

American Health Advantage of Tennessee (HMO)

2020

Formulary Addendum

(1 Tier)

Below is a list formulary changes for the benefit year 2020. This is not a complete list of drugs covered by the Part D plan. The formulary changes are reflected in the 2020 downloadable formulary on the *American Health Advantage of Tennessee* website.

For a complete list of drugs covered by *American Health Advantage of Tennessee*, please visit our website at tn.amhealthplans.com or call Member Services at 1-844-321-1763, 8:00 am to 8:00 pm, 7 days a week from October 1st to March 31st and Monday to Friday from April 1st through September 30th. TTY/TDD users should call 711.

**BvsD – Part B vs. Part D, NF - Non-Formulary, PA - Prior Authorization (1=all members, 2=new starts),
 QL – Quantity Limit per 30 days, ST - Step Therapy (1=all members, 2=new starts),
 LA - This prescription may be available only at certain pharmacies.**

2020 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
EFFECTIVE 01/01/2020				
Avonex Kit 30 MCG Intramuscular	1 + PA2	NF	CMS Required Deletion	N/A
Bivigam Solution 10 GM/100ML Intravenous	1 + PA1	NF	CMS Required Deletion	N/A
Cefixime Capsule 400 MG Oral	NF	1	Formulary Enhancement	N/A
Corlanor Solution 5 MG/5ML Oral	NF	1 + QL 450 + PA1	Formulary Enhancement	N/A
DEPO-MEDROL INJ 20MG/ML	NF	1 + BvsD	Formulary Enhancement	N/A
DEPO-MEDROL INJ 40MG/ML	NF	1 + BvsD	Formulary Enhancement	N/A
DEPO-MEDROL INJ 40MG/ML	NF	1 + BvsD	Formulary Enhancement	N/A
Enbrel Mini Solution Cartridge 50 MG/ML Subcutaneous	NF	1 + PA1	Formulary Enhancement	N/A
Erythromycin Base Tablet Delayed Release 250 MG Oral	NF	1	Formulary Enhancement	N/A
Erythromycin Base Tablet Delayed Release 333 MG Oral	NF	1	Formulary Enhancement	N/A

Formulary ID: 20259, Version 19

Last Updated: 11/25/2020

Effective date: 12/01/2020

H7779_FormularyChange00220_C

**BvsD – Part B vs. Part D, NF - Non-Formulary, PA - Prior Authorization (1=all members, 2=new starts),
 QL – Quantity Limit per 30 days, ST - Step Therapy (1=all members, 2=new starts),
 LA - This prescription may be available only at certain pharmacies.**

2020 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Erythromycin Base Tablet Delayed Release 500 MG Oral	NF	1	Formulary Enhancement	N/A
Febuxostat Tablet 40 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Febuxostat Tablet 80 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Inrebic Capsule 100 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Jolivette Tablet 0.35 MG Oral	1	NF	CMS Required Deletion	N/A
Metaproterenol Sulfate Tablet 10 MG Oral	1	NF	CMS Required Deletion	N/A
Metaproterenol Sulfate Tablet 20 MG Oral	1	NF	CMS Required Deletion	N/A
MonoNessa Tablet 0.25-35 MG-MCG Oral	1	NF	CMS Required Deletion	N/A
Morphine Sulfate SOLUTION 2 MG/ML Injection	1 + BvsD	NF	CMS Required Deletion	N/A
Morphine Sulfate SOLUTION 5 MG/ML INJECTION	1	NF	CMS Required Deletion	N/A
Nubeqa Tablet 300 MG Oral	NF	1 + QL 120 + PA2	Formulary Enhancement	N/A
Pregabalin Capsule 100 MG Oral	NF	1 + QL 120	Formulary Enhancement	N/A
Pregabalin Capsule 150 MG Oral	NF	1 + QL 120	Formulary Enhancement	N/A
Pregabalin Capsule 200 MG Oral	NF	1 + QL 120	Formulary Enhancement	N/A
Pregabalin Capsule 225 MG Oral	NF	1 + QL 120	Formulary Enhancement	N/A
Pregabalin Capsule 25 MG Oral	NF	1 + QL 120	Formulary Enhancement	N/A
Pregabalin Capsule 300 MG Oral	NF	1 + QL 60	Formulary Enhancement	N/A
Pregabalin Capsule 50 MG Oral	NF	1 + QL 120	Formulary Enhancement	N/A
Pregabalin Capsule 75 MG Oral	NF	1 + QL 120	Formulary Enhancement	N/A
Pregabalin Solution 20 MG/ML Oral	NF	1 + QL 900	Formulary Enhancement	N/A
Ramelteon Tablet 8 MG Oral	NF	1	Formulary Enhancement	N/A
Soliqua Solution Pen-injector 100-33 UNT-MCG/ML Subcutaneous	1 + QL 18 + ST1	1 + QL 18	Formulary Enhancement	N/A
SOLU-MEDROL INJ 125MG	NF	1 + BvsD	Formulary Enhancement	N/A
SOLU-MEDROL INJ 1GM	NF	1 + BvsD	Formulary Enhancement	N/A
SOLU-MEDROL INJ 1GM	NF	1 + BvsD	Formulary Enhancement	N/A

**Formulary ID: 20259, Version 19
 Last Updated: 11/25/2020
 Effective date: 12/01/2020
 H7779_FormularyChange00220_C**

**BvsD – Part B vs. Part D, NF - Non-Formulary, PA - Prior Authorization (1=all members, 2=new starts),
 QL – Quantity Limit per 30 days, ST - Step Therapy (1=all members, 2=new starts),
 LA - This prescription may be available only at certain pharmacies.**

2020 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
SOLU-MEDROL INJ 2GM	NF	1 + BvsD	Formulary Enhancement	N/A
SOLU-MEDROL INJ 40MG	NF	1 + BvsD	Formulary Enhancement	N/A
SOLU-MEDROL INJ 500MG	NF	1 + BvsD	Formulary Enhancement	N/A
Symdeko Tablet Therapy Pack 50-75 & 75 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Theophylline ER Tablet Extended Release 12 Hour 100 MG Oral	1	NF	CMS Required Deletion	N/A
Theophylline ER Tablet Extended Release 12 Hour 200 MG Oral	1	NF	CMS Required Deletion	N/A
TOLAZamide Tablet 250 MG Oral	1	NF	CMS Required Deletion	N/A
TOLAZamide Tablet 500 MG Oral	1	NF	CMS Required Deletion	N/A
Trulicity Solution Pen-injector 0.75 MG/0.5ML Subcutaneous	1 + QL 2/28	1	Formulary Enhancement	N/A
Trulicity Solution Pen-injector 1.5 MG/0.5ML Subcutaneous	1 + QL 2/28	1	Formulary Enhancement	N/A
Turalio Capsule 200 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Xpovio (100 MG Once Weekly) Tablet Therapy Pack 20 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Xpovio (60 MG Once Weekly) Tablet Therapy Pack 20 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Xpovio (80 MG Once Weekly) Tablet Therapy Pack 20 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Xpovio (80 MG Twice Weekly) Tablet Therapy Pack 20 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Xultophy Solution Pen-injector 100-3.6 UNIT-MG/ML Subcutaneous	1 + QL 15 + ST1	1 + QL 15	Formulary Enhancement	N/A
Amabelz TABLET 0.5-0.1 MG ORAL	1 + PA2	1	Formulary Enhancement	N/A
Amabelz TABLET 1-0.5 MG ORAL	1 + PA2	1	Formulary Enhancement	N/A

**Formulary ID: 20259, Version 19
 Last Updated: 11/25/2020
 Effective date: 12/01/2020
 H7779_FormularyChange00220_C**

**BvsD – Part B vs. Part D, NF - Non-Formulary, PA - Prior Authorization (1=all members, 2=new starts),
 QL – Quantity Limit per 30 days, ST - Step Therapy (1=all members, 2=new starts),
 LA - This prescription may be available only at certain pharmacies.**

2020 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Caspofungin Acetate Solution Reconstituted 50 MG Intravenous	1 + PA1	1	Formulary Enhancement	N/A
Caspofungin Acetate Solution Reconstituted 70 MG Intravenous	1 + PA1	1	Formulary Enhancement	N/A
Divigel Gel 1 MG/GM Transdermal	1 + PA2	1	Formulary Enhancement	N/A
Elestrin Gel 0.52 MG/0.87 GM (0.06%) Transdermal	1 + PA2	1	Formulary Enhancement	N/A
Eraxis SOLUTION RECONSTITUTED 100 MG Intravenous	1 + PA1	1	Formulary Enhancement	N/A
Eraxis SOLUTION RECONSTITUTED 50 MG Intravenous	1 + PA1	1	Formulary Enhancement	N/A
Estradiol Patch Twice Weekly 0.025 MG/24HR Transdermal	1 + PA2	1	Formulary Enhancement	N/A
Estradiol Patch Twice Weekly 0.0375 MG/24HR Transdermal	1 + PA2	1	Formulary Enhancement	N/A
Estradiol Patch Twice Weekly 0.05 MG/24HR Transdermal	1 + PA2	1	Formulary Enhancement	N/A
Estradiol Patch Twice Weekly 0.075 MG/24HR Transdermal	1 + PA2	1	Formulary Enhancement	N/A
Estradiol Patch Twice Weekly 0.1 MG/24HR Transdermal	1 + PA2	1	Formulary Enhancement	N/A
Estradiol Patch Weekly 0.025 MG/24HR Transdermal	1 + PA2	1	Formulary Enhancement	N/A
Estradiol Patch Weekly 0.0375 MG/24HR Transdermal	1 + PA2	1	Formulary Enhancement	N/A
Estradiol Patch Weekly 0.05 MG/24HR Transdermal	1 + PA2	1	Formulary Enhancement	N/A
Estradiol Patch Weekly 0.06 MG/24HR Transdermal	1 + PA2	1	Formulary Enhancement	N/A
Estradiol Patch Weekly 0.075 MG/24HR Transdermal	1 + PA2	1	Formulary Enhancement	N/A

**Formulary ID: 20259, Version 19
 Last Updated: 11/25/2020
 Effective date: 12/01/2020
 H7779_FormularyChange00220_C**

**BvsD – Part B vs. Part D, NF - Non-Formulary, PA - Prior Authorization (1=all members, 2=new starts),
 QL – Quantity Limit per 30 days, ST - Step Therapy (1=all members, 2=new starts),
 LA - This prescription may be available only at certain pharmacies.**

2020 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Estradiol Patch Weekly 0.1 MG/24HR Transdermal	1 + PA2	1	Formulary Enhancement	N/A
Estradiol Tablet 0.5 MG Oral	1 + PA2	1	Formulary Enhancement	N/A
Estradiol Tablet 1 MG Oral	1 + PA2	1	Formulary Enhancement	N/A
Estradiol Tablet 2 MG Oral	1 + PA2	1	Formulary Enhancement	N/A
Estradiol-Norethindrone Acet Tablet 0.5-0.1 MG Oral	1 + PA2	1	Formulary Enhancement	N/A
Estradiol-Norethindrone Acet Tablet 1-0.5 MG Oral	1 + PA2	1	Formulary Enhancement	N/A
Evamist SOLUTION 1.53 MG/SPRAY Transdermal	1 + PA2	1	Formulary Enhancement	N/A
Fyavolv TABLET 0.5-2.5 MG-MCG ORAL	1 + PA2	1	Formulary Enhancement	N/A
Fyavolv TABLET 1-5 MG-MCG ORAL	1 + PA2	1	Formulary Enhancement	N/A
Jinteli TABLET 1-5 MG-MCG Oral	1 + PA2	1	Formulary Enhancement	N/A
Menest Tablet 0.3 MG Oral	1 + PA2	1	Formulary Enhancement	N/A
Menest TABLET 0.625 MG ORAL	1 + PA2	1	Formulary Enhancement	N/A
Menest Tablet 1.25 MG Oral	1 + PA2	1	Formulary Enhancement	N/A
Mimvey Lo TABLET 0.5-0.1 MG ORAL	1 + PA2	1	Formulary Enhancement	N/A
Mimvey TABLET 1-0.5 MG ORAL	1 + PA2	1	Formulary Enhancement	N/A
Mycamine SOLUTION RECONSTITUTED 100 MG Intravenous	1 + PA1	1	Formulary Enhancement	N/A
Mycamine SOLUTION RECONSTITUTED 50 MG Intravenous	1 + PA1	1	Formulary Enhancement	N/A
Norethindrone-Eth Estradiol Tablet 0.5-2.5 MG-MCG Oral	1 + PA2	1	Formulary Enhancement	N/A

**Formulary ID: 20259, Version 19
 Last Updated: 11/25/2020
 Effective date: 12/01/2020
 H7779_FormularyChange00220_C**

**BvsD – Part B vs. Part D, NF - Non-Formulary, PA - Prior Authorization (1=all members, 2=new starts),
 QL – Quantity Limit per 30 days, ST - Step Therapy (1=all members, 2=new starts),
 LA - This prescription may be available only at certain pharmacies.**

2020 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Norethindrone-Eth Estradiol Tablet 1-5 MG-MCG Oral	1 + PA2	1	Formulary Enhancement	N/A
Varubi Tablet 90 MG Oral	1 + QL 8 + PA1	1 + QL 8 + BvsD	Formulary Enhancement	N/A
Posaconazole Tablet Delayed Release 100 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Rozlytrek Capsule 100 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Rozlytrek Capsule 200 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Ferriprox Tablet 1000 MG Oral	NF	1 + PA1 + LA	Formulary Enhancement	N/A
EFFECTIVE 02/01/2020				
Ciprofloxacin-Fluocinolone PF Solution 0.3-0.025 % Otic	NF	1	Formulary Enhancement	N/A
Deferasirox Tablet 360 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Deferasirox Tablet 90 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Delyla TABLET 0.1-20 MG-MCG ORAL	1	NF	CMS Required Deletion	N/A
Dextrose-NaCl SOLUTION 5-0.33 % Intravenous	1+ BvsD	NF	CMS Required Deletion	N/A
Fiasp PenFill Solution Cartridge 100 UNIT/ML Subcutaneous	NF	1	Formulary Enhancement	N/A
GaviLyte-G SOLUTION RECONSTITUTED 236 GM ORAL	1	NF	CMS Required Deletion	N/A
KCl in Dextrose-NaCl Solution 20-5-0.33 MEQ/L-%-% Intravenous	1+ BvsD	NF	CMS Required Deletion	N/A
Methyclothiazide Tablet 5 MG Oral	1	NF	CMS Required Deletion	N/A
Mimvey Lo TABLET 0.5-0.1 MG ORAL	1	NF	CMS Required Deletion	N/A
Nadolol-Bendroflumethiazide Tablet 40-5 MG Oral	1	NF	CMS Required Deletion	N/A
Nayzilam Solution 5 MG/0.1ML Nasal	NF	1	Formulary Enhancement	N/A

**Formulary ID: 20259, Version 19
 Last Updated: 11/25/2020
 Effective date: 12/01/2020
 H7779_FormularyChange00220_C**

**BvsD – Part B vs. Part D, NF - Non-Formulary, PA - Prior Authorization (1=all members, 2=new starts),
 QL – Quantity Limit per 30 days, ST - Step Therapy (1=all members, 2=new starts),
 LA - This prescription may be available only at certain pharmacies.**

2020 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Norlyroc TABLET 0.35 MG ORAL	1	NF	CMS Required Deletion	N/A
Oxervate Solution 0.002 % Ophthalmic	1 + PA1	NF	CMS Required Deletion	N/A
Promethazine HCl SUPPOSITORY 50 MG Rectal	1	NF	CMS Required Deletion	N/A
Rebetol Solution 40 MG/ML Oral	1	NF	CMS Required Deletion	N/A
Ribasphere CAPSULE 200 MG ORAL	1	NF	CMS Required Deletion	N/A
Ribasphere RibaPak Tablet 600 MG Oral	1	NF	CMS Required Deletion	N/A
Ribasphere RibaPak Tablet Therapy Pack 400 & 600 MG Oral	1	NF	CMS Required Deletion	N/A
Ribasphere Tablet 600 MG Oral	1	NF	CMS Required Deletion	N/A
Theo-24 CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ORAL	NF	1	Formulary Enhancement	N/A
Theo-24 CAPSULE EXTENDED RELEASE 24 HOUR 200 MG ORAL	NF	1	Formulary Enhancement	N/A
Theo-24 CAPSULE EXTENDED RELEASE 24 HOUR 300 MG ORAL	NF	1	Formulary Enhancement	N/A
Thyrolar-1 Tablet 60 (12.5-50) MG (MCG) Oral	1	NF	CMS Required Deletion	N/A
Thyrolar-1/2 Tablet 30 (6.25-25) MG (MCG) Oral	1	NF	CMS Required Deletion	N/A
Thyrolar-1/4 Tablet 15 (3.1-12.5) MG (MCG) Oral	1	NF	CMS Required Deletion	N/A
Thyrolar-2 Tablet 120 (25-100) MG (MCG) Oral	1	NF	CMS Required Deletion	N/A
Thyrolar-3 Tablet 180 (37.5-150) MG (MCG) Oral	1	NF	CMS Required Deletion	N/A

**Formulary ID: 20259, Version 19
 Last Updated: 11/25/2020
 Effective date: 12/01/2020
 H7779_FormularyChange00220_C**

**BvsD – Part B vs. Part D, NF - Non-Formulary, PA - Prior Authorization (1=all members, 2=new starts),
 QL – Quantity Limit per 30 days, ST - Step Therapy (1=all members, 2=new starts),
 LA - This prescription may be available only at certain pharmacies.**

2020 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Tiadyt ER Capsule Extended Release 24 Hour 360 MG Oral	NF	1	Formulary Enhancement	N/A
Trelegy Ellipta Aerosol Powder Breath Activated 100-62.5-25 MCG/INH Inhalation	1 + ST1	1	Formulary Enhancement	NF
Zykadia CAPSULE 150 MG ORAL	1 + PA2	NF	CMS Required Deletion	N/A
EFFECTIVE 03/01/2020				
Armodafinil Tablet 150 MG Oral	1 + QL 30 + PA1	1 + QL 30	Formulary Enhancement	N/A
Armodafinil Tablet 200 MG Oral	1 + QL 30 + PA1	1 + QL 30	Formulary Enhancement	N/A
Armodafinil Tablet 250 MG Oral	1 + QL 30 + PA1	1 + QL 30	Formulary Enhancement	N/A
Armodafinil Tablet 50 MG Oral	1 + QL 30 + PA1	1 + QL 30	Formulary Enhancement	N/A
Brukinsa Capsule 80 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Butalbital-APAP-Caffeine Capsule 50-300-40 MG Oral	NF	1 + QL 180	Formulary Enhancement	N/A
Butalbital-APAP-Caffeine Capsule 50-325-40 MG Oral	NF	1 + QL 180	Formulary Enhancement	N/A
Butalbital-APAP-Caffeine Tablet 50-325-40 MG Oral	NF	1 + QL 180	Formulary Enhancement	N/A
Butalbital-Aspirin-Caffeine Capsule 50-325-40 MG Oral	NF	1 + QL 180	Formulary Enhancement	N/A
Celecoxib Capsule 100 MG Oral	1 + QL 60 + ST1	1 + QL 60	Formulary Enhancement	N/A
Celecoxib Capsule 200 MG Oral	1 + QL 60 + ST1	1 + QL 60	Formulary Enhancement	N/A
Celecoxib Capsule 400 MG Oral	1 + QL 60 + ST1	1 + QL 60	Formulary Enhancement	N/A
Celecoxib Capsule 50 MG Oral	1 + QL 60 + ST1	1 + QL 60	Formulary Enhancement	N/A

**Formulary ID: 20259, Version 19
 Last Updated: 11/25/2020
 Effective date: 12/01/2020
 H7779_FormularyChange00220_C**

**BvsD – Part B vs. Part D, NF - Non-Formulary, PA - Prior Authorization (1=all members, 2=new starts),
 QL – Quantity Limit per 30 days, ST - Step Therapy (1=all members, 2=new starts),
 LA - This prescription may be available only at certain pharmacies.**

2020 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Ciprofloxacin SUSPENSION RECONSTITUTED 500 MG/5ML (10%) ORAL	1	NF	CMS Required Deletion	N/A
Daliresp Tablet 250 MCG Oral	1 + PA1	1 + PA2	Formulary Enhancement	N/A
Daliresp Tablet 500 MCG Oral	1 + PA1	1 + PA2	Formulary Enhancement	N/A
Drizalma Sprinkle Capsule Delayed Release Sprinkle 20 MG Oral	NF	1 + QL 60	Formulary Enhancement	N/A
Drizalma Sprinkle Capsule Delayed Release Sprinkle 30 MG Oral	NF	1 + QL 60	Formulary Enhancement	N/A
Drizalma Sprinkle Capsule Delayed Release Sprinkle 40 MG Oral	NF	1 + QL 60	Formulary Enhancement	N/A
Drizalma Sprinkle Capsule Delayed Release Sprinkle 60 MG Oral	NF	1 + QL 60	Formulary Enhancement	N/A
Entresto Tablet 24-26 MG Oral	1 + QL 60 + PA1	1 + QL 60 + PA2	Formulary Enhancement	N/A
Entresto Tablet 49-51 MG Oral	1 + QL 60 + PA1	1 + QL 60 + PA2	Formulary Enhancement	N/A
Entresto Tablet 97-103 MG Oral	1 + QL 60 + PA1	1 + QL 60 + PA2	Formulary Enhancement	N/A
Ery-Tab Tablet Delayed Release 250 MG Oral	1	NF	Formulary Update	Erythromycin Base Tablet Delayed Release 250 MG Oral, 1
Ery-Tab Tablet Delayed Release 333 MG Oral	1	NF	Formulary Update	Erythromycin Base Tablet Delayed Release 333 MG Oral, 1

**Formulary ID: 20259, Version 19
 Last Updated: 11/25/2020
 Effective date: 12/01/2020
 H7779_FormularyChange00220_C**

**BvsD – Part B vs. Part D, NF - Non-Formulary, PA - Prior Authorization (1=all members, 2=new starts),
 QL – Quantity Limit per 30 days, ST - Step Therapy (1=all members, 2=new starts),
 LA - This prescription may be available only at certain pharmacies.**

2020 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Ery-Tab Tablet Delayed Release 500 MG Oral	1	NF	Formulary Update	Erythromycin Base Tablet Delayed Release 500 MG Oral, 1
Esbriet Tablet 267 MG Oral	1 + PA1	NF	CMS Required Deletion	N/A
Everolimus Tablet 2.5 MG Oral	NF	1 + QL 30 + PA2	Formulary Enhancement	N/A
Everolimus Tablet 5 MG Oral	NF	1 + QL 30 + PA2	Formulary Enhancement	N/A
Everolimus Tablet 7.5 MG Oral	NF	1 + QL 30 + PA2	Formulary Enhancement	N/A
Isosorbide Dinitrate ER Tablet Extended Release 40 MG Oral	1	NF	CMS Required Deletion	N/A
Jadenu Tablet 360 MG Oral	1 + PA1	NF	Formulary Update	Deferasirox Tablet 360 MG Oral, 1 + PA1
Jadenu Tablet 90 MG Oral	1 + PA1	NF	Formulary Update	Deferasirox Tablet 90 MG Oral, 1 + PA1
KENALOG-40 INJ 40MG/ML	NF	1 + BvsD	Formulary Enhancement	N/A
Levalbuterol HCl Nebulization Solution 0.31 MG/3ML Inhalation	NF	1 + BvsD	Formulary Enhancement	N/A
Levalbuterol HCl Nebulization Solution 0.63 MG/3ML Inhalation	NF	1 + BvsD	Formulary Enhancement	N/A
Levalbuterol HCl Nebulization Solution 1.25 MG/0.5ML Inhalation	NF	1 + BvsD	Formulary Enhancement	N/A
Levalbuterol HCl Nebulization Solution 1.25 MG/3ML Inhalation	NF	1 + BvsD	Formulary Enhancement	N/A
Lyrica Capsule 100 MG Oral	1 + QL 120	NF	Formulary Update	Pregabalin Capsule 100 MG Oral, 1 + QL 120

**Formulary ID: 20259, Version 19
 Last Updated: 11/25/2020
 Effective date: 12/01/2020
 H7779_FormularyChange00220_C**

**BvsD – Part B vs. Part D, NF - Non-Formulary, PA - Prior Authorization (1=all members, 2=new starts),
 QL – Quantity Limit per 30 days, ST - Step Therapy (1=all members, 2=new starts),
 LA - This prescription may be available only at certain pharmacies.**

2020 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Lyrica Capsule 150 MG Oral	1 + QL 120	NF	Formulary Update	Pregabalin Capsule 150 MG Oral, 1 + QL 120
Lyrica Capsule 200 MG Oral	1 + QL 120	NF	Formulary Update	Pregabalin Capsule 200 MG Oral, 1 + QL 120
Lyrica Capsule 225 MG Oral	1 + QL 120	NF	Formulary Update	Pregabalin Capsule 225 MG Oral, 1 + QL 120
Lyrica Capsule 25 MG Oral	1 + QL 120	NF	Formulary Update	Pregabalin Capsule 25 MG Oral, 1 + QL 120
Lyrica Capsule 300 MG Oral	1 + QL 60	NF	Formulary Update	Pregabalin Capsule 300 MG Oral, 1 + QL 60
Lyrica Capsule 50 MG Oral	1 + QL 120	NF	Formulary Update	Pregabalin Capsule 50 MG Oral, 1 + QL 120
Lyrica Capsule 75 MG Oral	1 + QL 120	NF	Formulary Update	Pregabalin Capsule 75 MG Oral, 1 + QL 120
Lyrica Solution 20 MG/ML Oral	1 + QL 900	NF	Formulary Update	Pregabalin Solution 20 MG/ML Oral, 1 + QL 900
Mesalamine ER Capsule Extended Release 24 Hour 0.375 GM Oral	NF	1	Formulary Enhancement	N/A
Modafinil Tablet 100 MG Oral	1 + QL 30 + PA1	1 + QL 30	Formulary Enhancement	N/A
Modafinil Tablet 200 MG Oral	1 + QL 30 + PA1	1 + QL 30	Formulary Enhancement	N/A
Noxafil Tablet Delayed Release 100 MG Oral	1 + PA1	NF	Formulary Update	Posaconazole Tablet Delayed Release 100 MG Oral, 1 + PA1

**Formulary ID: 20259, Version 19
 Last Updated: 11/25/2020
 Effective date: 12/01/2020
 H7779_FormularyChange00220_C**

**BvsD – Part B vs. Part D, NF - Non-Formulary, PA - Prior Authorization (1=all members, 2=new starts),
 QL – Quantity Limit per 30 days, ST - Step Therapy (1=all members, 2=new starts),
 LA - This prescription may be available only at certain pharmacies.**

2020 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
OLANZapine Tablet 7.5 MG Oral	1 + QL 30	1 + QL 60	Formulary Enhancement	N/A
Pentamidine Isethionate Solution Reconstituted 300 MG Inhalation	NF	1+ BvsD	Formulary Enhancement	N/A
Pentamidine Isethionate Solution Reconstituted 300 MG Injection	NF	1+ BvsD	Formulary Enhancement	N/A
Promethazine inj 25mg/ml	NF	1 + BvsD	Formulary Enhancement	N/A
Ranolazine ER Tablet Extended Release 12 Hour 1000 MG Oral	1 + PA1	1 + PA2	Formulary Enhancement	N/A
Ranolazine ER Tablet Extended Release 12 Hour 500 MG Oral	1 + PA1	1 + PA2	Formulary Enhancement	N/A
Repaglinide-metFORMIN HCl Tablet 1-500 MG Oral	1	NF	CMS Required Deletion	N/A
Repaglinide-metFORMIN HCl Tablet 2-500 MG Oral	1	NF	CMS Required Deletion	N/A
Sucralfate Suspension 1 GM/10ML Oral	NF	1	Formulary Enhancement	N/A
Suprax Capsule 400 MG Oral	1	NF	Formulary Update	Cefixime Capsule 400 MG Oral, 1
Travoprost (BAK Free) Solution 0.004 % Ophthalmic	NF	1	Formulary Enhancement	N/A
Uloric Tablet 40 MG Oral	1 + PA1	NF	Formulary Update	Febuxostat Tablet 40 MG Oral, 1 + PA1
Uloric Tablet 80 MG Oral	1 + PA1	NF	Formulary Update	Febuxostat Tablet 80 MG Oral, 1 + PA1
Vyzulta Solution 0.024 % Ophthalmic	NF	1	Formulary Enhancement	N/A
EFFECTIVE 04/01/2020				
Abilify MyCite Tablet 10 MG Oral	NF	1 + QL 30 + ST2	Formulary Enhancement	N/A
Abilify MyCite Tablet 15 MG Oral	NF	1 + QL 30 + ST2	Formulary Enhancement	N/A

**Formulary ID: 20259, Version 19
 Last Updated: 11/25/2020
 Effective date: 12/01/2020
 H7779_FormularyChange00220_C**

**BvsD – Part B vs. Part D, NF - Non-Formulary, PA - Prior Authorization (1=all members, 2=new starts),
 QL – Quantity Limit per 30 days, ST - Step Therapy (1=all members, 2=new starts),
 LA - This prescription may be available only at certain pharmacies.**

2020 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Abilify MyCite Tablet 2 MG Oral	NF	1 + QL 60 + ST2	Formulary Enhancement	N/A
Abilify MyCite Tablet 20 MG Oral	NF	1 + QL 30 + ST2	Formulary Enhancement	N/A
Abilify MyCite Tablet 30 MG Oral	NF	1 + QL 30 + ST2	Formulary Enhancement	N/A
Abilify MyCite Tablet 5 MG Oral	NF	1 + QL 60 + ST2	Formulary Enhancement	N/A
Afinitor Tablet 2.5 MG Oral	1 + QL 30 + PA2	NF	Formulary Update	everolimus 2.5 mg, 1 + QL 30 + PA2
Afinitor Tablet 5 MG Oral	1 + QL 30 + PA2	NF	Formulary Update	everolimus 5 mg, 1 + QL 30 + PA2
Afinitor Tablet 7.5 MG Oral	1 + QL 30 + PA2	NF	Formulary Update	everolimus 7.5 mg, 1 + QL 30 + PA2
Apriso Capsule Extended Release 24 Hour 0.375 GM Oral	1	NF	Formulary Update	mesalamine 375 mg, 1
Ayvakit Tablet 100 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Ayvakit Tablet 200 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Ayvakit Tablet 300 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Carafate Suspension 1 GM/10ML Oral	1	NF	Formulary Update	sucralfate 100 mg/ml, 1
Colocort ENEMA 100 MG/60ML Rectal	1	NF	CMS Required Deletion	N/A
Dextroamphetamine Sulfate Solution 5 MG/5ML Oral	NF	1	Formulary Enhancement	N/A
Euthyrox Tablet 100 MCG Oral	NF	1	Formulary Enhancement	N/A
Euthyrox Tablet 112 MCG Oral	NF	1	Formulary Enhancement	N/A
Euthyrox Tablet 125 MCG Oral	NF	1	Formulary Enhancement	N/A
Euthyrox Tablet 137 MCG Oral	NF	1	Formulary Enhancement	N/A
Euthyrox Tablet 150 MCG Oral	NF	1	Formulary Enhancement	N/A
Euthyrox Tablet 175 MCG Oral	NF	1	Formulary Enhancement	N/A

**Formulary ID: 20259, Version 19
 Last Updated: 11/25/2020
 Effective date: 12/01/2020
 H7779_FormularyChange00220_C**

**BvsD – Part B vs. Part D, NF - Non-Formulary, PA - Prior Authorization (1=all members, 2=new starts),
 QL – Quantity Limit per 30 days, ST - Step Therapy (1=all members, 2=new starts),
 LA - This prescription may be available only at certain pharmacies.**

2020 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Euthyrox Tablet 200 MCG Oral	NF	1	Formulary Enhancement	N/A
Euthyrox Tablet 25 MCG Oral	NF	1	Formulary Enhancement	N/A
Euthyrox Tablet 50 MCG Oral	NF	1	Formulary Enhancement	N/A
Euthyrox Tablet 75 MCG Oral	NF	1	Formulary Enhancement	N/A
Euthyrox Tablet 88 MCG Oral	NF	1	Formulary Enhancement	N/A
Fenofibric Acid Tablet 105 MG Oral	1	NF	CMS Required Deletion	N/A
Fenofibric Acid Tablet 35 MG Oral	1	NF	CMS Required Deletion	N/A
Fluoroplex Cream 1 % External	NF	1	Formulary Enhancement	N/A
Humira Pediatric Crohns Start 40 MG/0.8ML Subcutaneous (6 PACK)	1 + PA1	NF	CMS Required Deletion	N/A
Humira Pediatric Crohns Start Prefilled Syringe Kit 40 MG/0.8ML Subcutaneous	1 + PA1	NF	CMS Required Deletion	N/A
Klor-Con Sprinkle Capsule Extended Release 8 MEQ Oral	1	NF	CMS Required Deletion	N/A
Nebupent Solution Reconstituted 300 MG Inhalation	1 + BvsD	NF	Formulary Update	pentamidine isethionate 50 mg/ml, 1 + BvsD
Norethin Ace-Eth Estrad-FE Tablet 1-20 MG-MCG(24) Oral	1	NF	CMS Required Deletion	N/A
NovoLIN 70/30 FlexPen Suspension Pen-Injector (70-30) 100 UNIT/ML Subcutaneous	NF	1	Formulary Enhancement	N/A
PEG 3350/Electrolytes Solution Reconstituted 240 GM Oral	1	NF	CMS Required Deletion	N/A
penicillAMINE Tablet 250 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Pentam Solution Reconstituted 300 MG Injection	1 + BvsD	NF	Formulary Update	pentamidine isethionate 300 mg, 1 + BvsD

**Formulary ID: 20259, Version 19
 Last Updated: 11/25/2020
 Effective date: 12/01/2020
 H7779_FormularyChange00220_C**

**BvsD – Part B vs. Part D, NF - Non-Formulary, PA - Prior Authorization (1=all members, 2=new starts),
 QL – Quantity Limit per 30 days, ST - Step Therapy (1=all members, 2=new starts),
 LA - This prescription may be available only at certain pharmacies.**

2020 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Premasol Solution 6 % Intravenous	1 + BvsD	NF	CMS Required Deletion	N/A
Pulmozyme SOLUTION 1 MG/ML INHALATION	1+ PA1	1 + BvD	Formulary Enhancement	N/A
Rybelsus Tablet 14 MG Oral	NF	1	Formulary Enhancement	N/A
Rybelsus Tablet 3 MG Oral	NF	1	Formulary Enhancement	N/A
Rybelsus Tablet 7 MG Oral	NF	1	Formulary Enhancement	N/A
Sodium Lactate Solution 5 MEQ/ML Intravenous	1 + BvsD	NF	CMS Required Deletion	N/A
Sylatron KIT 600 MCG Subcutaneous	1 + PA2	NF	CMS Required Deletion	N/A
TOLBUTamide Tablet 500 MG Oral	1	NF	CMS Required Deletion	N/A
traMADol HCl Tablet 100 MG Oral	NF	1 + QL 120	Formulary Enhancement	N/A
Travatan Z Solution 0.004 % Ophthalmic	1	NF	Formulary Update	travoprost 0.04 mg/ml, 1
Twinrix Suspension Prefilled Syringe 720-20 ELU-MCG/ML Intramuscular	1 + BvsD	1	Formulary Enhancement	N/A
Xeljanz XR Tablet Extended Release 24 Hour 22 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
EFFECTIVE 05/01/2020				
Alendronate Sodium Tablet 40 MG Oral	1	NF	CMS Required Deletion	N/A
Alendronate Sodium Tablet 5 MG Oral	1	NF	CMS Required Deletion	N/A
AVC Vaginal Cream 15 % Vaginal	1	NF	CMS Required Deletion	N/A
Chlorothiazide Tablet 250 MG Oral	1	NF	CMS Required Deletion	N/A
Chlorothiazide Tablet 500 MG Oral	1	NF	CMS Required Deletion	N/A

**Formulary ID: 20259, Version 19
 Last Updated: 11/25/2020
 Effective date: 12/01/2020
 H7779_FormularyChange00220_C**

**BvsD – Part B vs. Part D, NF - Non-Formulary, PA - Prior Authorization (1=all members, 2=new starts),
 QL – Quantity Limit per 30 days, ST - Step Therapy (1=all members, 2=new starts),
 LA - This prescription may be available only at certain pharmacies.**

2020 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Depen Titratabs Tablet 250 MG Oral	1 + PA1	NF	Formulary Update	penicillamine 250 mg, 1 + PA1
Farydak Capsule 15 MG Oral	1 + PA2	NF	CMS Required Deletion	N/A
Flurbiprofen TABLET 50 MG ORAL	1	NF	CMS Required Deletion	N/A
HYDROMORPHONE HCl Solution 2 MG/ML Injection	1	NF	CMS Required Deletion	N/A
Insulin Asp Prot & Asp FlexPen Suspension Pen-Injector (70-30) 100 UNIT/ML Subcutaneous	NF	1	Formulary Enhancement	N/A
Insulin Aspart FlexPen Solution Pen-Injector 100 UNIT/ML Subcutaneous	NF	1	Formulary Enhancement	N/A
Insulin Aspart PenFill Solution Cartridge 100 UNIT/ML Subcutaneous	NF	1	Formulary Enhancement	N/A
Insulin Aspart Prot & Aspart Suspension (70-30) 100 UNIT/ML Subcutaneous	NF	1	Formulary Enhancement	N/A
Insulin Aspart Solution 100 UNIT/ML Subcutaneous	NF	1	Formulary Enhancement	N/A
Invokamet TABLET 150-1000 MG ORAL	1 + ST1	1 + ST2	Formulary Enhancement	N/A
Invokamet TABLET 150-500 MG ORAL	1 + ST1	1 + ST2	Formulary Enhancement	N/A
Invokamet TABLET 50-1000 MG ORAL	1 + ST1	1 + ST2	Formulary Enhancement	N/A
Invokamet TABLET 50-500 MG ORAL	1 + ST1	1 + ST2	Formulary Enhancement	N/A
Invokamet XR Tablet Extended Release 24 Hour 150-1000 MG Oral	1 + ST1	1 + ST2	Formulary Enhancement	N/A

**Formulary ID: 20259, Version 19
 Last Updated: 11/25/2020
 Effective date: 12/01/2020
 H7779_FormularyChange00220_C**

**BvsD – Part B vs. Part D, NF - Non-Formulary, PA - Prior Authorization (1=all members, 2=new starts),
 QL – Quantity Limit per 30 days, ST - Step Therapy (1=all members, 2=new starts),
 LA - This prescription may be available only at certain pharmacies.**

2020 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Invokamet XR Tablet Extended Release 24 Hour 150-500 MG Oral	1 + ST1	1 + ST2	Formulary Enhancement	N/A
Invokamet XR Tablet Extended Release 24 Hour 50-1000 MG Oral	1 + ST1	1 + ST2	Formulary Enhancement	N/A
Invokamet XR Tablet Extended Release 24 Hour 50-500 MG Oral	1 + ST1	1 + ST2	Formulary Enhancement	N/A
Invokana TABLET 100 MG ORAL	1 + ST1	1 + ST2	Formulary Enhancement	N/A
Invokana TABLET 300 MG ORAL	1 + ST1	1 + ST2	Formulary Enhancement	N/A
Ionosol-MB in D5W Solution Intravenous	1 + BvsD	NF	CMS Required Deletion	N/A
Jardiance TABLET 10 MG ORAL	1 + ST1	1 + ST2	Formulary Enhancement	N/A
Jardiance Tablet 25 MG Oral	1 + ST1	1 + ST2	Formulary Enhancement	N/A
Riomet ER Suspension Reconstituted ER 500 MG/5ML Oral	NF	1	Formulary Enhancement	N/A
Secuado Patch 24 Hour 3.8 MG/24HR Transdermal	NF	1 + ST2	Formulary Enhancement	N/A
Secuado Patch 24 Hour 5.7 MG/24HR Transdermal	NF	1 + ST2	Formulary Enhancement	N/A
Secuado Patch 24 Hour 7.6 MG/24HR Transdermal	NF	1 + ST2	Formulary Enhancement	N/A
Sodium Polystyrene Sulfonate SUSPENSION 15 GM/60ML ORAL	NF	1	Formulary Enhancement	N/A
Synjardy TABLET 12.5-1000 MG ORAL	1 + ST1	1 + ST2	Formulary Enhancement	N/A
Synjardy TABLET 12.5-500 MG ORAL	1 + ST1	1 + ST2	Formulary Enhancement	N/A
Synjardy TABLET 5-1000 MG ORAL	1 + ST1	1 + ST2	Formulary Enhancement	N/A

**Formulary ID: 20259, Version 19
 Last Updated: 11/25/2020
 Effective date: 12/01/2020
 H7779_FormularyChange00220_C**

**BvsD – Part B vs. Part D, NF - Non-Formulary, PA - Prior Authorization (1=all members, 2=new starts),
 QL – Quantity Limit per 30 days, ST - Step Therapy (1=all members, 2=new starts),
 LA - This prescription may be available only at certain pharmacies.**

2020 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Synjardy TABLET 5-500 MG ORAL	1 + ST1	1 + ST2	Formulary Enhancement	N/A
Synjardy XR Tablet Extended Release 24 Hour 10-1000 MG Oral	1 + ST1	1 + ST2	Formulary Enhancement	N/A
Synjardy XR Tablet Extended Release 24 Hour 12.5-1000 MG Oral	1 + ST1	1 + ST2	Formulary Enhancement	N/A
Synjardy XR Tablet Extended Release 24 Hour 25-1000 MG Oral	1 + ST1	1 + ST2	Formulary Enhancement	N/A
Synjardy XR Tablet Extended Release 24 Hour 5-1000 MG Oral	1 + ST1	1 + ST2	Formulary Enhancement	N/A
Tazverik Tablet 200 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Tiadyt ER Capsule Extended Release 24 Hour 120 MG Oral	NF	1	Formulary Enhancement	N/A
Tiadyt ER Capsule Extended Release 24 Hour 180 MG Oral	NF	1	Formulary Enhancement	N/A
Tiadyt ER Capsule Extended Release 24 Hour 240 MG Oral	NF	1	Formulary Enhancement	N/A
Tiadyt ER Capsule Extended Release 24 Hour 300 MG Oral	NF	1	Formulary Enhancement	N/A
Tiadyt ER Capsule Extended Release 24 Hour 420 MG Oral	NF	1	Formulary Enhancement	N/A
Valtoco 10 MG Dose Liquid 10 MG/0.1ML Nasal	NF	1	Formulary Enhancement	N/A
Valtoco 15 MG Dose Liquid Therapy Pack 7.5 MG/0.1ML Nasal	NF	1	Formulary Enhancement	N/A
Valtoco 20 MG Dose Liquid Therapy Pack 10 MG/0.1ML Nasal	NF	1	Formulary Enhancement	N/A
Valtoco 5 MG Dose Liquid 5 MG/0.1ML Nasal	NF	1	Formulary Enhancement	N/A

**Formulary ID: 20259, Version 19
 Last Updated: 11/25/2020
 Effective date: 12/01/2020
 H7779_FormularyChange00220_C**

**BvsD – Part B vs. Part D, NF - Non-Formulary, PA - Prior Authorization (1=all members, 2=new starts),
 QL – Quantity Limit per 30 days, ST - Step Therapy (1=all members, 2=new starts),
 LA - This prescription may be available only at certain pharmacies.**

2020 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
EFFECTIVE 06/01/2020				
Atrovent HFA Aerosol Solution 17 MCG/ACT Inhalation	NF	1	Formulary Enhancement	N/A
Caplyta Capsule 42 MG Oral	NF	1 + QL 30 + ST2	Formulary Enhancement	N/A
Clovisque Capsule 250 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Codeine Sulfate Tablet 15 MG Oral	NF	1	Formulary Enhancement	N/A
Cyclobenzaprine HCl Tablet 10 MG Oral	1 + PA1	1	Formulary Enhancement	N/A
Cyclobenzaprine HCl Tablet 5 MG Oral	1 + PA1	1	Formulary Enhancement	N/A
Dexamethasone 10mg/ml	NF	1 + BvsD	Formulary Enhancement	N/A
Digox Tablet 125 MCG Oral	1 + QL 30	1	Formulary Enhancement	N/A
Digoxin Tablet 125 MCG Oral	1 + QL 30	1	Formulary Enhancement	N/A
Eprosartan Mesylate Tablet 600 MG Oral	1	NF	CMS Required Deletion	N/A
Everolimus Tablet 0.25 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Everolimus Tablet 0.5 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Everolimus Tablet 0.75 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Ibrance Tablet 100 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Ibrance Tablet 125 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Ibrance Tablet 75 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Ketoprofen Capsule 50 MG Oral	NF	1	Formulary Enhancement	N/A
Ketoprofen Capsule 75 MG Oral	NF	1	Formulary Enhancement	N/A
Ketorolac INJ 60mg/2ml	NF	1	Formulary Enhancement	N/A
Levalbuterol Tartrate Aerosol 45 MCG/ACT Inhalation	NF	1	Formulary Enhancement	N/A
NovoLIN N FlexPen Suspension Pen-Injector 100 UNIT/ML Subcutaneous	NF	1	Formulary Enhancement	N/A
NovoLIN R FlexPen Suspension Pen-Injector 100 UNIT/ML Subcutaneous	NF	1	Formulary Enhancement	N/A

**Formulary ID: 20259, Version 19
 Last Updated: 11/25/2020
 Effective date: 12/01/2020
 H7779_FormularyChange00220_C**

**BvsD – Part B vs. Part D, NF - Non-Formulary, PA - Prior Authorization (1=all members, 2=new starts),
 QL – Quantity Limit per 30 days, ST - Step Therapy (1=all members, 2=new starts),
 LA - This prescription may be available only at certain pharmacies.**

2020 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Plaquenil Tablet 200 MG Oral	NF	1	Formulary Enhancement	N/A
Prolia Solution Prefilled Syringe 60 MG/ML Subcutaneous	1 + ST1	1	Formulary Enhancement	N/A
Ranitidine HCl Capsule 150 MG Oral	1	NF	CMS Required Deletion	N/A
Ranitidine HCl Capsule 300 MG Oral	1	NF	CMS Required Deletion	N/A
Ranitidine HCl Syrup 75 MG/5ML Oral	1	NF	CMS Required Deletion	N/A
Ranitidine HCl Tablet 150 MG Oral	1	NF	CMS Required Deletion	N/A
ranITidine HCl Tablet 300 MG Oral	1	NF	CMS Required Deletion	N/A
Rescriptor Tablet 200 MG Oral	1	NF	CMS Required Deletion	N/A
EFFECTIVE 07/01/2020				
Asmanex HFA Aerosol 50 MCG/ACT Inhalation	NF	1	Formulary Enhancement	N/A
CIPROFLOXACN INJ 400MG	NF	1 + BvsD	Formulary Enhancement	N/A
Diazoxide Suspension 50 MG/ML Oral	NF	1	Formulary Enhancement	N/A
Digitek TABLET 125 MCG ORAL	1 + QL 30	1	Formulary Enhancement	N/A
Haloperidol Decanoate Solution 50 MG/ML Intramuscular(1ML)	NF	1	Formulary Enhancement	N/A
Ketorolac INJ 30mg/ml	NF	1	Formulary Enhancement	N/A
Koselugo Capsule 10 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Koselugo Capsule 25 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Metadate ER Tablet Extended Release 20 MG Oral	1	NF	CMS Required Deletion	N/A
metFORMIN HCl Solution 500 MG/5ML Oral	NF	1	Formulary Enhancement	N/A
Pemazyre Tablet 13.5 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Pemazyre Tablet 4.5 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Pemazyre Tablet 9 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A

**Formulary ID: 20259, Version 19
 Last Updated: 11/25/2020
 Effective date: 12/01/2020
 H7779_FormularyChange00220_C**

**BvsD – Part B vs. Part D, NF - Non-Formulary, PA - Prior Authorization (1=all members, 2=new starts),
 QL – Quantity Limit per 30 days, ST - Step Therapy (1=all members, 2=new starts),
 LA - This prescription may be available only at certain pharmacies.**

2020 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Promacta Packet 25 MG Oral	NF	1 + QL 180 + PA1	Formulary Enhancement	N/A
Rinvoq Tablet Extended Release 24 Hour 15 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Skyrizi (150 MG Dose) Prefilled Syringe Kit 75 MG/0.83ML Subcutaneous	NF	1 + PA1	Formulary Enhancement	N/A
TobraDex Ointment 0.3-0.1 % Ophthalmic	NF	1	Formulary Enhancement	N/A
Videx EC Capsule Delayed Release 125 MG Oral	1	NF	CMS Required Deletion	N/A
Videx Solution Reconstituted 2 GM Oral	1	NF	CMS Required Deletion	N/A
Ziextenzo Solution Prefilled Syringe 6 MG/0.6ML Subcutaneous	NF	1 + PA1	Formulary Enhancement	N/A
Zortress Tablet 0.25 MG Oral	1 + PA2	NF	Formulary Update	everolimus 0.25 mg, 1 + PA2
Zortress Tablet 0.5 MG Oral	1 + PA2	NF	Formulary Update	everolimus 0.5 mg, 1 + PA2
Zortress Tablet 0.75 MG Oral	1 + PA2	NF	Formulary Update	everolimus 0.75 mg, 1 + PA2
EFFECTIVE 08/01/2020				
Aminosyn-PF Solution 10 % Intravenous	1 + BvsD	NF	CMS Required Deletion	N/A
Deferasirox Tablet 180 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Fibricor Tablet 105 MG Oral	1	NF	CMS Required Deletion	N/A
Fibricor Tablet 35 MG Oral	1	NF	CMS Required Deletion	N/A
Havrix SUSPENSION 720 EL U/0.5ML Intramuscular (prefilled syringe)	1	NF	CMS Required Deletion	N/A
Isturisa Tablet 1 MG Oral	NF	1 + QL 240 + PA1	Formulary Enhancement	N/A

**Formulary ID: 20259, Version 19
 Last Updated: 11/25/2020
 Effective date: 12/01/2020
 H7779_FormularyChange00220_C**

**BvsD – Part B vs. Part D, NF - Non-Formulary, PA - Prior Authorization (1=all members, 2=new starts),
 QL – Quantity Limit per 30 days, ST - Step Therapy (1=all members, 2=new starts),
 LA - This prescription may be available only at certain pharmacies.**

2020 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Isturisa Tablet 10 MG Oral	NF	1 + QL 180 + PA1	Formulary Enhancement	N/A
Isturisa Tablet 5 MG Oral	NF	1 + QL 120 + PA1	Formulary Enhancement	N/A
Jynarque Tablet Therapy Pack 15 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Jynarque Tablet Therapy Pack 30 & 15 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Micafungin Sodium Solution Reconstituted 100 MG Intravenous	NF	1	Formulary Enhancement	N/A
Micafungin Sodium Solution Reconstituted 50 MG Intravenous	NF	1	Formulary Enhancement	N/A
Nitisinone Capsule 10 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Nitisinone Capsule 2 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Nitisinone Capsule 5 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Ogestrel Tablet 0.5-50 MG-MCG Oral	1	NF	CMS Required Deletion	N/A
Phenadoz Suppository 12.5 MG Rectal	1	NF	CMS Required Deletion	N/A
Proglycem Suspension 50 MG/ML Oral	1	NF	Formulary Update	diazoxide 50 mg/ml, 1
Qinlock Tablet 50 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Retevmo Capsule 40 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Retevmo Capsule 80 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Riomet Solution 500 MG/5ML Oral	1	NF	Formulary Update	metformin hydrochloride 100 mg/ml, 1
Tukysa Tablet 150 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Tukysa Tablet 50 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Xcopri (250 MG Daily Dose) Tablet Therapy Pack 50 & 200 MG Oral	NF	1 + QL 56/28	Formulary Enhancement	N/A

**Formulary ID: 20259, Version 19
 Last Updated: 11/25/2020
 Effective date: 12/01/2020
 H7779_FormularyChange00220_C**

**BvsD – Part B vs. Part D, NF - Non-Formulary, PA - Prior Authorization (1=all members, 2=new starts),
 QL – Quantity Limit per 30 days, ST - Step Therapy (1=all members, 2=new starts),
 LA - This prescription may be available only at certain pharmacies.**

2020 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Xcopri (350 MG Daily Dose) Tablet Therapy Pack 150 & 200 MG Oral	NF	1 + QL 56/28	Formulary Enhancement	N/A
Xcopri Tablet 100 MG Oral	NF	1 + QL 60	Formulary Enhancement	N/A
Xcopri Tablet 150 MG Oral	NF	1 + QL 60	Formulary Enhancement	N/A
Xcopri Tablet 200 MG Oral	NF	1 + QL 60	Formulary Enhancement	N/A
Xcopri Tablet 50 MG Oral	NF	1 + QL 60	Formulary Enhancement	N/A
Xcopri Tablet Therapy Pack 14 x 12.5 MG & 14 x 25 MG Oral	NF	1 + QL 28/28	Formulary Enhancement	N/A
Xcopri Tablet Therapy Pack 14 x 150 MG & 14 x 200 MG Oral	NF	1 + QL 28/28	Formulary Enhancement	N/A
Xcopri Tablet Therapy Pack 14 x 50 MG & 14 x 100 MG Oral	NF	1 + QL 28/28	Formulary Enhancement	N/A
Zemdri Solution 500 MG/10ML Intravenous	NF	1	Formulary Enhancement	N/A
Ziprasidone Mesylate Solution Reconstituted 20 MG Intramuscular	NF	1	Formulary Enhancement	N/A
EFFECTIVE 09/01/2020				
Didanosine Capsule Delayed Release 200 MG Oral	1	NF	CMS Required Deletion	N/A
Geodon Solution Reconstituted 20 MG Intramuscular	1 + ST2	NF	Formulary Update	ziprasidone 20 mg injection, 1
Invokamet TABLET 150-1000 MG ORAL	1 + ST2	1	Formulary Enhancement	N/A
Invokamet TABLET 150-500 MG ORAL	1 + ST2	1	Formulary Enhancement	N/A
Invokamet TABLET 50-1000 MG ORAL	1 + ST2	1	Formulary Enhancement	N/A
Invokamet TABLET 50-500 MG ORAL	1 + ST2	1	Formulary Enhancement	N/A
Invokamet XR Tablet Extended Release 24 Hour 150-1000 MG Oral	1 + ST2	1	Formulary Enhancement	N/A

**Formulary ID: 20259, Version 19
 Last Updated: 11/25/2020
 Effective date: 12/01/2020
 H7779_FormularyChange00220_C**

**BvsD – Part B vs. Part D, NF - Non-Formulary, PA - Prior Authorization (1=all members, 2=new starts),
 QL – Quantity Limit per 30 days, ST - Step Therapy (1=all members, 2=new starts),
 LA - This prescription may be available only at certain pharmacies.**

2020 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Invokamet XR Tablet Extended Release 24 Hour 150-500 MG Oral	1 + ST2	1	Formulary Enhancement	N/A
Invokamet XR Tablet Extended Release 24 Hour 50-1000 MG Oral	1 + ST2	1	Formulary Enhancement	N/A
Invokamet XR Tablet Extended Release 24 Hour 50-500 MG Oral	1 + ST2	1	Formulary Enhancement	N/A
Invokana TABLET 100 MG ORAL	1 + ST2	1	Formulary Enhancement	N/A
Invokana TABLET 300 MG ORAL	1 + ST2	1	Formulary Enhancement	N/A
Jadenu Tablet 180 MG Oral	1 + PA1	NF	Formulary Update	deferasirox 180 mg oral tablet, 1 + PA1
Jardiance TABLET 10 MG ORAL	1 + ST2	1	Formulary Enhancement	N/A
Jardiance Tablet 25 MG Oral	1 + ST2	1	Formulary Enhancement	N/A
Mycamine Solution Reconstituted 100 MG Intravenous	1	NF	Formulary Update	micafungin sodium 100 mg solr, 1
Mycamine Solution Reconstituted 50 MG Intravenous	1	NF	Formulary Update	micafungin sodium 50 mg solr, 1
Orfadin Capsule 10 MG Oral	1 + PA1 + LA	NF	Formulary Update	nitisinone 10 mg oral capsule, 1 + PA1
Orfadin Capsule 2 MG Oral	1 + PA1 + LA	NF	Formulary Update	nitisinone 2 mg oral capsule, 1 + PA1
Orfadin Capsule 5 MG Oral	1 + PA1 + LA	NF	Formulary Update	nitisinone 5 mg oral capsule, 1 + PA1
oxyCODONE-Ibuprofen Tablet 5-400 MG Oral	1	NF	CMS Required Deletion	N/A

**Formulary ID: 20259, Version 19
 Last Updated: 11/25/2020
 Effective date: 12/01/2020
 H7779_FormularyChange00220_C**

**BvsD – Part B vs. Part D, NF - Non-Formulary, PA - Prior Authorization (1=all members, 2=new starts),
 QL – Quantity Limit per 30 days, ST - Step Therapy (1=all members, 2=new starts),
 LA - This prescription may be available only at certain pharmacies.**

2020 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Potassium Chloride in Dextrose Solution 40-5 MEQ/L-% Intravenous	1 + BvsD	NF	CMS Required Deletion	N/A
Rifater TABLET 50-120-300 MG ORAL	1	NF	CMS Required Deletion	N/A
Synjardy TABLET 12.5-1000 MG ORAL	1 + ST2	1	Formulary Enhancement	N/A
Synjardy TABLET 12.5-500 MG ORAL	1 + ST2	1	Formulary Enhancement	N/A
Synjardy TABLET 5-1000 MG ORAL	1 + ST2	1	Formulary Enhancement	N/A
Synjardy TABLET 5-500 MG ORAL	1 + ST2	1	Formulary Enhancement	N/A
Synjardy XR Tablet Extended Release 24 Hour 10-1000 MG Oral	1 + ST2	1	Formulary Enhancement	N/A
Synjardy XR Tablet Extended Release 24 Hour 12.5-1000 MG Oral	1 + ST2	1	Formulary Enhancement	N/A
Synjardy XR Tablet Extended Release 24 Hour 25-1000 MG Oral	1 + ST2	1	Formulary Enhancement	N/A
Synjardy XR Tablet Extended Release 24 Hour 5-1000 MG Oral	1 + ST2	1	Formulary Enhancement	N/A
Tabrecta Tablet 150 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Tabrecta Tablet 200 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Teriparatide (Recombinant) Solution Pen-Injector 620 MCG/2.48ML Subcutaneous	NF	1 + QL 2.48/28 + PA1	Formulary Enhancement	N/A
EFFECTIVE 10/01/2020				
Desogestrel-Ethinyl Estradiol Tablet 0.15-30 MG-MCG Oral	1	NF	CMS Required Deletion	N/A
Dexamethasone Sodium Phosphate Inj 10 MG/ML	NF	1 + BvsD	Formulary Enhancement	N/A

**Formulary ID: 20259, Version 19
 Last Updated: 11/25/2020
 Effective date: 12/01/2020
 H7779_FormularyChange00220_C**

**BvsD – Part B vs. Part D, NF - Non-Formulary, PA - Prior Authorization (1=all members, 2=new starts),
 QL – Quantity Limit per 30 days, ST - Step Therapy (1=all members, 2=new starts),
 LA - This prescription may be available only at certain pharmacies.**

2020 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Dextrose-NaCl Solution 5-0.225 % Intravenous	1 + BvsD	NF	CMS Required Deletion	N/A
Dojolvi Liquid 100 % Oral	NF	1 + PA1	Formulary Enhancement	N/A
Duramorph SOLUTION 0.5 MG/ML Injection	1	NF	CMS Required Deletion	N/A
Duramorph SOLUTION 1 MG/ML Injection	1	NF	CMS Required Deletion	N/A
Fintepla Solution 2.2 MG/ML Oral	NF	1 + PA2	Formulary Enhancement	N/A
Normosol-R in D5W SOLUTION Intravenous	1 + BvsD	NF	CMS Required Deletion	N/A
Omeprazole Capsule Delayed Release 10 MG Oral	1	NF	CMS Required Deletion	N/A
Rukobia Tablet Extended Release 12 Hour 600 MG Oral	NF	1	Formulary Enhancement	N/A
Sylatron Kit 200 MCG Subcutaneous	1 + PA2	NF	CMS Required Deletion	N/A
Sylatron Kit 300 MCG Subcutaneous	1 + PA2	NF	CMS Required Deletion	N/A
Tivicay PD Tablet Soluble 5 MG Oral	NF	1	Formulary Enhancement	N/A
Tolvaptan Tablet 30 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Vancomycin HCl For IV Soln 1.5 GM (Base Equivalent)	NF	1 + BvsD	Formulary Enhancement	N/A
Xpovio (40 MG Once Weekly) Tablet Therapy Pack 20 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Xpovio (40 MG Twice Weekly) Tablet Therapy Pack 20 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Xpovio (60 MG Twice Weekly) Tablet Therapy Pack 20 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Zostavax Suspension Reconstituted 19400 UNT/0.65ML Subcutaneous	1	NF	CMS Required Deletion	N/A
EFFECTIVE 11/01/2020				

**Formulary ID: 20259, Version 19
 Last Updated: 11/25/2020
 Effective date: 12/01/2020
 H7779_FormularyChange00220_C**

**BvsD – Part B vs. Part D, NF - Non-Formulary, PA - Prior Authorization (1=all members, 2=new starts),
 QL – Quantity Limit per 30 days, ST - Step Therapy (1=all members, 2=new starts),
 LA - This prescription may be available only at certain pharmacies.**

2020 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Deferasirox Granules Packet 180 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Deferasirox Granules Packet 360 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Deferasirox Granules Packet 90 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Dexamethasone Intensol Concentrate 1 MG/ML Oral	1	NF	CMS Required Deletion	N/A
Enbrel Solution 25 MG/0.5ML Subcutaneous	NF	1 + PA1	Formulary Enhancement	N/A
Enspryng Solution Prefilled Syringe 120 MG/ML Subcutaneous	NF	1 + PA2	Formulary Enhancement	N/A
Evrysdi Solution Reconstituted 0.75 MG/ML Oral	NF	1 + PA1	Formulary Enhancement	N/A
Inqovi Tablet 35-100 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Kesimpta Solution Auto-Injector 20 MG/0.4ML Subcutaneous	NF	1 + PA2	Formulary Enhancement	N/A
IamotRIgine Kit 25 & 50 & 100 MG Oral	NF	1	Formulary Enhancement	N/A
Lidocaine HCl Local Inj 2%	NF	1	Formulary Enhancement	N/A
Normosol-R pH 7.4 SOLUTION Intravenous	1 + BvsD	NF	CMS Required Deletion	N/A
Omeprazole Capsule Delayed Release 10 MG Oral	NF	1	Formulary Enhancement	N/A
Pantoprazole Sodium Packet 40 MG Oral	NF	1	Formulary Enhancement	N/A
Triamcinolone Acetonide Inj Susp 40 MG/ML	NF	1 + BvsD	Formulary Enhancement	N/A
EFFECTIVE 12/01/2020				
Deferiprone Tablet 500 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Dimethyl Fumarate Capsule Delayed Release 120 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A

**Formulary ID: 20259, Version 19
 Last Updated: 11/25/2020
 Effective date: 12/01/2020
 H7779_FormularyChange00220_C**

**BvsD – Part B vs. Part D, NF - Non-Formulary, PA - Prior Authorization (1=all members, 2=new starts),
 QL – Quantity Limit per 30 days, ST - Step Therapy (1=all members, 2=new starts),
 LA - This prescription may be available only at certain pharmacies.**

2020 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Dimethyl Fumarate Capsule Delayed Release 240 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Emtricitabine Capsule 200 MG Oral	NF	1	Formulary Enhancement	N/A
Gavreto Capsule 100 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
MenQuadfi Injectable Intramuscular	NF	1	Formulary Enhancement	N/A
Trulicity Solution Pen-Injector 3 MG/0.5ML Subcutaneous	NF	1	Formulary Enhancement	N/A
Trulicity Solution Pen-Injector 4.5 MG/0.5ML Subcutaneous	NF	1	Formulary Enhancement	N/A

**Formulary ID: 20259, Version 19
 Last Updated: 11/25/2020
 Effective date: 12/01/2020
 H7779_FormularyChange00220_C**