

American Health Advantage of Oklahoma (HMO I-SNP)

2023

Formulary Addendum

(1 Tier)

Below is a list formulary changes for the benefit year 2023. This is not a complete list of drugs covered by the Part D plan. The formulary changes are reflected in the 2023 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 website at ok.amhealthplans.com, or call Member Services at 1-866-583-4669, 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 1-833-312-0046.

**BvD – Part B vs. Part D, NF - Non-Formulary, PA - Prior Authorization,
QL – Quantity Limit per 30 Days, ST - Step Therapy**

2023 FORMULARY CHANGES

Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
EFFECTIVE 01/01/2023				
Bupivacaine HCl Inj 0.5%	NF	1	Formulary Enhancement	N/A
Bupivacaine HCl Preservative Free (PF) Inj 0.5%	NF	1	Formulary Enhancement	N/A
Carnitor Solution 1 GM/10ML Oral	NF	1	Formulary Enhancement	N/A
Carnitor TABLET 330 MG Oral	NF	1	Formulary Enhancement	N/A
Caziant TABLET 0.1/0.125/0.15 - 0.025 MG Oral	1	NF	CMS Required Deletion	N/A
Cefazolin Sodium For Inj 2 GM	NF	1	Formulary Enhancement	N/A
Digox Tablet 125 MCG Oral	1	NF	CMS Required Deletion	N/A
Digox Tablet 250 MCG Oral	1	NF	CMS Required Deletion	N/A
Engerix-B Suspension 20 MCG/ML Injection	NF	1 + BvD	Formulary Enhancement	N/A
Lactated Ringer's for Irrigation	NF	1	Formulary Enhancement	N/A
Lindane Shampoo 1 % External	1	NF	CMS Required Deletion	N/A
Na Sulfate-K Sulfate-Mg Sulf Solution 17.5-3.13-1.6 GM/177ML Oral	NF	1	Formulary Enhancement	N/A
Nucala Solution Prefilled Syringe 40 MG/0.4ML Subcutaneous	NF	1 + PA	Formulary Enhancement	N/A

Formulary ID: 23561, Version 7

Last Updated: 02/22/2023

Effective date: 03/01/2023

H3708_FormularyChanges00123_C

American Health Advantage of Oklahoma (HMO I-SNP)

2023

Formulary Addendum

(1 Tier)

Below is a list formulary changes for the benefit year 2023. This is not a complete list of drugs covered by the Part D plan. The formulary changes are reflected in the 2023 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 website at ok.amhealthplans.com, or call Member Services at 1-866-583-4669, 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 1-833-312-0046.

**BvD – Part B vs. Part D, NF - Non-Formulary, PA - Prior Authorization,
QL – Quantity Limit per 30 Days, ST - Step Therapy**

2023 FORMULARY CHANGES

Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Pentacel SUSPENSION RECONSTITUTED Intramuscular	NF	1	Formulary Enhancement	N/A
Priorix Suspension Reconstituted Subcutaneous	NF	1	Formulary Enhancement	N/A
Procalamine Solution 3 % Intravenous	1 + BvD	NF	CMS Required Deletion	N/A
Quadracel Suspension Prefilled Syringe 0.5 ML Intramuscular	NF	1	Formulary Enhancement	N/A
Recombivax HB SUSPENSION 5 MCG/0.5ML INJECTION	NF	1 + BvD	Formulary Enhancement	N/A
Renacidin Sol	NF	1 + BvD	Formulary Enhancement	N/A
Skyrizi Solution Cartridge 360 MG/2.4ML Subcutaneous	NF	1 + PA	Formulary Enhancement	N/A
Tenivac INJECTABLE 5-2 LFU Intramuscular	NF	1 + BvD	Formulary Enhancement	N/A
Ticovac Suspension Prefilled Syringe 1.2 MCG/0.25ML Intramuscular	NF	1	Formulary Enhancement	N/A
Water For Irrigation, Sterile Irrigation Soln	NF	1	Formulary Enhancement	N/A
YF-VAX INJECTABLE Subcutaneous	NF	1	Formulary Enhancement	N/A
EFFECTIVE 02/01/2023				

Formulary ID: 23561, Version 7

Last Updated: 02/22/2023

Effective date: 03/01/2023

H3708_FormularyChanges00123_C

American Health Advantage of Oklahoma (HMO I-SNP)

2023

Formulary Addendum

(1 Tier)

Below is a list formulary changes for the benefit year 2023. This is not a complete list of drugs covered by the Part D plan. The formulary changes are reflected in the 2023 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 website at ok.amhealthplans.com, or call Member Services at 1-866-583-4669, 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 1-833-312-0046.

**BvD – Part B vs. Part D, NF - Non-Formulary, PA - Prior Authorization,
QL – Quantity Limit per 30 Days, ST - Step Therapy**

2023 FORMULARY CHANGES

Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Adefovir Dipivoxil Tablet 10 MG Oral	1 + QL 30 + PA	1 + QL 30	Formulary Enhancement	N/A
Baraclude SOLUTION 0.05 MG/ML ORAL	1 + QL 600 + PA	1 + QL 600	Formulary Enhancement	N/A
Calquence Tablet 100 MG Oral	NF	1 + QL 60 + PA	Formulary Enhancement	N/A
Caplyta Capsule 10.5 MG Oral	NF	1	Formulary Enhancement	N/A
Caplyta Capsule 21 MG Oral	NF	1	Formulary Enhancement	N/A
Daliresp Tablet 500 MCG Oral	1	NF	Formulary Update	roflumilast tablet 500 mcg oral, 1
Descovy Tablet 120-15 MG Oral	NF	1	Formulary Enhancement	N/A
Digitek TABLET 125 MCG ORAL	1	NF	CMS Required Deletion	N/A
Enbrel Solution Reconstituted 25 MG Subcutaneous	1 + PA	NF	CMS Required Deletion	N/A
Entecavir Tablet 0.5 MG Oral	1 + QL 30 + PA	1 + QL 30	Formulary Enhancement	N/A
Entecavir Tablet 1 MG Oral	1 + QL 30 + PA	1 + QL 30	Formulary Enhancement	N/A
Fingolimod HCl Capsule 0.5 MG Oral	NF	1 + PA	Formulary Enhancement	N/A
Furosemide SOLUTION 10 MG/ML INJECTION (4ML SYRINGE)	1	NF	CMS Required Deletion	N/A

Formulary ID: 23561, Version 7

Last Updated: 02/22/2023

Effective date: 03/01/2023

H3708_FormularyChanges00123_C

American Health Advantage of Oklahoma (HMO I-SNP)
2023
Formulary Addendum

(1 Tier)

Below is a list formulary changes for the benefit year 2023. This is not a complete list of drugs covered by the Part D plan. The formulary changes are reflected in the 2023 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 website at ok.amhealthplans.com, or call Member Services at 1-866-583-4669, 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 1-833-312-0046.

**BvD – Part B vs. Part D, NF - Non-Formulary, PA - Prior Authorization,
 QL – Quantity Limit per 30 Days, ST - Step Therapy**

2023 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Gilenya CAPSULE 0.5 MG ORAL	1 + PA	NF	Formulary Update	fingolimod hcl capsule 0.5 mg oral, 1 + PA
Hyftor Gel 0.2 % External	NF	1 + PA	Formulary Enhancement	N/A
Imbruvica Suspension 70 MG/ML Oral	NF	1 + QL 240 + PA	Formulary Enhancement	N/A
Intron A Solution Reconstituted 18000000 UNIT Injection	1 + PA	NF	CMS Required Deletion	N/A
Jynneos Suspension 0.5 ML Subcutaneous	NF	1	Formulary Enhancement	N/A
Larissia Tablet 0.1-20 MG-MCG Oral	1	NF	CMS Required Deletion	N/A
Lenalidomide Capsule 2.5 MG Oral	NF	1 + PA	Formulary Enhancement	N/A
Lenalidomide Capsule 20 MG Oral	NF	1 + PA	Formulary Enhancement	N/A
Noxafil Packet 300 MG Oral	NF	1 + PA	Formulary Enhancement	N/A
Orkambi Packet 75-94 MG Oral	NF	1 + QL 56/28 + PA	Formulary Enhancement	N/A
Pentacel Suspension Reconstituted Intramuscular (96-30-68-1-80-2-16-3-64-20 var units)	1	NF	CMS Required Deletion	N/A
Pirfenidone Tablet 534 MG Oral	NF	1 + PA	Formulary Enhancement	N/A

Formulary ID: 23561, Version 7
Last Updated: 02/22/2023
Effective date: 03/01/2023
H3708_FormularyChanges00123_C

American Health Advantage of Oklahoma (HMO I-SNP)

2023

Formulary Addendum

(1 Tier)

Below is a list formulary changes for the benefit year 2023. This is not a complete list of drugs covered by the Part D plan. The formulary changes are reflected in the 2023 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 website at ok.amhealthplans.com, or call Member Services at 1-866-583-4669, 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 1-833-312-0046.

**BvD – Part B vs. Part D, NF - Non-Formulary, PA - Prior Authorization,
QL – Quantity Limit per 30 Days, ST - Step Therapy**

2023 FORMULARY CHANGES

Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Pred-G SUSPENSION 0.3-1 % OPHTHALMIC	1	NF	CMS Required Deletion	N/A
ProAir HFA Aerosol Solution 108 (90 Base) MCG/ACT Inhalation	1	NF	CMS Required Deletion	N/A
Revlimid Capsule 2.5 MG Oral	1 + PA	NF	Formulary Update	lenalidomide capsule 2.5 mg oral, 1 + PA
Revlimid Capsule 20 MG Oral	1 + PA	NF	Formulary Update	lenalidomide capsule 20 mg oral, 1 + PA
Roflumilast Tablet 500 MCG Oral	NF	1	Formulary Enhancement	N/A
Skyrizi (150 MG Dose) Prefilled Syringe Kit 75 MG/0.83ML Subcutaneous	1 + PA	NF	CMS Required Deletion	N/A
Tazarotene Gel 0.05 % External	NF	1 + PA	Formulary Enhancement	N/A
Tazarotene Gel 0.1 % External	NF	1 + PA	Formulary Enhancement	N/A
Tazorac Gel 0.05 % External	1 + PA	NF	Formulary Update	tazarotene gel 0.05 % external, 1 + PA
Tazorac Gel 0.1 % External	1 + PA	NF	Formulary Update	tazarotene gel 0.1 % external, 1 + PA
Vemlidy TABLET 25 MG ORAL	1 + PA	1	Formulary Enhancement	N/A

Formulary ID: 23561, Version 7

Last Updated: 02/22/2023

Effective date: 03/01/2023

H3708_FormularyChanges00123_C

American Health Advantage of Oklahoma (HMO I-SNP)

2023

Formulary Addendum

(1 Tier)

Below is a list formulary changes for the benefit year 2023. This is not a complete list of drugs covered by the Part D plan. The formulary changes are reflected in the 2023 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 website at ok.amhealthplans.com, or call Member Services at 1-866-583-4669, 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 1-833-312-0046.

**BvD – Part B vs. Part D, NF - Non-Formulary, PA - Prior Authorization,
QL – Quantity Limit per 30 Days, ST - Step Therapy**

2023 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Venlafaxine Besylate ER Tablet Extended Release 24 Hour 112.5 MG Oral	NF	1	Formulary Enhancement	N/A
Zonisade Suspension 100 MG/5ML Oral	NF	1	Formulary Enhancement	N/A
EFFECTIVE 03/01/2023				
Auvelity Tablet Extended Release 45-105 MG Oral	NF	1 + QL 60	Formulary Enhancement	N/A
Daliresp Tablet 250 MCG Oral	1	NF	Formulary Update	roflumilast tablet 250 mcg oral, 1
Gleostine CAPSULE 10 MG ORAL	NF	1 + PA	Formulary Enhancement	N/A
Gleostine CAPSULE 100 MG ORAL	NF	1 + PA	Formulary Enhancement	N/A
Gleostine CAPSULE 40 MG ORAL	NF	1 + PA	Formulary Enhancement	N/A
Intron A Solution Reconstituted 10000000 UNIT Injection	1 + PA	NF	CMS Required Deletion	N/A
Intron A Solution Reconstituted 50000000 UNIT Injection	1 + PA	NF	CMS Required Deletion	N/A
Menest Tablet 2.5 MG Oral	NF	1	Formulary Enhancement	N/A
Paser PACKET 4 GM ORAL	1	NF	CMS Required Deletion	N/A
Roflumilast Tablet 250 MCG Oral	NF	1	Formulary Enhancement	N/A

Formulary ID: 23561, Version 7
Last Updated: 02/22/2023
Effective date: 03/01/2023
H3708_FormularyChanges00123_C

American Health Advantage of Oklahoma (HMO I-SNP)

2023

Formulary Addendum

(1 Tier)

Below is a list formulary changes for the benefit year 2023. This is not a complete list of drugs covered by the Part D plan. The formulary changes are reflected in the 2023 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 website at ok.amhealthplans.com, or call Member Services at 1-866-583-4669, 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 1-833-312-0046.

**BvD – Part B vs. Part D, NF - Non-Formulary, PA - Prior Authorization,
QL – Quantity Limit per 30 Days, ST - Step Therapy**

2023 FORMULARY CHANGES

Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Skyrizi Solution Cartridge 180 MG/1.2ML Subcutaneous	NF	1 + PA	Formulary Enhancement	N/A

Formulary ID: 23561, Version 7

Last Updated: 02/22/2023

Effective date: 03/01/2023

H3708_FormularyChanges00123_C