American Health Advantage of Oklahoma

2019

Formulary Addendum

Below is a list formulary changes for the benefit year 2019. This is not a complete list of drugs covered by the Part D plan. The formulary changes are reflected in the 2019 downloadable formulary on the ***American Health Advantage of Oklahoma*** website.

For a complete list of drugs covered by ***American Health Advantage of Oklahoma*** please visit our Web site http://ok.amhealthplans.com/ or call Member Services at 1-844-633-1063, 8 am to 8 pm, 7 days a week. TTY/TDD users should call 711.

BvD – 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.

2019 FORMULARY CHANGES				
Drug Name	**Current Drug Tier**	**New Drug Tier**	**Reason For Change**	**Alternative Drug, Alternative Drug Tier**
EFFECTIVE 01/01/2019				
Auryxia TABLET 1 GM 210 MG(Fe) ORAL	1	1 + PA1	Formulary Update	N/A
BromSite SOLUTION 0.075 % OPHTHALMIC	NF	1	Formulary Enhancement	N/A
Cimduo Tablet 300-300 MG Oral	NF	1	Formulary Enhancement	N/A
Dalfampridin Tablet Extended Release 12 Hour 10 MG Oral	NF	1 + QL 60 + PA2 + LA	Formulary Enhancement	N/A
DiazePAM GEL 10 MG Rectal	NF	1	Formulary Enhancement	N/A
DiazePAM GEL 2.5 MG Rectal	NF	1	Formulary Enhancement	N/A
DiazePAM GEL 20 MG Rectal	NF	1	Formulary Enhancement	N/A
Estropipate TABLET 1.5 MG ORAL	1 + PA2	NF	CMS Required Deletion	N/A
Humira Pen-CD/UC/HS Starter Pen-Injector Kit 80 MG/0.8ML Subcutaneous	NF	1 + PA1	Formulary Enhancement	N/A
Humira Pen-Ps/UV Starter Pen-Injector Kit 80 MG/0.8ML & 40MG/0.4ML Subcutaneous	NF	1 + PA1	Formulary Enhancement	N/A
Incassia Tablet 0.35 MG Oral	NF	1	Formulary Enhancement	N/A
Ketoprofen CAPSULE 75 MG Oral	1	NF	CMS Required Deletion	N/A

H3708_FormularyChange19_C
Formulary ID: 19553 Version 16
Last Updated: 11/20/2019
Effective date: 12/01/2019

BvD – 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.

2019 FORMULARY CHANGES				
Drug Name	**Current Drug Tier**	**New Drug Tier**	**Reason For Change**	**Alternative Drug, Alternative Drug Tier**
Sotalol HCl (AF) Tablet 160 MG Oral	NF	1	Formulary Enhancement	N/A
Sotalol HCl (AF) Tablet 80 MG Oral	NF	1	Formulary Enhancement	N/A
Sotalol HCl Tablet 120 MG Oral	NF	1	Formulary Enhancement	N/A
Trelegy Ellipta Aerosol Powder Breath Activated 100-62.5-25 MCG/INH Inhalation	NF	1 + ST1	Formulary Enhancement	N/A
Vestura TABLET 3-0.02 MG ORAL	1	NF	CMS Required Deletion	N/A
Xeljanz Tablet 10 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Zenpep CAPSULE DELAYED RELEASE PARTICLES 15000 UNIT ORAL	1	NF	CMS Required Deletion	N/A
Zenpep Capsule Delayed Release Particles 15000-47000 UNIT Oral	NF	1	Formulary Enhancement	N/A
Zenpep CAPSULE DELAYED RELEASE PARTICLES 25000 UNIT ORAL	1	NF	CMS Required Deletion	N/A
Zenpep CAPSULE DELAYED RELEASE PARTICLES 3000-10000 UNIT ORAL	1	NF	CMS Required Deletion	N/A
Zenpep Capsule Delayed Release Particles 3000-14000 UNIT Oral	NF	1	Formulary Enhancement	N/A
Zenpep CAPSULE DELAYED RELEASE PARTICLES 5000 UNIT ORAL	1	NF	CMS Required Deletion	N/A
EFFECTIVE 02/01/2019				
Abiraterone Acetate Tablet 250 MG Oral	NF	1 + QL 120 + PA2	Formulary Enhancement	N/A
Afeditab CR Tablet Extended Release 24 Hour 60 MG Oral	1	NF	CMS Required Deletion	N/A

BvD – 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.

2019 FORMULARY CHANGES				
Drug Name	**Current Drug Tier**	**New Drug Tier**	**Reason For Change**	**Alternative Drug, Alternative Drug Tier**
Ampyra Tablet Extended Release 12 Hour 10 MG Oral	1 + QL 60 + PA2 + LA	NF	Formulary Update	dalfampridine er tablet extended release 12 hour 10 mg oral, 1 + QL 60 + PA2
AndroGel GEL 20.25 MG/1.25GM (1.62%) TRANSDERMAL	1 + PA2	NF	Formulary Update	testosterone gel 20.25 mg/1.25gm (1.62%) transdermal, 1 + PA2
AndroGel GEL 40.5 MG/2.5GM (1.62%) TRANSDERMAL	1 + PA2	NF	Formulary Update	testosterone gel 40.5 mg/2.5gm (1.62%) transdermal, 1 + PA2
AndroGel Pump GEL 20.25 MG/ACT (1.62%) TRANSDERMAL	1 + PA2	NF	Formulary Update	testosterone gel 20.25 mg/act (1.62%) transdermal, 1 + PA2
Arikayce Suspension 590 MG/8.4ML Inhalation	NF	1 + PA1	Formulary Enhancement	N/A
Braftovi Capsule 50 MG Oral	NF	1 + PA2 + LA	Formulary Enhancement	N/A
Braftovi Capsule 75 MG Oral	NF	1 + PA2 + LA	Formulary Enhancement	N/A
BuPROPion HCl ER (XL) Tablet Extended Release 24 Hour 450 MG Oral	NF	1 + QL 30 + ST2	Formulary Enhancement	N/A
Cefotaxime Sodium Solution Reconstituted 2 GM Injection	1	NF	CMS Required Deletion	N/A
Clinimix/Dextrose (2.75/5) SOLUTION 2.75 % Intravenous	1 + BvD	NF	CMS Required Deletion	N/A
Clinimix/Dextrose (4.25/20) SOLUTION 4.25 % Intravenous	1 + BvD	NF	CMS Required Deletion	N/A
CloBAZam Suspension 2.5 MG/ML Oral	NF	1 + PA2	Formulary Enhancement	N/A

H3708_FormularyChange19_C
Formulary ID: 19553 Version 16
Last Updated: 11/20/2019
Effective date: 12/01/2019

BvD – 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.

2019 FORMULARY CHANGES				
Drug Name	**Current Drug Tier**	**New Drug Tier**	**Reason For Change**	**Alternative Drug, Alternative Drug Tier**
CloBAZam Tablet 10 MG Oral	NF	1 + QL 60 + PA2	Formulary Enhancement	N/A
CloBAZam Tablet 20 MG Oral	NF	1 + QL 60 + PA2	Formulary Enhancement	N/A
Colesevelam HCl Packet 3.75 GM Oral	NF	1	Formulary Enhancement	N/A
Copiktra Capsule 15 MG Oral	NF	1 + QL 60 + PA2	Formulary Enhancement	N/A
Copiktra Capsule 25 MG Oral	NF	1 + QL 60 + PA2	Formulary Enhancement	N/A
Cyred EQ Tablet 0.15-30 MG-MCG Oral	NF	1	Formulary Enhancement	N/A
DAPTOmycin Solution Reconstituted 350 MG Intravenous	NF	1 + PA1	Formulary Enhancement	N/A
Delstrigo Tablet 100-300-300 MG Oral	NF	1	Formulary Enhancement	N/A
Dorzolamide HCl-Timolol Mal PF Solution 22.3-6.8 MG/ML Ophthalmic	NF	1	Formulary Enhancement	N/A
Epidiolex Solution 100 MG/ML Oral	NF	1 + PA2	Formulary Enhancement	N/A
Ertapenem Sodium Solution Reconstituted 1 GM Injection	NF	1	Formulary Enhancement	N/A
Forfivo XL Tablet Extended Release 24 Hour 450 MG Oral	1 + QL 30 + ST2	NF	Formulary Update	bupropion hcl er (xl) tablet extended release 24 hour 450 mg oral, 1 + QL 30 + ST2
Galafold Capsule 123 MG Oral	NF	1 + QL 14/28 + PA1 + LA	Formulary Enhancement	N/A
Hexalen CAPSULE 50 MG ORAL	1 + PA2	NF	CMS Required Deletion	N/A
Hydrocortisone Butyrate Lotion 0.1 % External	NF	1	Formulary Enhancement	N/A

H3708_FormularyChange19_C
Formulary ID: 19553 Version 16
Last Updated: 11/20/2019
Effective date: 12/01/2019

BvD – 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.

2019 FORMULARY CHANGES				
Drug Name	**Current Drug Tier**	**New Drug Tier**	**Reason For Change**	**Alternative Drug, Alternative Drug Tier**
INVanz Solution Reconstituted 1 GM Injection	1	NF	Formulary Update	ertapenem sodium solution reconstituted 1 gm injection, 1
Ketoprofen Capsule 25 MG Oral	NF	1	Formulary Enhancement	N/A
Kimidess Tablet 0.15-0.02/0.01 MG (21/5) Oral	1	NF	CMS Required Deletion	N/A
Lenvima 12 MG Daily Dose Capsule Therapy Pack 4 (3) MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Lenvima 4 MG Daily Dose Capsule Therapy Pack 4 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Lorbrena Tablet 100 MG Oral	NF	1 + QL 30 + PA2	Formulary Enhancement	N/A
Lorbrena Tablet 25 MG Oral	NF	1 + QL 90 + PA2	Formulary Enhancement	N/A
Mektovi Tablet 15 MG Oral	NF	1 + QL 180 + PA2	Formulary Enhancement	N/A
Molindone HCl Tablet 10 MG Oral	NF	1	Formulary Enhancement	N/A
Molindone HCl Tablet 25 MG Oral	NF	1	Formulary Enhancement	N/A
Molindone HCl Tablet 5 MG Oral	NF	1	Formulary Enhancement	N/A
Morphine Sulfate ER Capsule Extended Release 24 Hour 40 MG Oral	NF	1	Formulary Enhancement	N/A
Nafcillin Sodium Solution Reconstituted 2 GM Injection	NF	1	Formulary Enhancement	N/A
Necon 7/7/7 Tablet 0.5/0.75/1-35 MG-MCG Oral	1	NF	CMS Required Deletion	N/A
Norvir CAPSULE 100 MG ORAL	1	NF	CMS Required Deletion	N/A
Onfi SUSPENSION 2.5 MG/ML ORAL	1 + PA2	NF	Formulary Update	clobazam suspension 2.5 mg/ml oral, 1 + PA2

BvD – 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.

2019 FORMULARY CHANGES				
Drug Name	**Current Drug Tier**	**New Drug Tier**	**Reason For Change**	**Alternative Drug, Alternative Drug Tier**
Onfi TABLET 10 MG Oral	1 + QL 60 + PA2	NF	Formulary Update	clobazam tablet 10 mg oral, 1 + QL 60 + PA2
Onfi TABLET 20 MG Oral	1 + QL 60 + PA2	NF	Formulary Update	clobazam tablet 20 mg oral, 1 + QL 60 + PA2
Orkambi Packet 100-125 MG Oral	NF	1 + PA1 + LA	Formulary Enhancement	N/A
Orkambi Packet 150-188 MG Oral	NF	1 + PA1 + LA	Formulary Enhancement	N/A
Periogard Solution 0.12 % Mouth/Throat	1	NF	CMS Required Deletion	N/A
Pifeltro Tablet 100 MG Oral	NF	1	Formulary Enhancement	N/A
Sodium Chloride Solution 2.5 MEQ/ML Injection	1	NF	CMS Required Deletion	N/A
Symtuza Tablet 800-150-200-10 MG Oral	NF	1	Formulary Enhancement	N/A
Takhzyro Solution 300 MG/2ML Subcutaneous	NF	1 + QL 4/28 + PA1	Formulary Enhancement	N/A
Talzenna Capsule 0.25 MG Oral	NF	1 + QL 90 + PA2	Formulary Enhancement	N/A
Talzenna Capsule 1 MG Oral	NF	1 + QL 30 + PA2	Formulary Enhancement	N/A
Testosterone Gel 20.25 MG/1.25GM (1.62%) Transdermal	NF	1 + PA2	Formulary Enhancement	N/A
Testosterone Gel 20.25 MG/ACT (1.62%) Transdermal	NF	1 + PA2	Formulary Enhancement	N/A
Testosterone Gel 40.5 MG/2.5GM (1.62%) Transdermal	NF	1 + PA2	Formulary Enhancement	N/A
Tibsovo Tablet 250 MG Oral	NF	1 + PA2 + LA	Formulary Enhancement	N/A
Tiglutik Suspension 50 MG/10ML Oral	NF	1 + PA1	Formulary Enhancement	N/A
Triamcinolone Acetonide Aerosol 55 MCG/ACT Nasal	1	NF	CMS Required Deletion	N/A
Vancomycin HCl Solution Reconstituted 250 MG Intravenous	NF	1 + BvD	Formulary Enhancement	N/A

H3708_FormularyChange19_C
Formulary ID: 19553 Version 16
Last Updated: 11/20/2019
Effective date: 12/01/2019

BvD – 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.

2019 FORMULARY CHANGES				
Drug Name	**Current Drug Tier**	**New Drug Tier**	**Reason For Change**	**Alternative Drug, Alternative Drug Tier**
Versacloz Suspension 50 MG/ML Oral	1 + PA2	NF	CMS Required Deletion	N/A
Vizimpro Tablet 15 MG Oral	NF	1 + QL 30 + PA2 + LA	Formulary Enhancement	N/A
Vizimpro Tablet 30 MG Oral	NF	1 + QL 30 + PA2 + LA	Formulary Enhancement	N/A
Vizimpro Tablet 45 MG Oral	NF	1 + QL 30 + PA2 + LA	Formulary Enhancement	N/A
Welchol Packet 3.75 GM Oral	1	NF	Formulary Update	colesevelam hcl packet 3.75 gm oral, 1
Xarelto Tablet 2.5 MG Oral	NF	1	Formulary Enhancement	N/A
Xofluza Tablet Therapy Pack 20 (2) MG Oral	NF	1	Formulary Enhancement	N/A
Xofluza Tablet Therapy Pack 40 (2) MG Oral	NF	1	Formulary Enhancement	N/A
Xolair Solution Prefilled Syringe 150 MG/ML Subcutaneous	NF	1 + QL 6/28 + PA1 + LA	Formulary Enhancement	N/A
Xolair Solution Prefilled Syringe 75 MG/0.5ML Subcutaneous	NF	1 + QL 6/28 + PA1 + LA	Formulary Enhancement	N/A
Zortress Tablet 1 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Zytiga TABLET 250 MG ORAL	1 + QL 120 + PA2	NF	Formulary Update	abiraterone acetate tablet 250 mg oral, 1 + QL 120 + PA2
EFFECTIVE 03/01/2019				
Actemra ACTPen Solution Auto-Injector 162 MG/0.9ML Subcutaneous	NF	1 + PA1	Formulary Enhancement	N/A
Afeditab CR Tablet Extended Release 24 Hour 30 MG Oral	1	NF	CMS Required Deletion	N/A
Butalbital-APAP-Caffeine Tablet 50-325-40 MG Oral	NF	1	Formulary Enhancement	N/A
Clinimix E/Dextrose (5/25) Solution 5 % Intravenous	1 + BvD	NF	CMS Required Deletion	N/A

H3708_FormularyChange19_C
Formulary ID: 19553 Version 16
Last Updated: 11/20/2019
Effective date: 12/01/2019

BvD – 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.

2019 FORMULARY CHANGES				
Drug Name	**Current Drug Tier**	**New Drug Tier**	**Reason For Change**	**Alternative Drug, Alternative Drug Tier**
Daurismo Tablet 100 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Daurismo Tablet 25 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Firvanq Solution Reconstituted 25 MG/ML Oral	NF	1	Formulary Enhancement	N/A
Firvanq Solution Reconstituted 50 MG/ML Oral	NF	1	Formulary Enhancement	N/A
Hailey 24 Fe Tablet 1-20 MG-MCG(24) Oral	NF	1	Formulary Enhancement	N/A
Invirase CAPSULE 200 MG Oral	1	NF	CMS Required Deletion	N/A
Lidocaine HCl (PF) Solution 1 % Injection	NF	1	Formulary Enhancement	N/A
Lidocaine HCl SOL 1 % INJ	NF	1	Formulary Enhancement	N/A
Lokelma Packet 10 GM Oral	NF	1	Formulary Enhancement	N/A
Lokelma Packet 5 GM Oral	NF	1	Formulary Enhancement	N/A
Lynparza Capsule 50 MG Oral	1 + PA2 + LA	NF	CMS Required Deletion	N/A
Mesalamine Suppository 1000 MG Rectal	NF	1	Formulary Enhancement	N/A
Metipranolol Solution 0.3 % Ophthalmic	1	NF	CMS Required Deletion	N/A
Moderiba 800 Dose Pack Tablet 400 MG Oral	1	NF	CMS Required Deletion	N/A
Nocdurna Tablet Sublingual 27.7 MCG Sublingual	NF	1	Formulary Enhancement	N/A
Nocdurna Tablet Sublingual 55.3 MCG Sublingual	NF	1	Formulary Enhancement	N/A
Oxervate Solution 0.002 % Ophthalmic	NF	1 + PA1	Formulary Enhancement	N/A
Polyethylene Glycol 3350 Powder Oral	1	NF	CMS Required Deletion	N/A
Retacrit Solution 10000 UNIT/ML Injection	NF	1 + PA1	Formulary Enhancement	N/A
Retacrit Solution 2000 UNIT/ML Injection	NF	1 + PA1	Formulary Enhancement	N/A

H3708_FormularyChange19_C
Formulary ID: 19553 Version 16
Last Updated: 11/20/2019
Effective date: 12/01/2019

BvD – 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.

2019 FORMULARY CHANGES				
Drug Name	**Current Drug Tier**	**New Drug Tier**	**Reason For Change**	**Alternative Drug, Alternative Drug Tier**
Retacrit Solution 3000 UNIT/ML Injection	NF	1 + PA1	Formulary Enhancement	N/A
Retacrit Solution 4000 UNIT/ML Injection	NF	1 + PA1	Formulary Enhancement	N/A
Retacrit Solution 40000 UNIT/ML Injection	NF	1 + PA1	Formulary Enhancement	N/A
Silodosin Capsule 4 MG Oral	NF	1	Formulary Enhancement	N/A
Silodosin Capsule 8 MG Oral	NF	1	Formulary Enhancement	N/A
Sofosbuvir-Velpatasvir Tablet 400-100 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
SUMAtriptan Succinate Solution Prefilled Syringe 6 MG/0.5ML Subcutaneous	NF	1	Formulary Enhancement	N/A
Tecfidera 120 & 240 MG ORAL	1 + QL 60 + PA2	1 + PA2	Formulary Enhancement	N/A
Tecfidera CAPSULE DELAYED RELEASE 120 MG ORAL	1 + QL 60 + PA2	1 + PA2	Formulary Enhancement	N/A
Tecfidera CAPSULE DELAYED RELEASE 240 MG ORAL	1 + QL 60 + PA2	1 + PA2	Formulary Enhancement	N/A
Tegsedi Solution Prefilled Syringe 284 MG/1.5ML Subcutaneous	NF	1 + PA1	Formulary Enhancement	N/A
Tri-Estarylla Tablet 0.18/0.215/0.25 MG-35 MCG Oral	NF	1	Formulary Enhancement	N/A
Trulicity Solution Pen-injector 0.75 MG/0.5ML Subcutaneous	1 + QL 2/30	1 + QL 2/28	Formulary Enhancement	N/A
Trulicity Solution Pen-injector 1.5 MG/0.5ML Subcutaneous	1 + QL 2/30	1 + QL 2/28	Formulary Enhancement	N/A
Vitrakvi Capsule 100 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Vitrakvi Capsule 25 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Vitrakvi Solution 20 MG/ML Oral	NF	1 + PA2	Formulary Enhancement	N/A
Xospata Tablet 40 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Xtandi CAPSULE 40 MG ORAL	1 + QL 120 + PA2 + LA + ST2	1 + QL 120 + PA2 + LA	Formulary Enhancement	N/A

H3708_FormularyChange19_C
Formulary ID: 19553 Version 16
Last Updated: 11/20/2019
Effective date: 12/01/2019

BvD – 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.

2019 FORMULARY CHANGES				
Drug Name	**Current Drug Tier**	**New Drug Tier**	**Reason For Change**	**Alternative Drug, Alternative Drug Tier**
Zenchent Tablet 0.4-35 MG-MCG Oral	1	NF	CMS Required Deletion	N/A
Zerit Solution Reconstituted 1 MG/ML Oral	1	NF	CMS Required Deletion	N/A
EFFECTIVE 04/01/2019				
Albendazole Tablet 200 MG Oral	NF	1	Formulary Enhancement	N/A
BCG Vaccine INJECTABLE INJECTION	1 + BvD	1	Formulary Enhancement	N/A
Dexamethasone Sodium Phosphate Inj 4 MG/ML	NF	1 + BvD	Formulary Enhancement	N/A
Dexamethasone Sodium Phosphate SOLUTION 120 MG/30ML INJECTION	NF	1 + BvD	Formulary Enhancement	N/A
METHADONE CON 10MG/ML	NF	1	Formulary Enhancement	N/A
Moderiba 1200 Dose Pack Tablet 600 MG Oral	1	NF	CMS Required Deletion	N/A
Moderiba TABLET 200 MG ORAL	1	NF	CMS Required Deletion	N/A
Nevirapine Suspension 50 MG/5ML Oral	NF	1	Formulary Enhancement	N/A
Perseris Prefilled Syringe 120 MG Subcutaneous	NF	1 + PA2	Formulary Enhancement	N/A
Perseris Prefilled Syringe 90 MG Subcutaneous	NF	1 + PA2	Formulary Enhancement	N/A
Pimecrolimus Cream 1 % External	NF	1 + ST1	Formulary Enhancement	N/A
Promacta Packet 12.5 MG Oral	NF	1 + QL 360 + PA1	Formulary Enhancement	N/A
Rapaflo Capsule 4 MG Oral	1	NF	Formulary Update	silodosin capsule 4 mg oral, 1
Rapaflo Capsule 8 MG Oral	1	NF	Formulary Update	silodosin capsule 8 mg oral, 1
Shingrix Suspension Reconstituted 50 MCG/0.5ML Intramuscular	1 + BvD	1	Formulary Enhancement	N/A

H3708_FormularyChange19_C
Formulary ID: 19553 Version 16
Last Updated: 11/20/2019
Effective date: 12/01/2019

BvD – 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.

2019 FORMULARY CHANGES				
Drug Name	**Current Drug Tier**	**New Drug Tier**	**Reason For Change**	**Alternative Drug, Alternative Drug Tier**
Sympazan Film 10 MG Oral	NF	1 + QL 60 + PA2	Formulary Enhancement	N/A
Sympazan Film 20 MG Oral	NF	1 + QL 60 + PA2	Formulary Enhancement	N/A
Sympazan Film 5 MG Oral	NF	1 + QL 60 + PA2	Formulary Enhancement	N/A
EFFECTIVE 05/01/2019				
Albenza Tablet 200 MG Oral	1	NF	Formulary Update	albendazole 200 mg, 1
Codeine Sulfate Tablet 15 MG Oral	1	NF	CMS Required Deletion	N/A
Elidel Cream 1 % External	1 + ST1	NF	Formulary Update	pimecrolimus 10 mg/ml, 1 + ST1
Jasmiel Tablet 3-0.02 MG Oral	NF	1	Formulary Enhancement	N/A
Sirolimus Solution 1 MG/ML Oral	NF	1 + BvD	Formulary Enhancement	N/A
Toremifene Citrate Tablet 60 MG Oral	NF	1 + QL 30 + PA2	Formulary Enhancement	N/A
Tresiba Solution 100 UNIT/ML Subcutaneous	NF	1	Formulary Enhancement	N/A
Vigabatrin Tablet 500 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Vigadrone Packet 500 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Viramune Suspension 50 MG/5ML Oral	1	NF	Formulary Update	nevirapine 10mg/ml, 1
EFFECTIVE 06/01/2019				
Aliskiren Fumarate Tablet 150 MG Oral	NF	1	Formulary Enhancement	N/A
Aliskiren Fumarate Tablet 300 MG Oral	NF	1	Formulary Enhancement	N/A
Carimune NF Solution Reconstituted 6 GM Intravenous	1 + PA1	NF	CMS Required Deletion	N/A
Ciprofloxacin SUSPENSION RECONSTITUTED 250 MG/5ML (5%) Oral	1	NF	CMS Required Deletion	N/A
Clinimix E/Dextrose (2.75/10) Solution 2.75 % Intravenous	1 + BvD	NF	CMS Required Deletion	N/A
Clinimix E/Dextrose (4.25/25) SOLUTION 4.25 % Intravenous	1 + BvD	NF	CMS Required Deletion	N/A
Dovato Tablet 50-300 MG Oral	NF	1	Formulary Enhancement	N/A

H3708_FormularyChange19_C
Formulary ID: 19553 Version 16
Last Updated: 11/20/2019
Effective date: 12/01/2019

BvD – 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.

2019 FORMULARY CHANGES				
Drug Name	**Current Drug Tier**	**New Drug Tier**	**Reason For Change**	**Alternative Drug, Alternative Drug Tier**
Estropipate Tablet 0.75 MG Oral	1 + PA2	NF	CMS Required Deletion	N/A
Fareston Tablet 60 MG Oral	1 + QL 30 + PA2	NF	Formulary Update	toremifene 60 mg, 1 + QL 30 + PA2
HYDROcodone-Acetaminophen Tablet 2.5-325 MG Oral	1	NF	CMS Required Deletion	N/A
Klor-Con Sprinkle Capsule Extended Release 10 MEQ Oral	1	NF	CMS Required Deletion	N/A
Lactated Ringer's Solution	NF	1 + BvD	Formulary Enhancement	N/A
Lorazepam Inj 2 MG/ML	NF	1	Formulary Enhancement	N/A
Lotemax SM Gel 0.38 % Ophthalmic	NF	1	Formulary Enhancement	N/A
Moexipril-hydroCHLOROthiazide Tablet 15-12.5 MG Oral	1	NF	CMS Required Deletion	N/A
Moexipril-hydroCHLOROthiazide Tablet 15-25 MG Oral	1	NF	CMS Required Deletion	N/A
Moexipril-hydroCHLOROthiazide Tablet 7.5-12.5 MG Oral	1	NF	CMS Required Deletion	N/A
Nadolol-Bendroflumethiazide Tablet 80-5 MG Oral	1	NF	CMS Required Deletion	N/A
Nuplazid Tablet 17 MG Oral	1 + PA2 + LA	NF	CMS Required Deletion	N/A
OLANZapine Tablet 10 MG Oral	1 + QL 30	1 + QL 60	Formulary Enhancement	N/A
OLANZapine Tablet 2.5 MG Oral	1 + QL 30	1 + QL 60	Formulary Enhancement	N/A
OLANZapine Tablet 5 MG Oral	1 + QL 30	1 + QL 60	Formulary Enhancement	N/A
Prograf Packet 0.2 MG Oral	NF	1 + BvD	Formulary Enhancement	N/A
Prograf Packet 1 MG Oral	NF	1 + BvD	Formulary Enhancement	N/A
Quasense Tablet 0.15-0.03 MG Oral	1	NF	CMS Required Deletion	N/A
Ranolazine ER Tablet Extended Release 12 Hour 1000 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Ranolazine ER Tablet Extended Release 12 Hour 500 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Rapamune Solution 1 MG/ML Oral	1 + BvD	NF	Formulary Update	sirolimus 1 mg/ml, 1 + BvD

H3708_FormularyChange19_C
Formulary ID: 19553 Version 16
Last Updated: 11/20/2019
Effective date: 12/01/2019

BvD – 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.

2019 FORMULARY CHANGES				
Drug Name	**Current Drug Tier**	**New Drug Tier**	**Reason For Change**	**Alternative Drug, Alternative Drug Tier**
Rescriptor Tablet 100 MG Oral	1	NF	CMS Required Deletion	N/A
Ribasphere RibaPak Tablet 400 MG Oral	1	NF	CMS Required Deletion	N/A
Ribasphere RibaPak Tablet Therapy Pack 200 & 400 MG Oral	1	NF	CMS Required Deletion	N/A
Ribasphere TABLET 200 MG ORAL	1	NF	CMS Required Deletion	N/A
Ribasphere Tablet 400 MG Oral	1	NF	CMS Required Deletion	N/A
Sabril Tablet 500 MG Oral	1 + PA2 + LA	NF	Formulary Update	vigabatrin 500 mg, 1 + PA2
Terbinafine HCl Tablet 250 MG Oral	1 + QL 84/168	1	Formulary Enhancement	N/A
TriNessa (28) Tablet 0.18/0.215/0.25 MG-35 MCG Oral	1	NF	CMS Required Deletion	N/A
Versacloz Suspension 50 MG/ML Oral	NF	1 + PA2	Formulary Enhancement	N/A
EFFECTIVE 07/01/2019				
Ambrisentan Tablet 10 MG Oral	NF	1 + QL 30 + PA1	Formulary Enhancement	N/A
Ambrisentan Tablet 5 MG Oral	NF	1 + QL 30 + PA1	Formulary Enhancement	N/A
Aminosyn II Solution 8.5 % Intravenous	1 + BvD	NF	CMS Required Deletion	N/A
Aminosyn II/Electrolytes Solution 8.5 % Intravenous	1 + BvD	NF	CMS Required Deletion	N/A
Aminosyn/Electrolytes SOLUTION 7 % Intravenous	1 + BvD	NF	CMS Required Deletion	N/A
Aminosyn/Electrolytes Solution 8.5 % Intravenous	1 + BvD	NF	CMS Required Deletion	N/A
Aminosyn-HBC Solution 7 % Intravenous	1 + BvD	NF	CMS Required Deletion	N/A
Aminosyn-RF Solution 5.2 % Intravenous	1 + BvD	NF	CMS Required Deletion	N/A
Balversa Tablet 3 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Balversa Tablet 4 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Balversa Tablet 5 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A

H3708_FormularyChange19_C
Formulary ID: 19553 Version 16
Last Updated: 11/20/2019
Effective date: 12/01/2019

BvD – 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.

2019 FORMULARY CHANGES				
Drug Name	**Current Drug Tier**	**New Drug Tier**	**Reason For Change**	**Alternative Drug, Alternative Drug Tier**
Blisovi FE 1/20 Tablet 1-20 MG-MCG Oral	1	NF	CMS Required Deletion	N/A
ChlorproPAMIDE TABLET 100 MG ORAL	1 + PA1	NF	CMS Required Deletion	N/A
ChlorproPAMIDE TABLET 250 MG ORAL	1 + PA1	NF	CMS Required Deletion	N/A
Deferasirox Tablet Soluble 125 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Deferasirox Tablet Soluble 250 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Deferasirox Tablet Soluble 500 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
MethylPREDNISolone ACET SUSP 40 MG/ML INJ	NF	1 + BvD	Formulary Enhancement	N/A
MethylPREDNISolone ACET SUSP 80 MG/ML INJ	NF	1 + BvD	Formulary Enhancement	N/A
MethylPREDNISolone SOD Succ SOL RECON 40 MG INJ	NF	1 + BvD	Formulary Enhancement	N/A
Ondansetron HCl SOL 4 MG/2ML INJ	NF	1 + QL 360	Formulary Enhancement	N/A
Ondansetron HCl SOL 4 MG/2ML INJ (2ML SYR)	NF	1 + QL 360	Formulary Enhancement	N/A
Ondansetron HCl Tablet 4 MG Oral	1 + QL 120	1 + QL 180	Formulary Enhancement	N/A
Ondansetron HCl Tablet 8 MG Oral	1 + QL 60	1 + QL 90	Formulary Enhancement	N/A
Ondansetron Tablet Dispersible 4 MG Oral	1 + QL 120	1 + QL 180	Formulary Enhancement	N/A
Ondansetron Tablet Dispersible 8 MG Oral	1 + QL 60	1 + QL 90	Formulary Enhancement	N/A
Ranexa Tablet Extended Release 12 Hour 1000 MG Oral	1 + PA1	NF	Formulary Update	ranolazine 1000 mg extended release oral tablet, 1 + PA1

H3708_FormularyChange19_C
Formulary ID: 19553 Version 16
Last Updated: 11/20/2019
Effective date: 12/01/2019

BvD – 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.

2019 FORMULARY CHANGES				
Drug Name	**Current Drug Tier**	**New Drug Tier**	**Reason For Change**	**Alternative Drug, Alternative Drug Tier**
Ranexa Tablet Extended Release 12 Hour 500 MG Oral	1 + PA1	NF	Formulary Update	ranolazine 500 mg extended release oral tablet, 1 + PA1
Tekturna Tablet 150 MG Oral	1	NF	Formulary Update	aliskiren 150 MG, 1
Tekturna Tablet 300 MG Oral	1	NF	Formulary Update	aliskiren 300 MG, 1
EFFECTIVE 08/01/2019				
Bosentan Tablet 125 MG Oral	NF	1 + QL 60 + PA1	Formulary Enhancement	N/A
Bosentan Tablet 62.5 MG Oral	NF	1 + QL 60 + PA1	Formulary Enhancement	N/A
Cinacalcet HCl Tablet 30 MG Oral	NF	1 + QL 120 + BvD	Formulary Enhancement	N/A
Cinacalcet HCl Tablet 60 MG Oral	NF	1 + QL 150 + BvD	Formulary Enhancement	N/A
Cinacalcet HCl Tablet 90 MG Oral	NF	1 + QL 120 + BvD	Formulary Enhancement	N/A
Ciprofloxacin-Ciproflox HCl ER Tablet Extended Release 24 Hour 1000 MG Oral	1	NF	CMS Required Deletion	N/A
Ciprofloxacin-Ciproflox HCl ER Tablet Extended Release 24 Hour 500 MG Oral	1	NF	CMS Required Deletion	N/A
Erlotinib HCl Tablet 100 MG Oral	NF	1 + QL 30 + PA2	Formulary Enhancement	N/A
Erlotinib HCl Tablet 150 MG Oral	NF	1 + QL 30 + PA2	Formulary Enhancement	N/A
Erlotinib HCl Tablet 25 MG Oral	NF	1 + QL 90 + PA2	Formulary Enhancement	N/A
Exjade Tablet Soluble 125 MG Oral	1 + PA1 + LA	NF	Formulary Update	deferasirox 125 mg tablet, 1 + PA1
Exjade Tablet Soluble 250 MG Oral	1 + PA1 + LA	NF	Formulary Update	deferasirox 250 mg tablet, 1 + PA1
Exjade Tablet Soluble 500 MG Oral	1 + PA1 + LA	NF	Formulary Update	deferasirox 500 mg tablet, 1 + PA1

H3708_FormularyChange19_C
Formulary ID: 19553 Version 16
Last Updated: 11/20/2019
Effective date: 12/01/2019

BvD – 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.

2019 FORMULARY CHANGES				
Drug Name	**Current Drug Tier**	**New Drug Tier**	**Reason For Change**	**Alternative Drug, Alternative Drug Tier**
Kalydeco Packet 25 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Letairis Tablet 10 MG Oral	1 + QL 30 + PA1 + LA	NF	Formulary Update	ambrisentan 10 mg oral tablet, 1 + QL 30 + PA1
Letairis Tablet 5 MG Oral	1 + QL 30 + PA1 + LA	NF	Formulary Update	ambrisentan 5 mg oral tablet, 1 + QL 30 + PA1
Loteprednol Etabonate Suspension 0.5 % Ophthalmic	NF	1	Formulary Enhancement	N/A
Methyclothiazide Tablet 5 MG Oral	1	NF	CMS Required Deletion	N/A
Zykadia Tablet 150 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
EFFECTIVE 09/01/2019				
Braftovi Capsule 50 MG Oral	1 + PA2 + LA	NF	CMS Required Deletion	N/A
DEPO-MEDROL INJ 20MG/ML	NF	1 + BvD	Formulary Enhancement	N/A
DEPO-MEDROL INJ 40MG/ML	NF	1 + BvD	Formulary Enhancement	N/A
Doripenem SOLUTION RECONSTITUTED 500 MG Intravenous	1 + BvD	NF	CMS Required Deletion	N/A
Lotemax Suspension 0.5 % Ophthalmic	1	NF	Formulary Update	loteprednol etabonate 5 %, 1
Nucala Solution Auto-Injector 100 MG/ML Subcutaneous	NF	1 + PA1	Formulary Enhancement	N/A
Nucala Solution Prefilled Syringe 100 MG/ML Subcutaneous	NF	1 + PA1	Formulary Enhancement	N/A
Piqray 200MG Daily Dose Tablet Therapy Pack 200 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Piqray 250MG Daily Dose Tablet Therapy Pack 200 & 50 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Piqray 300MG Daily Dose Tablet Therapy Pack 2x150 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Pyridostigmine Bromide Tablet 30 MG Oral	NF	1	Formulary Enhancement	N/A

H3708_FormularyChange19_C
Formulary ID: 19553 Version 16
Last Updated: 11/20/2019
Effective date: 12/01/2019

BvD – 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.

2019 FORMULARY CHANGES				
Drug Name	**Current Drug Tier**	**New Drug Tier**	**Reason For Change**	**Alternative Drug, Alternative Drug Tier**
Sensipar Tablet 30 MG Oral	1 + QL 120 + BvD	NF	Formulary Update	cinacalcet 30 mg, 1 + QL 120 + BvD
Sensipar Tablet 60 MG Oral	1 + QL 150 + BvD	NF	Formulary Update	cinacalcet 60 mg, 1 + QL150 + BvD
Sensipar Tablet 90 MG Oral	1 + QL 120 + BvD	NF	Formulary Update	cinacalcet 90 mg, 1 + QL 120 + BvD
Tarceva Tablet 100 MG Oral	1 + QL 30 + PA2	NF	Formulary Update	erlotinib 100 mg, 1 + QL 30 + PA2
Tarceva Tablet 150 MG Oral	1 + QL 30 + PA2	NF	Formulary Update	erlotinib 150 mg, 1 + QL 30 + PA2
Tarceva Tablet 25 MG Oral	1 + QL 90 + PA2	NF	Formulary Update	erlotinib 25 mg, 1 + QL 90 + PA2
Tracleer Tablet 125 MG Oral	1 + QL 60 + PA1 + LA	NF	Formulary Update	bosentan 125 mg, 1 + QL 60 + PA1
Tracleer Tablet 62.5 MG Oral	1 + QL 60 + PA1 + LA	NF	Formulary Update	bosentan 62.5 mg, 1 + QL 60 + PA1
Transderm-Scop (1.5 MG) Patch 72 Hour 1 MG/3DAYS Transdermal	NF	1	Formulary Enhancement	N/A
EFFECTIVE 10/01/2019				
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
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
Erythromycin Base Tablet Delayed Release 500 MG Oral	NF	1	Formulary Enhancement	N/A

H3708_FormularyChange19_C
Formulary ID: 19553 Version 16
Last Updated: 11/20/2019
Effective date: 12/01/2019

BvD – 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.

2019 FORMULARY CHANGES				
Drug Name	**Current Drug Tier**	**New Drug Tier**	**Reason For Change**	**Alternative Drug, Alternative Drug Tier**
Febuxostat Tablet 40 MG Oral	NF	1 + ST1	Formulary Enhancement	N/A
Febuxostat Tablet 80 MG Oral	NF	1 + ST1	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 + BvD	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 + 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
SOLU-MEDROL INJ 125MG	NF	1 + BvD	Formulary Enhancement	N/A
SOLU-MEDROL INJ 1GM	NF	1 + BvD	Formulary Enhancement	N/A
SOLU-MEDROL INJ 2GM	NF	1 + BvD	Formulary Enhancement	N/A
SOLU-MEDROL INJ 40MG	NF	1 + BvD	Formulary Enhancement	N/A
SOLU-MEDROL INJ 500MG	NF	1 + BvD	Formulary Enhancement	N/A
Symdeko Tablet Therapy Pack 50-75 & 75 MG Oral	NF	1 + PA1	Formulary Enhancement	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

H3708_FormularyChange19_C
Formulary ID: 19553 Version 16
Last Updated: 11/20/2019
Effective date: 12/01/2019

BvD – 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.

2019 FORMULARY CHANGES				
Drug Name	**Current Drug Tier**	**New Drug Tier**	**Reason For Change**	**Alternative Drug, Alternative Drug Tier**
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
EFFECTIVE 11/01/2019				
Corlanor Solution 5 MG/5ML Oral	NF	1 + PA1	Formulary Enhancement	N/A
Enbrel Mini Solution Cartridge 50 MG/ML Subcutaneous	NF	1 + PA1	Formulary Enhancement	N/A
Inrebic Capsule 100 MG Oral	NF	1 + PA2	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
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
Xultophy Solution Pen-injector 100-3.6 UNIT-MG/ML Subcutaneous	1 + ST1	1 + QL 15	Formulary Enhancement	N/A
EFFECTIVE 12/01/2019				
Ferriprox Tablet 1000 MG Oral	NF	1 + PA1 + LA	Formulary Enhancement	N/A
Posaconazole Tablet Delayed Release 100 MG Oral	NF	1 + PA1	Formulary Enhancement	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

H3708_FormularyChange19_C
Formulary ID: 19553 Version 16
Last Updated: 11/20/2019
Effective date: 12/01/2019

BvD – 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.

2019 FORMULARY CHANGES				
Drug Name	**Current Drug Tier**	**New Drug Tier**	**Reason For Change**	**Alternative Drug, Alternative Drug Tier**
Ribasphere Tablet 600 MG Oral	1	NF	CMS Required Deletion	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
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