service will send your documentation to OptumRx for their coverage determination decision. If OptumRx has further questions, you will be contacted for responses. You may phone OptumRx at **1-888-791-7255** to address any patient / drug coverage specific questions. To see the MPD Formulary, please visit: [MPD Formulary](#)

Dual Choice: Dual Choice Plan Non Formulary and Prior Authorization criteria and coverage determination are made externally by the Pharmacy Benefit Manager MedImpact.

Prescriber completes the .NFRequestForm when entering drug order. Your documentation is used by MedImpact to determine whether the prescribed drug is eligible for drug benefit coverage. No documentation = No coverage.

The KP Pharmacy Consult Service will send your documentation to MedImpact for their coverage determination decision. If MedImpact has further questions, you will be contacted to provide responses. You may phone MedImpact at **1-844-336-2676** to address any patient / drug coverage specific questions. The Dual Choice formulary differs from the KPHC formulary (i.e. DOACs, ADHD, asthma). Please visit: [Choice Formulary](#)



If you have any questions or concerns, please contact any of the following P&T Committee members and designated alternates:

P&T Chair:

Carole Gardner, MD

P&T Committee Members:

Debbi Baker, PharmD, BCPS
Clinical Pharmacy

Karen Bolden, RN, BSN
Clinical Services

Hector Clarke, PharmD, BCOP
Ambulatory Pharmacy

Halima Daboiko, MD
Obstetrics and Gynecology

Pierson Gladney, MD
Hematology/Oncology

Larry Kang, MD
Adult Primary Care

Craig Kaplan, MD
Adult Primary Care

Christine Kofman, MD
Pediatrics

Amy Levine, MD
Pediatrics

Sophie Lukashok, MD
Infectious Disease

Chad Madill, PharmD, MBA
Executive Director of Pharmacy Operations

Jennifer Marrast-Host, MD
Emergency Medicine/ACC

Felecia Martin, PharmD
Pharmacy/Geriatrics

Shayne Mixon, PharmD
Pharmacy Operations

Rachel Robins, MD
Hospitalist

Jennifer Rodriguez, MD
Behavioral Health

Designated Alternates:

Jacqueline Anglade, MD
Obstetrics and Gynecology

Lesia Jackson, RN
Clinical Services

Satya Jayanthi, MD
Hospitalist

QRM Prior Authorization Review Criteria Updates (Cont.)

- **RET Inhibitors (Gavreto and Retevmo):** Criteria updated to 1) require diagnoses by an FDA approved test for both medications and 2) added criteria for treatment of all solid tumors for Retevmo.
- **Rinvoq (upadacitinib):** Criteria updated to change terminology to axial spondyloarthritis to cover both active non-radiographic and radiographic axial spondyloarthritis.
- **Xolair (omalizumab):** Criteria for nasal polyposis updated to 1) simplify prescribing for Allergists, 2) change symptom requirement to bilateral nasal polyposis after full sinus surgery, 3) added requirement that patient is not currently receiving another biologic for an eosinophilic indication, and 4) require patients to trial both Dupixent and Nucala.

Commercial HMO/Closed Formulary & QHP-ACA/Open Formulary QRM Prior Authorization Review Criteria Removal

Note: The removal of QRM PA Review Criteria DOES NOT APPLY to Medicare Part D or Dual Choice Prescription Benefit Plans. Optum and MedImpact are the external PBMs for each of these plans, respectively, externally administering all non-formulary or prior authorization criteria and coverage review.

Removal of QRM PA review criteria requirements for Qelbree (viloxazine) will be effective January 1, 2023.

Commercial HMO/Closed Formulary & QHP-ACA/Open Formulary Quantity Limit Additions

Medication Name	Quantity Limit	Effective Date
Vonjo (pacritinib)	120 capsules per 30 days	01.11.2023

QHP-ACA/Open Formulary Step Therapy Changes

Medication Name	Change	Effective Date
AirDuo Digihaler (fluticasone-salmeterol)	Addition	01.11.2023
Qelbree (viloxazine)	Addition	01.01.2023

Department Floor Stock Removals

Department	Removal	Effective Date
GI Anesthesiology	<ul style="list-style-type: none"> • Diphenhydramine 50MG/ML, 1 ML Vial • Epinephrine 1:1000 AMP 1ML 25/BX • Epinephrine 0.15 mg kit (EpiPen Jr) 	01.11.2023



Medicare Part D Formulary Changes

Kaiser Permanente has a National Medicare Part D (MPD) Formulary. Each regional P&T Committee reviews drugs and decides on tier status. The National Medicare Part D Pharmacy and Therapeutics Committee is charged with reconciling regional differences in MPD Formulary recommendations through consensus building in order to maintain one National MPD Formulary for Kaiser Permanente.

Medicare Part D Initial Tier Placement

Initial Tier Placements- Recently launched and approved medications

#	Drug Name	NDC#	Tier Status	Implementation Date
1.	teplizumab-mzww 2 MG/2 mL injection (Tzield)	73650-0316-01	Specialty Tier 5	11/21/2022
2.	pralatrexate 20 mg/mL, 40 mg/2 mL injection (generic)	65219-0550-01 65219-0552-02	Specialty Tier 5	11/18/2022
3.	mirvetuximab soravtansine-gynx 100 mg/20 mL injection (Elahere)	72903-0853-01	Specialty Tier 5	11/17/2022
4.	levothyroxine 100 mcg/mL injection (generic)	24201-0002-01	Specialty Tier 5	11/8/2022
5.	posaconazole 300 mg delayed release suspension packets (Noxafil)	00085-2224-02	Specialty Tier 5	11/7/2022
6.	futibatinib 4 mg (12 mg daily dose) tablet therapy packs (Lytgobi)	64842-0120-21 64842-0120-28 64842-0120-35	Specialty Tier 5	11/1/2022
7.	teclistamab-cqyv 30 mg/3 mL, 153 mg/1.7 mL injection (Tecvayli)	57894-0449-01 57894-0450-01	Specialty Tier 5	10/28/2022
8.	tremelimumab-actl 25 mg/1.25 mL, 300 mg/15 mL injection (Imjudo)	00310-4505-25 00310-4535-30	Specialty Tier 5	10/26/2022
9.	sapropterin dihydrochloride 500 mg oral packets (Javygtor)	43598-0162-11	Specialty Tier 5	10/7/2022
10.	eflapegrastim-xnst 13.2 mg/0.6 mL injection (Rolvedon)	76961-0101-01	Specialty Tier 5	10/6/2022
11.	methocarbamol 1000 mg tablets (generic)	00276-0510-10	Specialty Tier 5	10/4/2022
12.	dextromethorphan HBr-bupropion HCl 45 mg-105 mg extended-release tablets (Auvelity)	81968-0045-30	Specialty Tier 5	10/4/2022
13.	sodium phenylbutyrate-taurursodiol 3 g-1 g oral packets (Relyvrio)	73063-0035-03	Specialty Tier 5	10/4/2022
14.	pegfilgrastim-pbbk 6 mg/0.6 mL injection (Fylnetra)	70121-1627-01	Specialty Tier 5	10/3/2022
15.	doxycycline hyclate 60 mg delayed release tablets (Doryx MPC)	51862-0560-12	Delete	Discontinued Product

Medicare Part D Additions for 2023

DRUG NAME	2023 TIER
AMBRISENTAN TABS 10 MG	2
AMBRISENTAN TABS 5 MG	2
BREZTRI AEROSPHERE AERO 160-9-4.8 MCG/ACT	4
CAPLYTA CAPS 10.5 MG	5
CAPLYTA CAPS 21 MG	5
CARMUSTINE SOLR 300 MG	5
CARMUSTINE SOLR 50 MG	5
CEQUA SOLN 0.09%	4
ELIQUIS TABS 5 MG	4
FERRIPROX TABS 1000 MG	5
HYFTOR GEL 0.2 %	5
KERENDIA TABS 10 MG	4
KERENDIA TABS 20 MG	4
MENQUADFI SOLN	6
TADALAFIL (PAH) TABS 20 MG	2
TASCENSO ODT TBDP 0.25 MG	5
VASCEPA CAPS 0.5 GM	4

Class Review



February 2023:

Medication Class Review

Antianginal

Antiarrhythmics

Antihistamines

Antihyperlipidemics

Antihypertensives

Beta Blockers

Calcium Channel Blockers

Cardiovascular Agents -- Misc

Cough/Cold/Allergy

Diuretics

Nasal Agents -- Systemic & Topical

Passive Immunizing and Treatment Agents

Respiratory Agents -- Misc

Vaccines

Vasopressors

Medicare Part D Removals for 2023

DRUG NAME					
ACCUTANE CAPS 10 MG	CLINDAMYCIN PHOSPHATE FOAM 1 %	FEXMID TABS 7.5 MG	LOESTRIN FE 1/20 TABS 1-20 MG-MCG	OLMESARTAN-AMLODIPINE-HCTZ TABS 40-5-12.5 MG	SUCRALFATE SUSP 1 GM/10ML
ACCUTANE CAPS 20 MG	CLINDAMYCIN PHOSPHATE IN D5W SOLN 600 MG/50ML	FIORICET CAPS 50-300-40 MG	LOPERAMIDE HCL CAPS 2 MG	OLMESARTAN-AMLODIPINE-HCTZ TABS 40-5-25 MG	SULFACETAMIDE SODIUM OINT 10 %
ACCUTANE CAPS 30 MG	CLINDAMYCIN PHOSPHATE IN D5W SOLN 900 MG/50ML	FIORICET/CODEINE CAPS 50-300-40-30 MG	LOPREEZA TABS 0.5-0.1 MG	OLOPATADINE HCL SOLN 0.2 %	SULFATRIM PEDIATRIC SUSP 200-40 MG/5ML
ACCUTANE CAPS 40 MG	CLOBETASOL PROPIONATE EMULSION FOAM 0.05 %	FLAC OIL 0.01 %	LOPREEZA TABS 1-0.5 MG	OLOPATADINE HCL SOLN 0.6 %	SUMATRIPTAN SUCCINATE REFILL SOCT 4 MG/0.5ML
ACEBUTOLOL HCL CAPS 400 MG	CLOCORTOLONE PIVALATE CREA 0.1 %	FLUOCINONIDE CREA 0.1 %	LORCET HD TABS 10-325 MG	OMEPRAZOLE-SODIUM BICARBONATE CAPS 20-1100 MG	SUMATRIPTAN SUCCINATE SOAJ 4 MG/0.5ML
ACETAMINOPHEN-CODEINE TABS 300-15 MG	CLOCORTOLONE PIVALATE PUMP CREA 0.1 %	FLURANDRENOLIDE CREA 0.05 %	LORCET PLUS TABS 7.5-325 MG	OMEPRAZOLE-SODIUM BICARBONATE CAPS 40-1100 MG	SUMATRIPTAN SUCCINATE SOAJ 4 MG/0.5ML
ACETAMINOPHEN-CODEINE TABS 300-60 MG	CLONIDINE HCL (ANALGESIA) SOLN 500 MCG/ML	FLURANDRENOLIDE LOTN 0.05 %	LORCET TABS 5-325 MG	OMEPRAZOLE-SODIUM BICARBONATE PACK 20-1680 MG	SUPRAX CHEW 100 MG
ACYCLOVIR OINT 5 %	CLONIDINE HCL ER TB12 0.1 MG	FLURANDRENOLIDE OINT 0.05 %	LORYNA TABS 3-0.02 MG	OMEPRAZOLE-SODIUM BICARBONATE PACK 40-1680 MG	SUPRAX CHEW 200 MG
ADAPALENE CREA 0.1 %	CLOPIDOGREL BISULFATE TABS 300 MG	FLURAZEPAM HCL CAPS 15 MG	LOTEMAX GEL 0.5 %	ONDANSETRON HCL TABS 24 MG	SUPREP BOWEL PREP KIT SOLN 17.5-3.13-1.6 GM/177ML
ADAPALENE PADS 0.1 %	CLOTRIMAZOLE SOLN 1 %	FLURAZEPAM HCL CAPS 30 MG	LOTEMAX SUSP 0.5 %	OPIUM TINC 10 MG/ML (1%)	SYEDA TABS 3-0.03 MG
ALA-CORT CREA 2.5 %	CLOTRIMAZOLE-BETAMETHASONE LOTN 1-0.05 %	FLURBIPROFEN TABS 100 MG	LOW-OGESTREL TABS 0.3-30 MG-MCG	OPIUM TINC 10 MG/ML (1%)	TADALAFIL (PAH) TABS 20 MG
ALENDRONATE SODIUM SOLN 70 MG/75ML	COLAZAL CAPS 750 MG	FLURBIPROFEN TABS 50 MG	LUMIGAN SOLN 0.01 %	ORACEA CPDR 40 MG	TAPAZOLE TABS 10 MG
ALENDRONATE SODIUM TABS 5 MG	COLESEVELAM HCL PACK 3.75 GM	FLUTICASONE PROPIONATE LOTN 0.05 %	LYLEQ TABS 0.35 MG	ORALONE PSTE 0.1 %	TAPAZOLE TABS 5 MG
ALKINDI SPRINKLE CPSP 0.5 MG	CONSTULOSE SOLN 10 GM/15ML	FLUTICASONE-SALMETEROL AEPB 100-50 MCG/ACT	LYLLANA PTTW 0.025 MG/24HR	ORPHENADRINE CITRATE ER TB12 100 MG	TAPERDEX 12-DAY TBPK 1.5 MG (49)
ALLOPURINOL SODIUM SOLR 500 MG	CYCLAFEM 7/7/7 TABS 0.5/0.75/1-35 MG-MCG	FLUTICASONE-SALMETEROL AEPB 250-50 MCG/ACT	LYLLANA PTTW 0.0375 MG/24HR	ORPHENADRINE CITRATE SOLN 30 MG/ML	TAPERDEX 6-DAY TBPK 1.5 MG (21)
ALLZITAL TABS 25-325 MG	CYCLOBENZAPRINE HCL ER CP24 15 MG	FLUTICASONE-SALMETEROL AEPB 500-50 MCG/ACT	LYLLANA PTTW 0.05 MG/24HR	ORPHENADRINE-ASPIRIN-CAFFEINE TABS 50-770-60 MG	TAPERDEX 7-DAY TBPK 1.5 MG (27)
ALMOTRIPTAN MALATE TABS 12.5 MG	CYCLOBENZAPRINE HCL ER CP24 30 MG	FLUVASTATIN SODIUM CAPS 40 MG	LYLLANA PTTW 0.075 MG/24HR	ORPHENGESIC FORTE TABS 770-60-50 MG	TARGADOX TABS 50 MG
ALMOTRIPTAN MALATE TABS 6.25 MG	CYCLOBENZAPRINE HCL TABS 7.5 MG	FOMEPIZOLE SOLN 1.5 GM/1.5ML	LYLLANA PTTW 0.1 MG/24HR	ORSYTHIA TABS 0.1-20 MG-MCG	TARINA 24 FE TABS 1-20 MG-MCG(24)
ALOGLIPTIN BENZOATE TABS 12.5 MG	DANTROLENE SODIUM SOLR 20 MG	FOSINOPRIL SODIUM TABS 10 MG	LYZA TABS 0.35 MG	OVIDE LOTN 0.5 %	TARINA FE 1/20 EQ TABS 1-20 MG-MCG

Medicare Part D Removals for 2023 (Cont.)

DRUG NAME					
ALOGLIPTIN BENZOATE TABS 25 MG	DAPSONE GEL 5 %	FOSINOPRIL SODIUM TABS 20 MG	MAFENIDE ACETATE PACK 5 %	OXACILLIN SODIUM SOLR 10 GM	TAZAROTENE FOAM 0.1 %
ALOGLIPTIN-METFORMIN HCL TABS 12.5-500 MG	DAPSONE GEL 7.5 %	FOSINOPRIL SODIUM TABS 40 MG	MARLISSA TABS 0.15-30 MG-MCG	OXAPROZIN TABS 600 MG	TAZTIA XT CP24 120 MG
ALOGLIPTIN-PIOGLITAZONE TABS 12.5-30 MG	DEBLITANE TABS 0.35 MG	FOSINOPRIL SODIUM-HCTZ TABS 10-12.5 MG	MATZIM LA TB24 180 MG	OXICONAZOLE NITRATE CREA 1 %	TAZTIA XT CP24 180 MG
ALOGLIPTIN-PIOGLITAZONE TABS 12.5-45 MG	DECADRON TABS 0.5 MG	FOSINOPRIL SODIUM-HCTZ TABS 20-12.5 MG	MATZIM LA TB24 240 MG	OXYCODONE HCL ER T12A 10 MG	TAZTIA XT CP24 240 MG
ALOGLIPTIN-PIOGLITAZONE TABS 25-15 MG	DECADRON TABS 0.75 MG	FROVATRIPTAN SUCCINATE TABS 2.5 MG	MATZIM LA TB24 300 MG	OXYCODONE HCL ER T12A 15 MG	TAZTIA XT CP24 300 MG
ALOGLIPTIN-PIOGLITAZONE TABS 25-30 MG	DECADRON TABS 4 MG	FYAVOLV TABS 0.5-2.5 MG-MCG	MATZIM LA TB24 360 MG	OXYCODONE HCL ER T12A 20 MG	TAZTIA XT CP24 360 MG
ALOGLIPTIN-PIOGLITAZONE TABS 25-45 MG	DECADRON TABS 6 MG	FYAVOLV TABS 1-5 MG-MCG	MATZIM LA TB24 420 MG	OXYCODONE HCL ER T12A 30 MG	TELMISARTAN TABS 20 MG
ALPRAZOLAM ER TB24 0.5 MG	DELTASONE TABS 20 MG	GAVILYTE-H KIT 5-210 MG-GM	ME/NAPHOS/MB/HYO 1 TABS 81.6 MG	OXYCODONE HCL ER T12A 40 MG	TELMISARTAN TABS 40 MG
ALPRAZOLAM ER TB24 1 MG	DELYLA TABS 0.1-20 MG-MCG	GEMMILY CAPS 1-20 MG-MCG(24)	MEGESTROL ACETATE SUSP 625 MG/5ML	OXYCODONE HCL ER T12A 60 MG	TELMISARTAN TABS 80 MG
ALPRAZOLAM ER TB24 2 MG	DERMOTIC OIL 0.01 %	GENGRAF CAPS 50 MG	MELODETTA 24 FE CHEW 1-20 MG-MCG(24)	OXYCODONE HCL ER T12A 80 MG	TELMISARTAN-AMLODIPINE TABS 40-10 MG
ALPRAZOLAM ER TB24 3 MG	DES Loratadine TBDP 2.5 MG	GIANVI TABS 3-0.02 MG	MEMANTINE HCL ER CP24 14 MG	OXYCODONE-ACETAMINOPHEN TABS 2.5-300 MG	TELMISARTAN-AMLODIPINE TABS 40-5 MG
ALPRAZOLAM INTENSOL CONC 1 MG/ML	DES Loratadine TBDP 5 MG	GLIPIZIDE ER TB24 10 MG	MEMANTINE HCL ER CP24 21 MG	OXYCODONE-ACETAMINOPHEN TABS 2.5-325 MG	TELMISARTAN-AMLODIPINE TABS 80-10 MG
ALPRAZOLAM TBDP 0.25 MG	DESOGESTREL-ETHINYL ESTRADIOL TABS 0.15-0.02/0.01 MG (21/5)	GLIPIZIDE ER TB24 2.5 MG	MEMANTINE HCL ER CP24 28 MG	OXYCODONE-IBUPROFEN TABS 5-400 MG	TELMISARTAN-AMLODIPINE TABS 80-5 MG
ALPRAZOLAM TBDP 0.5 MG	DESOGESTREL-ETHINYL ESTRADIOL TABS 0.15-30 MG-MCG	GLIPIZIDE ER TB24 5 MG	MENEST TABS 0.3 MG	OXYCONTIN T12A 10 MG	TELMISARTAN-HCTZ TABS 40-12.5 MG
ALPRAZOLAM TBDP 1 MG	DESONIDE GEL 0.05 %	GLYBURIDE MICRONIZED TABS 1.5 MG	MENEST TABS 0.625 MG	OXYCONTIN T12A 15 MG	TELMISARTAN-HCTZ TABS 80-12.5 MG
ALPRAZOLAM TBDP 2 MG	DESOWEN LOTN 0.05 %	GLYBURIDE MICRONIZED TABS 3 MG	MENEST TABS 1.25 MG	OXYCONTIN T12A 20 MG	TELMISARTAN-HCTZ TABS 80-25 MG
ALTACAINES SOLN 0.5 %	DESOXIMETASONE CREA 0.05 %	GLYBURIDE MICRONIZED TABS 6 MG	MENQUADFI INJ	OXYCONTIN T12A 30 MG	TEMAZEPAM CAPS 22.5 MG
ALTACAINES SOLN 0.5 %	DESOXIMETASONE GEL 0.05 %	GLYCYATE TABS 1.5 MG	MEPERIDINE HCL SOLN 50 MG/5ML	OXYCONTIN T12A 40 MG	TENCON TABS 50-325 MG
ALTACAINES SOLN 0.5 %	DESOXIMETASONE LIQD 0.25 %	GLYCOPYRROLATE PF SOSY 0.2 MG/ML	MEPERIDINE HCL TABS 50 MG	OXYCONTIN T12A 60 MG	TERCONAZOLE CREA 0.8 %
ALTAFRIN SOLN 10 %	DESOXIMETASONE OINT 0.05 %	GLYCOPYRROLATE PF SOSY 0.2 MG/ML	MEPROBAMATE TABS 200 MG	OXYCONTIN T12A 80 MG	TESTOSTERONE GEL 10 MG/ACT (2%)
ALTAFRIN SOLN 2.5 %	DESRX GEL 0.05 %	GLYCOPYRROLATE PF SOSY 0.4 MG/2ML	MEPROBAMATE TABS 400 MG	OXYMORPHONE HCL ER TB12 15 MG	TESTOSTERONE GEL 20.25 MG/1.25GM (1.62%)

Medicare Part D Removals for 2023 (Cont.)

DRUG NAME					
ALTAVERA TABS 0.15-30 MG-MCG	DEXABLISS TBP 1.5 MG (39)	GLYCOPYRROLATE PF SOSY 0.4 MG/2ML	MESALAMINE-CLEANSER KIT 4 GM	OXYMORPHONE HCL ER TB12 30 MG	TESTOSTERONE GEL 40.5 MG/2.5GM (1.62%)
ALYACEN 1/35 TABS 1-35 MG-MCG	DEXAMETHASONE SODIUM PHOSPHATE SOLN 100 MG/10ML	GLYDO PRSY 2 %	MESTINON SOLN 60 MG/5ML	OXYMORPHONE HCL ER TB12 40 MG	TESTOSTERONE SOLN 30 MG/ACT
ALYQ TABS 20 MG	DEXAMETHASONE SODIUM PHOSPHATE SOLN 120 MG/30ML	GRANISETRON HCL SOLN 1 MG/ML	METADATE ER TBCR 20 MG	OXYMORPHONE HCL ER TB12 40 MG	TEXACORT SOLN 2.5 %
AMABELZ TABS 0.5-0.1 MG	DEXAMETHASONE TBP 1.5 MG (21)	GRANISETRON HCL SOLN 4 MG/4ML	METAXALL TABS 800 MG	OXYMORPHONE HCL ER TB12 7.5 MG	THEO-24 CP24 100 MG
AMABELZ TABS 1-0.5 MG	DEXAMETHASONE TBP 1.5 MG (35)	GRANISETRON HCL TABS 1 MG	METAXALONE TABS 400 MG	OXYMORPHONE HCL TABS 10 MG	THEO-24 CP24 200 MG
AMBRISENTAN TABS 10 MG	DEXAMETHASONE TBP 1.5 MG (51)	GYNAZOLE-1 CREA 2 %	METHAMPHETAMINE HCL TABS 5 MG	OXYMORPHONE HCL TABS 5 MG	THEO-24 CP24 400 MG
AMBRISENTAN TABS 5 MG	DEXCHLORPHENIRAMINE MALEATE SOLN 2 MG/5ML	HAILEY 24 FE TABS 1-20 MG-MCG(24)	METHENAMINE MANDELATE TABS 0.5 GM	PACERONE TABS 100 MG	TIADYLT ER CP24 120 MG
AMCINONIDE CREA 0.1 %	DEXPAK 10 DAY TBP 1.5 MG (35)	HALCINONIDE CREA 0.1 %	METHENAMINE MANDELATE TABS 1 GM	PACERONE TABS 200 MG	TIADYLT ER CP24 180 MG
AMCINONIDE LOTN 0.1 %	DEXPAK 13 DAY TBP 1.5 MG (51)	HUMATIN CAPS 250 MG	METHOCARBAMOL SOLN 1000 MG/10ML	PACERONE TABS 400 MG	TIADYLT ER CP24 240 MG
AMCINONIDE OINT 0.1 %	DEXPAK 6 DAY TBP 1.5 MG (21)	HYDROCODONE BITARTRATE ER CP12 10 MG	METHSCOPOLAMINE BROMIDE TABS 2.5 MG	PALONOSETRON HCL SOLN 0.25 MG/5ML	TIADYLT ER CP24 300 MG
AMETHIA LO TABS 0.1-0.02 & 0.01 MG	DEXTROAMPHETAMINE SULFATE SOLN 5 MG/5ML	HYDROCODONE BITARTRATE ER CP12 15 MG	METHSCOPOLAMINE BROMIDE TABS 5 MG	PALONOSETRON HCL SOSY 0.25 MG/5ML	TIADYLT ER CP24 360 MG
AMETHIA TABS 0.15-0.03 & 0.01 MG	DEXTROAMPHETAMINE SULFATE TABS 15 MG	HYDROCODONE BITARTRATE ER CP12 20 MG	METHYLCLOTHIAZIDE TABS 5 MG	PALONOSETRON HCL SOSY 0.25 MG/5ML	TIADYLT ER CP24 420 MG
AMLODIPINE BESYLATE-VALSARTAN TABS 10-160 MG	DEXTROAMPHETAMINE SULFATE TABS 20 MG	HYDROCODONE BITARTRATE ER CP12 30 MG	METHYLDOPA-HYDROCHLOROTHIAZIDE TABS 250-15 MG	PALONOSETRON HCL SOSY 0.25 MG/5ML	TILIA FE TABS 1-20/1-30/1-35 MG-MCG
AMLODIPINE BESYLATE-VALSARTAN TABS 10-320 MG	DEXTROAMPHETAMINE SULFATE TABS 30 MG	HYDROCODONE BITARTRATE ER CP12 40 MG	METHYLDOPA-HYDROCHLOROTHIAZIDE TABS 250-25 MG	PANLOR TABS 325-30-16 MG	TIMOLOL MALEATE PF SOLN 0.5 %
AMLODIPINE BESYLATE-VALSARTAN TABS 5-160 MG	DEXTROSE-NACL SOLN 10-0.2 %	HYDROCODONE BITARTRATE ER CP12 50 MG	METHYLPHENIDATE HCL CHEW 10 MG	PANTOPRAZOLE SODIUM PACK 40 MG	TIMOLOL MALEATE SOLG 0.25 %
AMLODIPINE BESYLATE-VALSARTAN TABS 5-320 MG	DIAZEPAM CONC 5 MG/ML	HYDROCODONE-ACETAMINOPHEN TABS 10-300 MG	METHYLPHENIDATE HCL CHEW 5 MG	PARICALCITOL CAPS 1 MCG	TIMOLOL MALEATE SOLG 0.5 %
AMLODIPINE-ATORVASTATIN TABS 10-10 MG	DIAZEPAM INTENSOL CONC 5 MG/ML	HYDROCODONE-ACETAMINOPHEN TABS 2.5-325 MG	METHYLPHENIDATE HCL ER (LA) CP24 10 MG	PARICALCITOL CAPS 2 MCG	TIMOLOL MALEATE SOLN 0.5 % (DAILY)
AMLODIPINE-ATORVASTATIN TABS 10-20 MG	DICLOFENAC SODIUM ER TB24 100 MG	HYDROCODONE-ACETAMINOPHEN TABS 5-300 MG	METHYLPHENIDATE HCL ER (LA) CP24 20 MG	PARICALCITOL SOLN 5 MCG/ML	TIMOLOL MALEATE TABS 20 MG
AMLODIPINE-ATORVASTATIN TABS 10-40 MG	DICLOFENAC SODIUM GEL 3 %	HYDROCODONE-ACETAMINOPHEN TABS 7.5-300 MG	METHYLPHENIDATE HCL ER (LA) CP24 30 MG	PAROEX SOLN 0.12 %	TIMOLOL MALEATE TABS 5 MG
AMLODIPINE-ATORVASTATIN TABS 10-80 MG	DICLOFENAC-MISOPROSTOL TBEC 50-0.2 MG	HYDROCODONE-IBUPROFEN TABS 10-200 MG	METHYLPHENIDATE HCL ER (LA) CP24 40 MG	PASER PACK 4 GM	TINIDAZOLE TABS 500 MG

Medicare Part D Removals for 2023 (Cont.)

DRUG NAME					
AMLODIPINE-ATORVASTATIN TABS 2.5-10 MG	DICLOFENAC-MISOPROSTOL TBEC 75-0.2 MG	HYDROCODONE-IBUPROFEN TABS 5-200 MG	METHYLPHENIDATE HCL ER (LA) CP24 60 MG	PEG-3350/ELECTROLYTES SOLR 236 GM	TIZANIDINE HCL CAPS 2 MG
AMLODIPINE-ATORVASTATIN TABS 2.5-20 MG	DIFLORASONE DIACETATE CREA 0.05 %	HYDROCORTISONE (PERIANAL) CREA 1 %	METHYLPHENIDATE HCL ER (XR) CP24 10 MG	PEG-PREP KIT 5-210 MG-GM	TIZANIDINE HCL CAPS 4 MG
AMLODIPINE-ATORVASTATIN TABS 2.5-40 MG	DIGITEK TABS 125 MCG	HYDROCORTISONE BUTYRATE LOTN 0.1 %	METHYLPHENIDATE HCL ER (XR) CP24 15 MG	PENTOBARBITAL SODIUM SOLN 50 MG/ML	TIZANIDINE HCL CAPS 6 MG
AMLODIPINE-ATORVASTATIN TABS 5-10 MG	DIGITEK TABS 250 MCG	HYDROCORTISONE CREA 1 %	METHYLPHENIDATE HCL ER (XR) CP24 20 MG	PEPCID TABS 40 MG	TOBRADEX ST SUSP 0.3-0.05 %
AMLODIPINE-ATORVASTATIN TABS 5-20 MG	DIGOX TABS 125 MCG	HYDROCORTISONE OINT 1 %	METHYLPHENIDATE HCL ER (XR) CP24 30 MG	PERCOCET TABS 2.5-325 MG	TOLAZAMIDE TABS 250 MG
AMLODIPINE-ATORVASTATIN TABS 5-40 MG	DIGOX TABS 250 MCG	HYDROMORPHONE HCL ER TB24 12 MG	METHYLPHENIDATE HCL ER (XR) CP24 40 MG	PERCOCET TABS 5-325 MG	TOLAZAMIDE TABS 500 MG
AMLODIPINE-ATORVASTATIN TABS 5-80 MG	DILTIAZEM HCL ER BEADS CP24 300 MG	HYDROMORPHONE HCL ER TB24 16 MG	METHYLPHENIDATE HCL ER (XR) CP24 50 MG	PERINDOPRIL ERBUMINE TABS 2 MG	TOLMETIN SODIUM CAPS 400 MG
AMLODIPINE-OLMESARTAN TABS 10-20 MG	DILTIAZEM HCL ER BEADS CP24 360 MG	HYDROMORPHONE HCL ER TB24 32 MG	METHYLPHENIDATE HCL ER (XR) CP24 60 MG	PERINDOPRIL ERBUMINE TABS 4 MG	TOLTERODINE TARTRATE ER CP24 2 MG
AMLODIPINE-OLMESARTAN TABS 10-40 MG	DILTIAZEM HCL ER BEADS CP24 420 MG	HYDROMORPHONE HCL ER TB24 8 MG	METHYLPHENIDATE HCL ER TB24 18 MG	PERINDOPRIL ERBUMINE TABS 8 MG	TOPEX TOPICAL ANESTHETIC AERO 20 %
AMLODIPINE-OLMESARTAN TABS 5-20 MG	DILTIAZEM HCL ER COATED BEADS TB24 180 MG	HYPERHEP B SOLN	METHYLPHENIDATE HCL ER TB24 27 MG	PERIOGARD SOLN 0.12 %	TOPICORT CREA 0.05 %
AMLODIPINE-OLMESARTAN TABS 5-40 MG	DILTIAZEM HCL ER COATED BEADS TB24 240 MG	HYPERHEP B SOLN	METHYLPHENIDATE HCL ER TB24 36 MG	PHENADOZ SUPP 12.5 MG	TOPICORT CREA 0.25 %
AMLODIPINE-VALSARTAN-HCTZ TABS 5-160-12.5 MG	DILTIAZEM HCL ER COATED BEADS TB24 300 MG	HYPERRAB S/D SOLN 1500 UNIT/10ML	METHYLPHENIDATE HCL ER TB24 54 MG	PHENAZO TABS 200 MG	TOPICORT GEL 0.05 %
AMMONIUM LACTATE LOTN 12 %	DILTIAZEM HCL ER COATED BEADS TB24 360 MG	HYPERRAB S/D SOLN 300 UNIT/2ML	METHYLPHENIDATE HCL ER TBCR 72 MG	PHENAZOPYRIDINE HCL TABS 100 MG	TOPICORT OINT 0.25 %
AMNESTEEM CAPS 10 MG	DILTIAZEM HCL ER COATED BEADS TB24 420 MG	IBANDRONATE SODIUM SOLN 3 MG/3ML	METHYLPHENIDATE HCL SOLN 10 MG/5ML	PHENERGAN SOLN 25 MG/ML	TPN ELECTROLYTES CONC
AMNESTEEM CAPS 20 MG	DIPHEN ELIX 12.5 MG/5ML	IBANDRONATE SODIUM TABS 150 MG	METHYLPREDNISOLON E SODIUM SUCC SOLR 500 MG	PHENERGAN SOLN 50 MG/ML	TRAMADOL HCL ER (BIPHASIC) TB24 100 MG
AMNESTEEM CAPS 40 MG	DI-PHEN ELIX 12.5 MG/5ML	IBUDONE TABS 10-200 MG	METOCLOPRAMIDE HCL TDBP 10 MG	PHOSPHASAL TABS 81.6 MG	TRAMADOL HCL ER (BIPHASIC) TB24 200 MG
AMOXICILL-CLARITHRO-LANSOPRAZ MISC	DIPHENHYDRAMINE HCL ELIX 12.5 MG/5ML	IBUPROFEN LYSINE SOLN 10 MG/ML	METOCLOPRAMIDE HCL TDBP 5 MG	PHRENILIN FORTE CAPS 50-300-40 MG	TRAMADOL HCL ER (BIPHASIC) TB24 300 MG
AMOXICILLIN-POT CLAVULANATE ER TB12 1000-62.5 MG	DIURIL SUSP 250 MG/5ML	ICLEVIA TABS 0.15-0.03 MG	METOPROLOL TARTRATE TABS 37.5 MG	PILOCARPINE HCL TABS 7.5 MG	TRAMADOL HCL ER CP24 100 MG
AMPHETAMINE ER SUER 1.25 MG/ML	DOLISHALE TABS 90-20 MCG	ICOSAPENT ETHYL CAPS 1 GM	METOPROLOL TARTRATE TABS 75 MG	PIMTREA TABS 0.15-0.02/0.01 MG (21/5)	TRAMADOL HCL ER CP24 150 MG
AMPHETAMINE SULFATE TABS 10 MG	DONEPEZIL HCL TABS 23 MG	IMIQUIMOD CREA 3.75 %	METOPROLOL-HYDROCHLOROTHIAZIDE TABS 100-25 MG	PINDOLOL TABS 10 MG	TRAMADOL HCL ER CP24 200 MG

Medicare Part D Removals for 2023 (Cont.)

DRUG NAME					
AMPHETAMINE SULFATE TABS 5 MG	DORZOLAMIDE HCL-TIMOLOL MAL PF SOLN 2-0.5 %	IMIQUIMOD PUMP CREA 3.75 %	METOPROLOL-HYDROCHLOROTHIAZIDE TABS 50-25 MG	PINDOLOL TABS 5 MG	TRAMADOL HCL ER CP24 300 MG
ANA-LEX KIT 2-2 %	DOTTI PTTW 0.025 MG/24HR	IMOGAM RABIES-HT SOLN 300 UNIT/2ML	METRONIDAZOLE GEL 1 %	PIOGLITAZONE HCL-GLIMEPIRIDE TABS 30-2 MG	TRAMADOL HCL ER TB24 200 MG
ANUSOL-HC CREA 2.5 %	DOTTI PTTW 0.075 MG/24HR	INCASSIA TABS 0.35 MG	METRONIDAZOLE IN NAACL SOLN 500-0.74 MG/100ML-%	PIOGLITAZONE HCL-GLIMEPIRIDE TABS 30-4 MG	TRAMADOL HCL ER TB24 300 MG
APAP-CAFF-DIHYDROCODEINE TABS 325-30-16 MG	DOXEPIN HCL CREA 5 %	INTROVALE TABS 0.15-0.03 MG	MIBELAS 24 FE CHEW 1-20 MG-MCG(24)	PIOGLITAZONE HCL-METFORMIN HCL TABS 15-500 MG	TRAMADOL HCL TABS 100 MG
APAP-CAFF-DIHYDROCODEINE TABS 325-30-16 MG	DOXERCALCIFEROL CAPS 1 MCG	IRBESARTAN-HYDROCHLOROTHIAZIDE TABS 150-12.5 MG	MICAFUNGIN SODIUM SOLR 100 MG	PIOGLITAZONE HCL-METFORMIN HCL TABS 15-850 MG	TRANDOLAPRIL TABS 1 MG
APEXICON E CREA 0.05 %	DOXERCALCIFEROL CAPS 2.5 MCG	IRBESARTAN-HYDROCHLOROTHIAZIDE TABS 300-12.5 MG	MICONAZOLE 3 SUPP 200 MG	PIPERACILLIN SOD-TAZOBACTAM SO SOLR 13.5 (12-1.5) GM	TRANDOLAPRIL TABS 2 MG
APREPITANT CAPS 40 MG	DOXERCALCIFEROL SOLN 4 MCG/2ML	ISOTRETINOIN CAPS 10 MG	MICONAZOLE-ZINC OXIDE-PETROLAT OINT 0.25-15-81.35 %	PIRMELLA 1/35 TABS 1-35 MG-MCG	TRANDOLAPRIL TABS 4 MG
APREPITANT CAPS 80 & 125 MG	DOXYCYCLINE HYCLATE TABS 150 MG	ISRADIPINE CAPS 2.5 MG	MICORT-HC CREA 2.5 %	POLYICIN OINT 500-10000 UNIT/GM	TRANDOLAPRIL-VERAPAMIL HCL ER TBCR 1-240 MG
ARGATROBAN SOLN 50 MG/50ML	DOXYCYCLINE HYCLATE TABS 75 MG	ISRADIPINE CAPS 5 MG	MICROGESTIN 1.5/30 TABS 1.5-30 MG-MCG	POLYMYXIN B SULFATE SOLR 500000 UNIT	TRANDOLAPRIL-VERAPAMIL HCL ER TBCR 2-180 MG
ASCOMP-CODEINE CAPS 50-325-40-30 MG	DOXYCYCLINE HYCLATE TBEC 100 MG	IVERMECTIN CREA 1 %	MIDAZOLAM HCL (PF) SOLN 5 MG/5ML	POTASSIUM CHLORIDE IN NAACL SOLN 20-0.45 MEQ/L-%	TRANDOLAPRIL-VERAPAMIL HCL ER TBCR 2-240 MG
ASHLYNA TABS 0.15-0.03 & 0.01 MG	DOXYCYCLINE HYCLATE TBEC 150 MG	JASMIEL TABS 3-0.02 MG	MIDAZOLAM HCL SOLN 10 MG/10ML	POTASSIUM PHOSPHATES(66 MEQ K) SOLN 45 MMOLE/15ML	TRANDOLAPRIL-VERAPAMIL HCL ER TBCR 4-240 MG
AUBRA EQ TABS 0.1-20 MG-MCG	DOXYCYCLINE HYCLATE TBEC 200 MG	KAITLIB FE CHEW 0.8-25 MG-MCG	MILI TABS 0.25-35 MG-MCG	PR BENZOYL PEROXIDE WASH LIQD 7 %	TRETINOIN GEL 0.05 %
AVC VAGINAL CREA 15 %	DOXYCYCLINE HYCLATE TBEC 50 MG	KARIVA TABS 0.15-0.02/0.01 MG (21/5)	MILLIPRED DP TBPK 5 MG (21)	PR BENZOYL PEROXIDE WASH LIQD 7 %	TRETINOIN MICROSPHERE GEL 0.04 %
AVITA GEL 0.025 %	DOXYCYCLINE HYCLATE TBEC 75 MG	KEDRAB SOLN 1500 UNIT/10ML	MILRINONE LACTATE SOLN 20 MG/20ML	PRAMIPEXOLE DIHYDROCHLORIDE ER TB24 0.375 MG	TRETINOIN MICROSPHERE GEL 0.1 %
AYGESTIN TABS 5 MG	DOXYCYCLINE MONOHYDRATE CAPS 150 MG	KEDRAB SOLN 300 UNIT/2ML	MILRINONE LACTATE SOLN 50 MG/50ML	PRAMIPEXOLE DIHYDROCHLORIDE ER TB24 0.75 MG	TRETINOIN MICROSPHERE PUMP GEL 0.04 %
AZELASTINE HCL SOLN 0.05 %	DOXYCYCLINE MONOHYDRATE TABS 150 MG	KERALYT SHAM 6 %	MIMVEY LO TABS 0.5-0.1 MG	PRAMIPEXOLE DIHYDROCHLORIDE ER TB24 1.5 MG	TRETINOIN MICROSPHERE PUMP GEL 0.1 %
AZELASTINE HCL SOLN 0.15 %	DOXYCYCLINE MONOHYDRATE TABS 75 MG	KETOCONAZOLE FOAM 2 %	MIMVEY TABS 1-0.5 MG	PRAMIPEXOLE DIHYDROCHLORIDE ER TB24 2.25 MG	TREXID CAPS 320.5-30-16 MG
AZELASTINE-FLUTICASONE SUSP 137-50 MCG/ACT	DOXYLAMINE-PYRIDOXINE TBEC 10-10 MG	KETODAN FOAM 2 %	MINOCYCLINE HCL ER TB24 105 MG	PRAMIPEXOLE DIHYDROCHLORIDE ER TB24 3 MG	TRIAMCINOLONE ACETONIDE OINT 0.05 %

Medicare Part D Removals for 2023 (Cont.)

DRUG NAME					
AZELEX CREA 20 %	DROSPIREN-ETH ESTRAD-LEVOMEFOL TABS 3-0.02-0.451 MG	KETOPROFEN CAPS 25 MG	MINOCYCLINE HCL ER TB24 115 MG	PRAMIPEXOLE DIHYDROCHLORIDE ER TB24 3.75 MG	TRIAMTERENE CAPS 100 MG
BACITRACIN SOLR 50000 UNIT	DUTASTERIDE- TAMSULOSIN HCL CAPS 0.5-0.4 MG	KETOPROFEN ER CP24 200 MG	MINOCYCLINE HCL ER TB24 135 MG	PRAMIPEXOLE DIHYDROCHLORIDE ER TB24 4.5 MG	TRIAMTERENE CAPS 50 MG
BACLOFEN SOLN 10 MG/20ML	DVORAH TABS 325-30- 16 MG	KLOR-CON 10 TBCR 10 MEQ	MINOCYCLINE HCL ER TB24 45 MG	PRAMOX GEL 1 %	TRIANEX OINT 0.05 %
BACLOFEN SOLN 20000 MCG/20ML	DXEVO 11-DAY TBP 1.5 MG	KLOR-CON M15 TBCR 15 MEQ	MINOCYCLINE HCL ER TB24 55 MG	PREDNICARBATE OINT 0.1 %	TRIDERM CREA 0.5 %
BACLOFEN SOLN 40 MG/20ML	DXEVO 11-DAY TBP 1.5 MG	KLOR-CON SPRINKLE CPCR 10 MEQ	MINOCYCLINE HCL ER TB24 65 MG	PREDNISOLONE SODIUM PHOSPHATE SOLN 10 MG/5ML	TRI-ESTARYLLA TABS 0.18/0.215/0.25 MG-35 MCG
BENZAEPRI L-HYDROCHLOROTHIAZI DE TABS 10-12.5 MG	ELIQUIS TABS 5 MG	KLOR-CON SPRINKLE CPCR 8 MEQ	MINOCYCLINE HCL ER TB24 80 MG	PREDNISOLONE SODIUM PHOSPHATE SOLN 20 MG/5ML	TRI-LEGEST FE TABS 1-20/1-30/1-35 MG- MCG
BENZAEPRI L-HYDROCHLOROTHIAZI DE TABS 20-12.5 MG	EMVERM CHEW 100 MG	KRISTALOSE PACK 10 GM	MINOCYCLINE HCL ER TB24 90 MG	PREDNISOLONE SODIUM PHOSPHATE SOLN 25 MG/5ML	TRI-LO-ESTARYLLA TABS 0.18/0.215/0.25 MG-25 MCG
BENZAEPRI L-HYDROCHLOROTHIAZI DE TABS 20-25 MG	ENALAPRI L-HYDROCHLOROTHIAZI DE TABS 10-25 MG	KRISTALOSE PACK 20 GM	MINOCYCLINE HCL TABS 50 MG	PREDNISOLONE SODIUM PHOSPHATE TBDP 15 MG	TRILYTE SOLR 420 GM
BENZAEPRI L-HYDROCHLOROTHIAZI DE TABS 5-6.25 MG	ENALAPRI L-HYDROCHLOROTHIAZI DE TABS 5-12.5 MG	KURVELO TABS 0.15- 30 MG-MCG	MINOCYCLINE HCL TABS 75 MG	PREDNISOLONE SODIUM PHOSPHATE TBDP 30 MG	TRIMETHOBENZAMI DE HCL CAPS 300 MG
BENZEPRO CREAMY WASH LIQD 7 %	ENDOCET TABS 10-325 MG	LACTIC ACID LOTN 10 %	MOEXIPRI L HCL TABS 15 MG	PREDNISONE TBP 10 MG (48)	TRI-MILI TABS 0.18/0.215/0.25 MG-35 MCG
BENZEPRO FOAMING CLOTHS MISC 6 %	ENDOCET TABS 2.5- 325 MG	LACTULOSE PACK 10 GM	MOEXIPRI L HCL TABS 7.5 MG	PREFEST TABS 1/1- 0.09 MG (15/15)	TRINESSA (28) TABS 0.18/0.215/0.25 MG-35 MCG
BENZHYDROCODONE- ACETAMINOPHEN TABS 4.08-325 MG	ENPRESSE-28 TABS 50- 30/75-40/ 125-30 MCG	LANSOPRAZOLE CPDR 15 MG	MONONESSA TABS 0.25-35 MG-MCG	PREGABALIN ER TB24 165 MG	TRI-NYMYO TABS 0.18/0.215/0.25 MG-35 MCG
BENZHYDROCODONE- ACETAMINOPHEN TABS 6.12-325 MG	EPIFOAM FOAM 1-1 %	LANSOPRAZOLE TBDD 15 MG	MORGIDOX CAPS 50 MG	PREGABALIN ER TB24 330 MG	TRI-PREVIFEM TABS 0.18/0.215/0.25 MG-35 MCG
BENZHYDROCODONE- ACETAMINOPHEN TABS 8.16-325 MG	EPINASTINE HCL SOLN 0.05 %	LANSOPRAZOLE TBDD 30 MG	MORPHINE SULFATE (CONCENTRATE) SOLN 100 MG/5ML	PREGABALIN ER TB24 82.5 MG	TRISENOX SOLN 10 MG/10ML
BENZOYL PEROX- HYDROCORTISONE LOTN 5-0.5 %	EPINEPHRINE (ANAPHYLAXIS) SOLN 30 MG/30ML	LANTHANUM CARBONATE CHEW 1000 MG	MORPHINE SULFATE ER BEADS CP24 120 MG	PREVIFEM TABS 0.25- 35 MG-MCG	TRITOCIN OINT 0.05 %
BEPOTASTINE BESILATE SOLN 1.5 %	EPLERENONE TABS 50 MG	LANTHANUM CARBONATE CHEW 500 MG	MORPHINE SULFATE ER BEADS CP24 30 MG	PRIMLEV TABS 10-300 MG	TRI-VYLIBRA LO TABS 0.18/0.215/0.25 MG-25 MCG
BESER LOTN 0.05 %	EPOGEN SOLN 10000 UNIT/ML	LANTHANUM CARBONATE CHEW 750 MG	MORPHINE SULFATE ER BEADS CP24 45 MG	PRIMLEV TABS 5-300 MG	TRI-VYLIBRA TABS 0.18/0.215/0.25 MG-35 MCG
BETAXOLOL HCL TABS 10 MG	EPOGEN SOLN 2000 UNIT/ML	LARIN 1.5/30 TABS 1.5-30 MG-MCG	MORPHINE SULFATE ER BEADS CP24 60 MG	PRIMLEV TABS 7.5-300 MG	TYDEMY TABS 3- 0.03-0.451 MG
BETAXOLOL HCL TABS 20 MG	EPOGEN SOLN 20000 UNIT/ML	LARIN 1/20 TABS 1-20 MG-MCG	MORPHINE SULFATE ER BEADS CP24 75 MG	PROCENTRA SOLN 5 MG/5ML	TYLENOL WITH CODEINE #3 TABS 300-30 MG

Medicare Part D Removals for 2023 (Cont.)

DRUG NAME					
BLEPH-10 SOLN 10 %	EPOGEN SOLN 3000 UNIT/ML	LARIN FE 1.5/30 TABS 1.5-30 MG-MCG	MORPHINE SULFATE ER BEADS CP24 90 MG	PROCTO-MED HC CREA 2.5 %	TYLENOL WITH CODEINE #4 TABS 300-60 MG
BLISOVI 24 FE TABS 1-20 MG-MCG(24)	EPOGEN SOLN 4000 UNIT/ML	LARIN FE 1/20 TABS 1-20 MG-MCG	MORPHINE SULFATE ER CP24 10 MG	PROCTO-PAK CREA 1 %	TYMLOS SOPN 3120 MCG/1.56ML
BLISOVI FE 1.5/30 TABS 1.5-30 MG-MCG	EPROSARTAN MESYLATE TABS 600 MG	LARISSIA TABS 0.1-20 MG-MCG	MORPHINE SULFATE ER CP24 100 MG	PROCTOSOL HC CREA 2.5 %	UMECTA MOUSSE FOAM 40 %
BRIELLYN TABS 0.4-35 MG-MCG	EPTIFIBATIDE SOLN 20 MG/10ML	LAYOLIS FE CHEW 0.8-25 MG-MCG	MORPHINE SULFATE ER CP24 20 MG	PROLATE TABS 10-300 MG	UNITHROID TABS 100 MCG
BRINZOLAMIDE SUSP 1 %	EPTIFIBATIDE SOLN 200 MG/100ML	LESSINA TABS 0.1-20 MG-MCG	MORPHINE SULFATE ER CP24 30 MG	PROLATE TABS 5-300 MG	UNITHROID TABS 112 MCG
BROMFENAC SODIUM (ONCE-DAILY) SOLN 0.09 %	EPTIFIBATIDE SOLN 75 MG/100ML	LEUCOVORIN CALCIUM SOLN 100 MG/10ML	MORPHINE SULFATE ER CP24 40 MG	PROLATE TABS 7.5-300 MG	UNITHROID TABS 125 MCG
BUPAP TABS 50-300 MG	ERRIN TABS 0.35 MG	LEUCOVORIN CALCIUM SOLN 500 MG/50ML	MORPHINE SULFATE ER CP24 50 MG	PROMETHAZINE HCL SOLN 50 MG/ML	UNITHROID TABS 137 MCG
BUPRENORPHINE HCL-NALOXONE HCL FILM 12-3 MG	ERY PADS 2 %	LEUCOVORIN CALCIUM SOLR 500 MG	MORPHINE SULFATE ER CP24 60 MG	PROMETHAZINE HCL SUPP 12.5 MG	UNITHROID TABS 150 MCG
BUTALBITAL-ACETAMINOPHEN TABS 50-300 MG	ERYTHROCIN STEARATE TABS 250 MG	LEVALBUTEROL HCL NEBU 0.31 MG/3ML	MORPHINE SULFATE ER CP24 80 MG	PROMETHAZINE HCL SUPP 25 MG	UNITHROID TABS 175 MCG
BUTALBITAL-ACETAMINOPHEN TABS 50-325 MG	ERYTHROMYCIN BASE TBEC 250 MG	LEVALBUTEROL HCL NEBU 0.63 MG/3ML	MOXIFLOXACIN HCL (2X DAY) SOLN 0.5 %	PROMETHAZINE HCL SUPP 50 MG	UNITHROID TABS 200 MCG
BUTALBITAL-APAP-CAFF-COD CAPS 50-300-40-30 MG	ERYTHROMYCIN BASE TBEC 333 MG	LEVALBUTEROL HCL NEBU 1.25 MG/0.5ML	MYORISAN CAPS 10 MG	PROMETHAZINE-PHENYLEPHRINE SYRP 6.25-5 MG/5ML	UNITHROID TABS 25 MCG
BUTALBITAL-APAP-CAFF-COD CAPS 50-325-40-30 MG	ERYTHROMYCIN BASE TBEC 500 MG	LEVALBUTEROL HCL NEBU 1.25 MG/3ML	MYORISAN CAPS 20 MG	PROMETHEGAN SUPP 50 MG	UNITHROID TABS 300 MCG
BUTALBITAL-APAP-CAFFEINE CAPS 50-300-40 MG	ERYTHROMYCIN ETHYLSUCCINATE TABS 400 MG	LEVALBUTEROL TARTRATE AERO 45 MCG/ACT	MYORISAN CAPS 30 MG	PROPAFENONE HCL ER CP12 225 MG	UNITHROID TABS 50 MCG
BUTALBITAL-APAP-CAFFEINE CAPS 50-325-40 MG	ERYTHROMYCIN PADS 2 %	LEVOCETIRIZINE DIHYDROCHLORIDE SOLN 2.5 MG/5ML	MYORISAN CAPS 40 MG	PROPAFENONE HCL ER CP12 325 MG	UNITHROID TABS 75 MCG
BUTALBITAL-ASPIRIN-CAFFEINE TABS 50-325-40 MG	ERYTHROMYCIN TBEC 250 MG	LEVOFLOXACIN SOLN 0.5 %	NADOLOL-BENDROFLUMETHIAZI DE TABS 40-5 MG	PROPAFENONE HCL ER CP12 425 MG	UNITHROID TABS 88 MCG
CALCIPOTRIENE-BETAMETH DIPROP OINT 0.005-0.064 %	ESGIC CAPS 50-325-40 MG	LEVOLEUCOVORIN CALCIUM PF SOLN 250 MG/25ML	NADOLOL-BENDROFLUMETHIAZI DE TABS 80-5 MG	PROPRANOLOL-HCTZ TABS 40-25 MG	UREA CREA 39 %
CALCITRENE OINT 0.005 %	ESGIC TABS 50-325-40 MG	LEVOLEUCOVORIN CALCIUM SOLR 50 MG	NAFTIFINE HCL CREA 1 %	PROPRANOLOL-HCTZ TABS 80-25 MG	UREA LOTN 40 %
CALCITRIOL OINT 3 MCG/GM	ESMOLOL HCL-SODIUM CHLORIDE SOLN 2000 MG/100ML	LEVONEST TABS 50-30/75-40/ 125-30 MCG	NAFTIFINE HCL GEL 1 %	PSORCON CREA 0.05 %	UREA-C40 LOTN 40 %
CALCIUM GLUCONATE-NACL SOLN 1-0.675 GM/50ML-%	ESMOLOL HCL-SODIUM CHLORIDE SOLN 2500 MG/250ML	LEVONORGEST-ETH EST & ETH EST TABS 42-21-21-7 DAYS	NALFON TABS 600 MG	PYRIDOSTIGMINE BROMIDE TABS 30 MG	URECHOLINE TABS 10 MG
CAMILA TABS 0.35 MG	ESOMEPRAZOLE MAGNESIUM CPDR 20 MG	LEVONORGEST-ETH ESTRAD 91-DAY TABS 0.1-0.02 & 0.01 MG	NALOCET TABS 2.5-300 MG	QUESTRAN LIGHT POWD 4 GM/DOSE	URECHOLINE TABS 25 MG

Medicare Part D Removals for 2023 (Cont.)

DRUG NAME					
CAMRESE LO TABS 0.1-0.02 & 0.01 MG	ESOMEPRAZOLE MAGNESIUM PACK 10 MG	LEVONORGEST-ETH ESTRAD 91-DAY TABS 0.15-0.03 & 0.01 MG	NALOXONE HCL SOAJ 2 MG/0.4ML	QUESTRAN PACK 4 GM	URECHOLINE TABS 5 MG
CANDESARTAN CILEXETIL TABS 32 MG	ESOMEPRAZOLE MAGNESIUM PACK 20 MG	LEVONORGEST-ETH ESTRAD 91-DAY TABS 0.15-0.03 MG	NAPROXEN SODIUM ER TB24 375 MG	QUESTRAN POWD 4 GM/DOSE	URECHOLINE TABS 50 MG
CANDESARTAN CILEXETIL-HCTZ TABS 16-12.5 MG	ESOMEPRAZOLE MAGNESIUM PACK 40 MG	LEVONORGESTREL- ETHINYL ESTRAD TABS 0.1-20 MG-MCG	NAPROXEN SODIUM ER TB24 500 MG	QUINAPRIL HCL TABS 10 MG	UREDEB CREA 39 %
CANDESARTAN CILEXETIL-HCTZ TABS 32-12.5 MG	ESOMEPRAZOLE SODIUM SOLR 40 MG	LEVONORGESTREL- ETHINYL ESTRAD TABS 0.15-30 MG-MCG	NAPROXEN SODIUM ER TB24 750 MG	QUINAPRIL HCL TABS 20 MG	URETRON D/S TABS 81.6 MG
CANDESARTAN CILEXETIL-HCTZ TABS 32-25 MG	ESTARYLLA TABS 0.25- 35 MG-MCG	LEVONORGESTREL- ETHINYL ESTRAD TABS 90-20 MCG	NAPROXEN SODIUM TABS 275 MG	QUINAPRIL HCL TABS 40 MG	URIN DS TABS 81.6 MG
CAPEX SHAM 0.01 %	ESTAZOLAM TABS 1 MG	LEVONORG-ETH ESTRAD TRIPHASIC TABS 50-30/75-40/ 125-30 MCG	NAPROXEN SODIUM TABS 550 MG	QUINAPRIL HCL TABS 5 MG	URYL TABS 81.6 MG
CAPTOPRIL- HYDROCHLOROTHAZI DE TABS 25-15 MG	ESTAZOLAM TABS 2 MG	LEVO-T TABS 100 MCG	NAPROXEN TBEC 500 MG	QUINAPRIL- HYDROCHLOROTHAZI DE TABS 10-12.5 MG	USTELL CAPS 120 MG
CAPTOPRIL- HYDROCHLOROTHAZI DE TABS 25-25 MG	ESTRACE TABS 0.5 MG	LEVO-T TABS 112 MCG	NAPROXEN- ESOMEPRAZOLE TBEC 375-20 MG	QUINAPRIL- HYDROCHLOROTHAZI DE TABS 20-12.5 MG	UTICAP CAPS 120 MG
CAPTOPRIL- HYDROCHLOROTHAZI DE TABS 50-15 MG	ESTRACE TABS 1 MG	LEVO-T TABS 125 MCG	NEO-POLYCIN HC OINT 1 %	QUINAPRIL- HYDROCHLOROTHAZI DE TABS 20-25 MG	UTIRA-C TABS 81.6 MG
CAPTOPRIL- HYDROCHLOROTHAZI DE TABS 50-25 MG	ESTRACE TABS 2 MG	LEVO-T TABS 137 MCG	NEO-POLYCIN OINT 3.5-400-10000	RABEPRAZOLE SODIUM CPSP 10 MG	UTRONA-C TABS 81.6 MG
CARBIDOPA- LEVODOPA TBDP 10- 100 MG	ESTRADIOL TABS 10 MCG	LEVO-T TABS 150 MCG	NEO-SYNALAR CREA 0.5-0.025 %	RABEPRAZOLE SODIUM TBEC 20 MG	VANATOL LQ SOLN 50-325-40 MG/15ML
CARBIDOPA- LEVODOPA TBDP 25- 100 MG	ESTRADIOL- NORETHINDRONE ACET TABS 0.5-0.1 MG	LEVO-T TABS 175 MCG	NIACIN ER (ANTIHYPERLIPIDEMIC) TBCR 1000 MG	RAMELTEON TABS 8 MG	VANCOMYCIN HCL SOLR 100 GM
CARBIDOPA- LEVODOPA TBDP 25- 250 MG	ESTRADIOL- NORETHINDRONE ACET TABS 1-0.5 MG	LEVO-T TABS 200 MCG	NIACIN ER (ANTIHYPERLIPIDEMIC) TBCR 750 MG	RANOLAZINE ER TB12 1000 MG	VANCOMYCIN HCL SOLR 750 MG
CARBINOXAMINE MALEATE SOLN 4 MG/5ML	ETHYNODIOL DIAC- ETH ESTRADIOL TABS 1-35 MG-MCG	LEVO-T TABS 25 MCG	NICARDIPINE HCL CAPS 20 MG	RASUVO SOAJ 27.5 MG/0.55ML	VANOXIDE-HC LOTN 5-0.5 %
CARBINOXAMINE MALEATE TABS 4 MG	ETODOLAC ER TB24 400 MG	LEVO-T TABS 300 MCG	NICARDIPINE HCL CAPS 30 MG	RELEXII TBCR 72 MG	VECAMYL TABS 2.5 MG
CARBOPROST TROMETHAMINE SOLN 250 MCG/ML	ETODOLAC ER TB24 500 MG	LEVO-T TABS 50 MCG	NISOLDIPINE ER TB24 17 MG	REPAGLINIDE- METFORMIN HCL TABS 1-500 MG	VELCADE SOLR 3.5 MG
CARISOPRODOL TABS 250 MG	ETODOLAC ER TB24 600 MG	LEVO-T TABS 75 MCG	NISOLDIPINE ER TB24 20 MG	REPAGLINIDE- METFORMIN HCL TABS 2-500 MG	VELIVET TABS 0.1/0.125/0.15 - 0.025 MG
CARISOPRODOL- ASPIRIN TABS 200-325 MG	EURAX CREA 10 %	LEVO-T TABS 88 MCG	NISOLDIPINE ER TB24 25.5 MG	REPATHA SOSY 140 MG/ML	VERIPRED 20 SOLN 20 MG/5ML
CARISOPRODOL- ASPIRIN-CODEINE TABS 200-325-16 MG	EUTHYROX TABS 100 MCG	LEVOTHYROXINE SODIUM CAPS 100 MCG	NISOLDIPINE ER TB24 30 MG	RESTASIS MULTIDOSE EMUL 0.05 %	VESTURA TABS 3- 0.02 MG

Medicare Part D Removals for 2023 (Cont.)

DRUG NAME					
CARTEOLOL HCL SOLN 1 %	EUTHYROX TABS 112 MCG	LEVOTHYROXINE SODIUM CAPS 112 MCG	NISOLDIPINE ER TB24 34 MG	RETIN-A MICRO PUMP GEL 0.04 %	VICODIN ES TABS 7.5-300 MG
CARVEDILOL PHOSPHATE ER CP24 10 MG	EUTHYROX TABS 125 MCG	LEVOTHYROXINE SODIUM CAPS 125 MCG	NISOLDIPINE ER TB24 40 MG	RETIN-A MICRO PUMP GEL 0.1 %	VICODIN HP TABS 10-300 MG
CARVEDILOL PHOSPHATE ER CP24 20 MG	EUTHYROX TABS 137 MCG	LEVOTHYROXINE SODIUM CAPS 13 MCG	NISOLDIPINE ER TB24 8.5 MG	REVLIMID CAPS 10 MG	VICODIN TABS 5-300 MG
CARVEDILOL PHOSPHATE ER CP24 40 MG	EUTHYROX TABS 150 MCG	LEVOTHYROXINE SODIUM CAPS 137 MCG	NIZATIDINE CAPS 150 MG	REVLIMID CAPS 15 MG	VIEKIRA XR TB24 200-8.33-50- 33.33 MG
CAZIAN TABS 0.1/0.125/0.15 -0.025 MG	EUTHYROX TABS 175 MCG	LEVOTHYROXINE SODIUM CAPS 150 MCG	NIZATIDINE CAPS 300 MG	REVLIMID CAPS 25 MG	VIENVA TABS 0.1-20 MG-MCG
CEFACTOR ER TB12 500 MG	EUTHYROX TABS 200 MCG	LEVOTHYROXINE SODIUM CAPS 175 MCG	NOLIX CREA 0.05 %	REVLIMID CAPS 5 MG	VYFEMLA TABS 0.4- 35 MG-MCG
CEFADROXIL SUSR 250 MG/5ML	EUTHYROX TABS 25 MCG	LEVOTHYROXINE SODIUM CAPS 200 MCG	NOLIX LOTN 0.05 %	RIFADIN CAPS 150 MG	VYLIBRA TABS 0.25- 35 MG-MCG
CEFADROXIL SUSR 500 MG/5ML	EUTHYROX TABS 50 MCG	LEVOTHYROXINE SODIUM CAPS 25 MCG	NORCO TABS 10-325 MG	RISEDRONATE SODIUM TABS 150 MG	WYMZYA FE CHEW 0.4-35 MG-MCG
CEFADROXIL TABS 1 GM	EUTHYROX TABS 75 MCG	LEVOTHYROXINE SODIUM CAPS 50 MCG	NORCO TABS 5-325 MG	RISEDRONATE SODIUM TABS 30 MG	XARELTO STARTER PACK TBPK 15 & 20 MG
CEFAZOLIN SODIUM SOLR 100 GM	EUTHYROX TABS 88 MCG	LEVOTHYROXINE SODIUM CAPS 75 MCG	NORCO TABS 7.5-325 MG	RISEDRONATE SODIUM TABS 5 MG	XUREA CREA 39 %
CEFAZOLIN SODIUM SOLR 300 GM	EVEKEO TABS 10 MG	LEVOTHYROXINE SODIUM CAPS 88 MCG	NORETHIN ACE-ETH ESTRAD-FE CAPS 1-20 MG-MCG(24)	RISEDRONATE SODIUM TBEC 35 MG	ZAFEMY PTWK 150- 35 MCG/24HR
CEFPROZIL SUSR 125 MG/5ML	EVEKEO TABS 5 MG	LEVOXYL TABS 100 MCG	NORETHIN ACE-ETH ESTRAD-FE TABS 1-20 MG-MCG	RIVELSA TABS 42-21- 21-7 DAYS	ZAFIRLUKAST TABS 10 MG
CEFPROZIL SUSR 250 MG/5ML	EZETIMIBE- SIMVASTATIN TABS 10-10 MG	LEVOXYL TABS 112 MCG	NORETHIN ACE-ETH ESTRAD-FE TABS 1-20 MG-MCG(24)	ROWEEPRA TABS 1000 MG	ZAFIRLUKAST TABS 20 MG
CEFPROZIL TABS 250 MG	EZETIMIBE- SIMVASTATIN TABS 10-20 MG	LEVOXYL TABS 125 MCG	NORETHINDRONE ACET-ETHINYL EST TABS 1-20 MG-MCG	RYCLORA SOLN 2 MG/5ML	ZARAH TABS 3-0.03 MG
CEFPROZIL TABS 500 MG	EZETIMIBE- SIMVASTATIN TABS 10-40 MG	LEVOXYL TABS 150 MCG	NORETHINDRONE-ETH ESTRADIOL TABS 0.5- 2.5 MG-MCG	RYVENT TABS 6 MG	ZEBUTAL CAPS 50- 325-40 MG
CEFTAZIDIME SOLR 2 GM	EZETIMIBE- SIMVASTATIN TABS 10-80 MG	LEVOXYL TABS 175 MCG	NORETHINDRONE-ETH ESTRADIOL TABS 1-5 MG-MCG	SAIZEN CLICK.EASY SOLR 8.8 MG	ZENATANE CAPS 10 MG
CEFTIN SUSR 125 MG/5ML	FALMINA TABS 0.1-20 MG-MCG	LEVOXYL TABS 200 MCG	NORETHIN-ETH ESTRADIOL-FE CHEW 0.4-35 MG-MCG	SALEX SHAM 6 %	ZENATANE CAPS 20 MG
CEFTIN SUSR 250 MG/5ML	FAMOTIDINE SOLN 200 MG/20ML	LEVOXYL TABS 25 MCG	NORETHIN-ETH ESTRADIOL-FE CHEW 0.8-25 MG-MCG	SALICYLIC ACID CREA 6 %	ZENATANE CAPS 30 MG
CEPHALEXIN CAPS 750 MG	FAMOTIDINE TABS 20 MG	LEVOXYL TABS 50 MCG	NORGESIC FORTE TABS 50-770-60 MG	SALICYLIC ACID ER SOLN 28.5 %	ZENATANE CAPS 40 MG
CEPHALEXIN TABS 250 MG	FAYOSIM TABS 42-21- 21-7 DAYS	LEVOXYL TABS 75 MCG	NORGESTIMATE-ETH ESTRADIOL TABS 0.25- 35 MG-MCG	SALICYLIC ACID FOAM 6 %	ZENZEDI TABS 10 MG

Medicare Part D Removals for 2023 (Cont.)

DRUG NAME					
(REMOVED PRODUCT)	FEMYNOR TABS 0.25-35 MG-MCG	LEVOXYL TABS 88 MCG	NORGESTIM-ETH ESTRAD TRIPHASIC TABS 0.18/0.215/0.25 MG-25 MCG	SALICYLIC ACID FOAM 6 %	ZENZEDI TABS 15 MG
CEROVEL LOTN 40 %	FENOFIBRATE CAPS 150 MG	LIDOCAINE HCL CREA 3 %	NORGESTIM-ETH ESTRAD TRIPHASIC TABS 0.18/0.215/0.25 MG-35 MCG	SALICYLIC ACID GEL 6 %	ZENZEDI TABS 2.5 MG
CETIRIZINE HCL SOLN 1 MG/ML	FENOFIBRATE CAPS 50 MG	LIDOCAINE HCL LOTN 3 %	NORLYROC TABS 0.35 MG	SALICYLIC ACID-CLEANSER KIT 6 % (CREAM)	ZENZEDI TABS 20 MG
CHLOROTHIAZIDE SODIUM SOLR 500 MG	FENOFIBRATE MICRONIZED CAPS 130 MG	LIDOCAINE-HYDROCORT (PERIANAL) CREA 3-0.5 %	NYAMYC POWD 100000 UNIT/GM	SALICYLIC ACID-CLEANSER KIT 6 % (LOTION)	ZENZEDI TABS 30 MG
CHLORZOXAZONE TABS 375 MG	FENOFIBRATE MICRONIZED CAPS 134 MG	LIDOCAINE-HYDROCORTISONE ACE KIT 2-2 %	NYLIA 7/7/7 TABS 0.5/0.75/1-35 MG-MCG	SELENIUM SULFIDE SHAM 2.3 %	ZENZEDI TABS 5 MG
CHLORZOXAZONE TABS 750 MG	FENOFIBRATE MICRONIZED CAPS 200 MG	LIDOCAINE-HYDROCORTISONE ACE KIT 3-0.5 %	NYMYO TABS 0.25-35 MG-MCG	SETLAKIN TABS 0.15-0.03 MG	ZENZEDI TABS 7.5 MG
CICLOPIROX OLAMINE SUSP 0.77 %	FENOFIBRATE MICRONIZED CAPS 43 MG	LIDOCAINE-HYDROCORTISONE ACE KIT 3-0.5 %	NYSTATIN POWD 100000 UNIT/GM	SEVELAMER HCL TABS 400 MG	ZERUVIA PTCH 4-1 %
CICLOPIROX SHAM 1 %	FENOFIBRATE MICRONIZED CAPS 67 MG	LIDOCAINE-TETRACAINE CREA 7-7 %	OCTAGAM SOLN 2 GM/20ML	SHAROBEL TABS 0.35 MG	ZERUVIA PTCH 4-1 %
CIMETIDINE TABS 200 MG	FENOFIBRATE TABS 120 MG	LIDOCAINE-TETRACAINE CREA 7-7 %	OFLOXACIN TABS 300 MG	SILDENAFIL CITRATE SOLN 10 MG/12.5ML	ZIONODIL 100 LOTN 3 %
CIMETIDINE TABS 300 MG	FENOFIBRATE TABS 145 MG	LIDOCORT CREA 3-0.5 %	OFLOXACIN TABS 400 MG	SILODOSIN CAPS 8 MG	ZIONODIL LOTN 3 %
CIMETIDINE TABS 400 MG	FENOFIBRATE TABS 40 MG	LIDOPIN CREA 3 %	OLMESARTAN MEDOXOMIL TABS 20 MG	SOD BENZ-SOD PHENYLACET SOLN 10-10 %	ZOLMITRIPTAN SOLN 2.5 MG
CIMETIDINE TABS 800 MG	FENOFIBRATE TABS 48 MG	LIDOPIN CREA 3 %	OLMESARTAN MEDOXOMIL TABS 40 MG	SODIUM ACETATE SOLN 4 MEQ/ML	ZOLMITRIPTAN SOLN 5 MG
CIPRODEX SUSP 0.3-0.1 %	FENOFIBRIC ACID CPDR 45 MG	LIDO-SORB LOTN 3 %	OLMESARTAN MEDOXOMIL TABS 5 MG	SODIUM POLYSTYRENE SULFONATE SUSP 50 GM/200ML	ZOLMITRIPTAN TABS 2.5 MG
CIPROFLOXACIN HCL SOLN 0.2 %	FENOPROFEN CALCIUM CAPS 400 MG	LIDOZION LOTN 3 %	OLMESARTAN MEDOXOMIL-HCTZ TABS 20-12.5 MG	SORINE TABS 120 MG	ZOLMITRIPTAN TABS 5 MG
CIPROFLOXACIN SUSR 250 MG/5ML (5%)	FENOPROFEN CALCIUM TABS 600 MG	LINCOMYCIN HCL SOLN 300 MG/ML	OLMESARTAN MEDOXOMIL-HCTZ TABS 40-12.5 MG	SORINE TABS 160 MG	ZOLPIDEM TARTRATE ER TBCR 12.5 MG
CIPROFLOXACIN-CIPROFLOX HCL ER TB24 1000 MG	FENORTHO CAPS 200 MG	LIOTHYRONINE SODIUM SOLN 10 MCG/ML	OLMESARTAN MEDOXOMIL-HCTZ TABS 40-25 MG	SORINE TABS 240 MG	ZOLPIDEM TARTRATE ER TBCR 6.25 MG
CIPROFLOXACIN-CIPROFLOX HCL ER TB24 500 MG	FENTANYL CITRATE (PF) SOLN 50 MCG/ML	LITHIUM SOLN 8 MEQ/5ML	OLMESARTAN-AMLODIPINE-HCTZ TABS 20-5-12.5 MG	SORINE TABS 80 MG	ZOLPIDEM TARTRATE SUBL 1.75 MG
CLARITHROMYCIN ER TB24 500 MG	FENTANYL PT72 37.5 MCG/HR	LOESTRIN 1.5/30 (21) TABS 1.5-30 MG-MCG	OLMESARTAN-AMLODIPINE-HCTZ TABS 40-10-12.5 MG	SPIRIVA RESPIMAT AERS 1.25 MCG/ACT	ZOLPIDEM TARTRATE SUBL 3.5 MG
CLEMASTINE FUMARATE TABS 2.68 MG	FENTANYL PT72 62.5 MCG/HR	LOESTRIN FE 1.5/30 TABS 1.5-30 MG-MCG	OLMESARTAN-AMLODIPINE-HCTZ TABS 40-10-25 MG	SRONYX TABS 0.1-20 MG-MCG	ZOVIA 1/35 (28) TABS 1-35 MG-MCG

Medicare Part D Removals for 2023 (Cont.)

DRUG NAME	
CLINDACIN-P SWAB 1 %	FENTANYL PT72 87.5 MCG/HR

Medicare Part D Tier Changes for 2023

DRUG NAME	2023 TIER	2022 TIER
ALENDRONATE SODIUM TABS 10 MG	1	2
ALENDRONATE SODIUM TABS 35 MG	1	2
BUSPIRONE HCL TABS 15 MG	1	2
BUSPIRONE HCL TABS 30 MG	1	2
BUSPIRONE HCL TABS 7.5 MG	1	2
ENALAPRIL MALEATE TABS 10 MG	1	2
ENALAPRIL MALEATE TABS 2.5 MG	1	2
ENALAPRIL MALEATE TABS 20 MG	1	2
ENALAPRIL MALEATE TABS 5 MG	1	2
PAROXETINE HCL TABS 30 MG	1	2
PAROXETINE HCL TABS 40 MG	1	2
VALSARTAN TABS 320 MG	1	2
TRADJENTA TABS 5 MG	3	4
BICILLIN L-A SUSY 1200000 UNIT/2ML	4	3
BUDESONIDE SUSP 1 MG/2ML	4	2
DIAZEPAM GEL 10 MG	4	2
EVEROLIMUS TABS 0.25 MG	4	2
EVEROLIMUS TABS 0.5 MG	4	5
EVEROLIMUS TABS 0.75 MG	4	5
FENTANYL CITRATE TABS 100 MCG	4	2
FENTANYL CITRATE TABS 200 MCG	4	2
FENTANYL CITRATE TABS 400 MCG	4	2
FENTANYL CITRATE TABS 600 MCG	4	2
FENTANYL CITRATE TABS 800 MCG	4	2
MILLIPRED TABS 5 MG	4	2
PROGRAF PACK 1 MG	4	5
SAPHRIS SUBL 10 MG	4	5
SAPHRIS SUBL 2.5 MG	4	5
SAPHRIS SUBL 5 MG	4	5
VIREAD TABS 150 MG	4	3
BELBUCA FILM 600 MCG	5	4
BELBUCA FILM 750 MCG	5	4
BELBUCA FILM 900 MCG	5	4
BOSENTAN TABS 125 MG	5	2
CHORIONIC GONADOTROPIN SOLR 10000 UNIT	5	4
COLISTIMETHATE SODIUM (CBA) SOLR 150 MG	5	2
CROMOLYN SODIUM NEBU 20 MG/2ML	5	2
CYCLOSERINE CAPS 250 MG	5	2
ENVARUSUS XR TB24 4 MG	5	4
ERGOMAR SUBL 2 MG	5	2

Medicare Part D Tier Changes for 2023 (Cont.)

DRUG NAME	2023 TIER	2022 TIER
FYCOMPA TABS 10 MG	5	4
FYCOMPA TABS 12 MG	5	4
FYCOMPA TABS 4 MG	5	4
FYCOMPA TABS 6 MG	5	4
FYCOMPA TABS 8 MG	5	4
INDOCIN SUPP 50 MG	5	2
LUPRON DEPOT-PED (1-MONTH) KIT 11.25 MG	5	3
LUPRON DEPOT-PED (1-MONTH) KIT 15 MG	5	3
LUPRON DEPOT-PED (1-MONTH) KIT 7.5 MG	5	4
NITRO-DUR PT24 0.3 MG/HR	5	3
NITRO-DUR PT24 0.8 MG/HR	5	3
OXTELLAR XR TB24 600 MG	5	4
PERCOCET TABS 10-325 MG	5	2
PERCOCET TABS 7.5-325 MG	5	2
RISPERDAL CONSTA SRER 25 MG	5	4
SIROLIMUS TABS 2 MG	5	2
SYMPAZAN FILM 5 MG	5	4
TYVASO REFILL SOLN 0.6 MG/ML	5	4
TYVASO STARTER SOLN 0.6 MG/ML	5	4
XCOPRI TABS 100 MG	5	4
XCOPRI TABS 150 MG	5	4
XCOPRI TABS 50 MG	5	4

Please note: KP National may implement additional changes to this information. The current 2023 Medicare Part D Formulary can be found online at: [Kaiser Permanente 2023 Comprehensive Formulary](#).

