



**Notice of Changes to the Formulary
(for Providers and Network Pharmacies)**

Effective 4/01/2022

Beginning on April 1, 2022, *Prior Authorization Part B vs. D* will be applied to the following drugs. If the member has a Medicare Transplant attribute, the drug will be covered under Part B, if not, the drug will be covered under Part D.

METHYLPREDNISOLONE 16 MG TABLET
METHYLPREDNISOLONE 32 MG TABLET
METHYLPREDNISOLONE 4 MG TABLET
METHYLPREDNISOLONE 8 MG TABLET
PREDNISOLONE 5 MG TABLET
PREDNISONONE 1 MG TABLET
PREDNISONONE 10 MG TABLET
PREDNISONONE 2.5 MG TABLET
PREDNISONONE 20 MG TABLET
PREDNISONONE5 MG TABLET
PREDNISONONE 5 MG/5 ML SOLUTION
PREDNISONONE 50 MG TABLET
PREDNISOLONE SODIUM PHOSPHATE 10 MG/5 ML SOLUTION
PREDNISOLONE SODIUM PHOSPHATE 15 MG/5 ML SOLUTION
PREDNISOLONE SODIUM PHOSPHATE 20 MG/5 ML SOLUTION
PREDNISOLONE SODIUM PHOSPHATE 25 MG/5 ML SOLUTION
PREDNISOLONE SODIUM PHOSPHATE 5 MG/5 ML SOLUTION

Should you have any questions, please contact the Doctors HealthCare Plans Pharmacy Department at 305-422-9300, Option 4.

Thank you.

Doctors HealthCare Plans, Inc.

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