



2020 Medicare Part D Formulary Change

We may add or remove drugs from our formulary during the year. If we remove drugs from our formulary, or add prior authorizations, quantity limits and/or step therapy restrictions on a drug (or move a drug to a higher cost-sharing tier), we will let you know of the change at least 30 days before the date that the change becomes effective. However, if the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and let you know.

The product changes noted below will be implemented on the Medicare Part D Plan:

New Added Products: **Effective 4/1/2020**

| Drug | Reason | Cost sharing** | Restrictions*** |
|---|----------|----------------|-----------------|
| ABSORICA LD 16 MG CAPSULE | New Drug | Tier 4 | |
| ABSORICA LD 24 MG CAPSULE | New Drug | Tier 4 | |
| ABSORICA LD 32 MG CAPSULE | New Drug | Tier 4 | |
| ABSORICA LD 8 MG CAPSULE | New Drug | Tier 4 | |
| ACZONE 7.5 % TOPICAL GEL WITH PUMP | New Drug | Tier 3 | |
| ALTABAX 1 % TOPICAL OINTMENT | New Drug | Tier 3 | QL |
| AYVAKIT 100 MG TABLET | New Drug | Tier 4 | PA LA |
| AYVAKIT 200 MG TABLET | New Drug | Tier 4 | PA LA |
| AYVAKIT 300 MG TABLET | New Drug | Tier 4 | PA LA |
| budesonide-formoterol hfa 160 mcg-4.5 mcg/actuation aerosol inhaler | New Drug | Tier 3 | QL |
| budesonide-formoterol hfa 80 mcg-4.5 mcg/actuation aerosol inhaler | New Drug | Tier 3 | QL |
| calcipotriene-betamethasone 0.005 %-0.064 % topical suspension | New Drug | Tier 3 | QL |
| CLOZARIL 200 MG TABLET | New Drug | Tier 4 | |
| CLOZARIL 50 MG TABLET | New Drug | Tier 3 | |
| CORDRAN 0.025 % TOPICAL CREAM | New Drug | Tier 3 | QL |
| CORDRAN 0.05 % LOTION | New Drug | Tier 3 | QL |

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| Drug | Reason | Cost sharing** | Restrictions*** |
|--|--------------------|----------------|-----------------|
| CORDRAN 0.05 % TOPICAL CREAM | New Drug | Tier 3 | QL |
| CORDRAN 0.05 % TOPICAL OINTMENT | New Drug | Tier 3 | QL |
| dapsone 7.5 % topical gel with pump | New Drug | Tier 3 | |
| dextroamphetamine 5 mg/5 ml oral solution | New Drug | Tier 1 | |
| diazepam 12.5 mg-15 mg-17.5 mg-20 mg rectal kit | New Drug | Tier 1 | |
| diazepam 2.5 mg rectal kit | New Drug | Tier 1 | |
| diazepam 5 mg-7.5 mg-10 mg rectal kit | New Drug | Tier 1 | |
| didanosine 200 mg capsule, delayed release | Formulary Addition | Tier 1 | |
| ESBRIET 267 MG TABLET | New Drug | Tier 4 | PA QL |
| EUTHYROX 100 MCG TABLET | New Drug | Tier 3 | |
| EUTHYROX 112 MCG TABLET | New Drug | Tier 3 | |
| EUTHYROX 125 MCG TABLET | New Drug | Tier 3 | |
| EUTHYROX 137 MCG TABLET | New Drug | Tier 3 | |
| EUTHYROX 150 MCG TABLET | New Drug | Tier 3 | |
| EUTHYROX 175 MCG TABLET | New Drug | Tier 3 | |
| EUTHYROX 200 MCG TABLET | New Drug | Tier 3 | |
| EUTHYROX 25 MCG TABLET | New Drug | Tier 3 | |
| EUTHYROX 50 MCG TABLET | New Drug | Tier 3 | |
| EUTHYROX 75 MCG TABLET | New Drug | Tier 3 | |
| EUTHYROX 88 MCG TABLET | New Drug | Tier 3 | |
| FLUOROPLEX 1 % TOPICAL CREAM | New Drug | Tier 3 | ST |
| hydrocodone bitartrate er 10 mg capsule, oral only, extended rel 12 hr | New Drug | Tier 1 | PA QL |
| hydrocodone bitartrate er 15 mg capsule, oral only, extended rel 12 hr | New Drug | Tier 1 | PA QL |
| hydrocodone bitartrate er 20 mg capsule, oral only, extended rel 12 hr | New Drug | Tier 1 | PA QL |
| hydrocodone bitartrate er 30 mg capsule, oral only, extended rel 12 hr | New Drug | Tier 1 | PA QL |

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|--|----------|----------------|-----------------|
| hydrocodone bitartrate er 40 mg capsule, oral only, extended rel 12 hr | New Drug | Tier 1 | PA QL |
| hydrocodone bitartrate er 50 mg capsule, oral only, extended rel 12 hr | New Drug | Tier 1 | PA QL |
| insulin aspar prot-insulin aspart 100 unit/ml (70-30) subcutaneous pen | New Drug | Tier 3 | ST |
| insulin aspar prt-insulin aspart 100 unit/ml (70-30) subcutaneous soln | New Drug | Tier 3 | ST |
| insulin aspart (u-100) 100 unit/ml (3 ml) subcutaneous pen | New Drug | Tier 3 | ST |
| insulin aspart u-100 100 unit/ml subcutaneous cartridge | New Drug | Tier 3 | ST |
| insulin aspart u-100 100 unit/ml subcutaneous solution | New Drug | Tier 3 | ST |
| penicillamine 250 mg tablet | New Drug | Tier 4 | |
| PERTZYE 24,000-86,250-90,750 UNIT CAPSULE,DELAYED RELEASE | New Drug | Tier 4 | ST |
| SEYSARA 100 MG TABLET | New Drug | Tier 4 | ST |
| SEYSARA 150 MG TABLET | New Drug | Tier 4 | ST |
| SEYSARA 60 MG TABLET | New Drug | Tier 4 | ST |
| SPRIX 15.75 MG/SPRAY NASAL SPRAY | New Drug | Tier 3 | ST |
| TRAMADOL 100 MG TABLET | New Drug | Tier 3 | QL |
| triamcinolone acetone 0.05 % topical ointment | New Drug | Tier 1 | |
| TWYNSTA 80 MG-10 MG TABLET | New Drug | Tier 3 | ST |
| UBRELVY 100 MG TABLET | New Drug | Tier 4 | PA QL |
| UBRELVY 50 MG TABLET | New Drug | Tier 3 | PA QL |
| VELTIN 1.2 %-0.025 % TOPICAL GEL | New Drug | Tier 3 | PA |
| VERDESO 0.05 % TOPICAL FOAM | New Drug | Tier 3 | |
| XELJANZ XR 22 MG TABLET,EXTENDED RELEASE | New Drug | Tier 4 | PA QL |
| XOLEGEL 2 % TOPICAL | New Drug | Tier 3 | |

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New Added Products: **Effective 3/1/2020**

| Drug | Reason | Cost sharing** | Restrictions*** |
|--|----------|----------------|-----------------|
| amphetamine er 1.25 mg/ml oral 24 hr extended-release suspension | New Drug | Tier 3 | |
| AMZEEQ 4 % TOPICAL FOAM | New Drug | Tier 3 | |
| AZELEX 20 % TOPICAL CREAM | New Drug | Tier 3 | |
| BRUKINSA 80 MG CAPSULE | New Drug | Tier 4 | PA LA |
| CORDRAN TAPE LARGE ROLL 4 MCG/CM2 | New Drug | Tier 3 | |
| doxepin 3 mg tablet | New Drug | Tier 1 | QL |
| doxepin 6 mg tablet | New Drug | Tier 1 | QL |
| ELURYNG 0.12 MG-0.015 MG/24 HR VAGINAL RING | New Drug | Tier 1 | |
| etonogestrel 0.12 mg-ethinyl estradiol 0.015 mg/24 hr vaginal ring | New Drug | Tier 1 | |
| everolimus (antineoplastic) 2.5 mg tablet | New Drug | Tier 4 | PA QL |
| everolimus (antineoplastic) 5 mg tablet | New Drug | Tier 4 | PA QL |
| everolimus (antineoplastic) 7.5 mg tablet | New Drug | Tier 4 | PA QL |
| GAVILYTE-G 236 GRAM-22.74 GRAM-6.74 GRAM-5.86 GRAM ORAL SOLUTION | New Drug | Tier 1 | |
| isosorbide dinitrate 40 mg tablet | New Drug | Tier 1 | |
| mesalamine er 0.375 gram capsule,extended release 24 hr | New Drug | Tier 1 | |
| OXBRYTA 500 MG TABLET | New Drug | Tier 4 | PA LA |
| OXERVATE 0.002 % EYE DROPS | New Drug | Tier 4 | PA |
| pentamidine 300 mg solution for inhalation | New Drug | Tier 1 | PA QL |
| pentamidine 300 mg solution for injection | New Drug | Tier 1 | |
| RYBELSUS 14 MG TABLET | New Drug | Tier 3 | PA |
| RYBELSUS 3 MG TABLET | New Drug | Tier 3 | PA |
| RYBELSUS 7 MG TABLET | New Drug | Tier 3 | PA |
| sucralfate 100 mg/ml oral suspension | New Drug | Tier 1 | |
| travoprost 0.004 % eye drops | New Drug | Tier 1 | ST |

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| Drug | Reason | Cost sharing** | Restrictions*** |
|---|----------|----------------|-----------------|
| VUMERITY 231 MG CAPSULE,DELAYED RELEASE | New Drug | Tier 4 | PA |
| ZOLOFT 20 MG/ML ORAL CONCENTRATE | New Drug | Tier 3 | |

Future Removed Products: **There are no future removed product this month**

Cost Sharing Tier Changes: **Effective 3/1/2020**

| Drug | New Tier | Old Tier | Restrictions*** |
|--|----------|----------|-----------------|
| OTREXUP (PF) 12.5 MG/0.4 ML SUBCUTANEOUS AUTO-INJECTOR | 3 | 4 | |

New Added Products: **Effective 2/1/2020**

| Drug | Reason | Cost sharing** | Restrictions*** |
|---|----------|----------------|-----------------|
| AKLIEF 0.005 % TOPICAL CREAM | New Drug | Tier 3 | PA |
| ANNOVERA 0.15 MG-0.013 MG/24 HR VAGINAL RING | New Drug | Tier 3 | |
| BALCOLTRA 0.1 MG-0.02 MG(21)/36.5 MG(7) TABLET | New Drug | Tier 3 | |
| CEQUA 0.09 % EYE DROPS IN A DROPPERETTE | New Drug | Tier 3 | QL |
| ciprofloxacin 0.3 %-fluocinolone 0.025 % (0.25 ml) ear solution | New Drug | Tier 3 | |
| clocortolone pivalate 0.1 % topical cream | New Drug | Tier 3 | |
| CLODERM 0.1 % TOPICAL CREAM | New Drug | Tier 3 | |
| deferasirox 360 mg tablet | New Drug | Tier 4 | PA |
| deferasirox 90 mg tablet | New Drug | Tier 4 | PA |
| DRIZALMA SPRINKLE 20 MG CAPSULE,DELAYED RELEASE | New Drug | Tier 3 | QL |
| DRIZALMA SPRINKLE 30 MG CAPSULE,DELAYED RELEASE | New Drug | Tier 3 | QL |
| DRIZALMA SPRINKLE 40 MG CAPSULE,DELAYED RELEASE | New Drug | Tier 3 | QL |

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|---|----------|----------------|-----------------|
| DRIZALMA SPRINKLE 60 MG CAPSULE,DELAYED RELEASE | New Drug | Tier 3 | QL |
| DUAKLIR PRESSAIR 400 MCG-12 MCG/ACTION BREATH ACTIVATED | New Drug | Tier 4 | QL |
| FASENRA PEN 30 MG/ML SUBCUTANEOUS AUTO-INJECTOR | New Drug | Tier 4 | PA |
| FERRIPROX 1,000 MG TABLET | New Drug | Tier 4 | PA |
| FIASP PENFILL U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS CARTRIDGE | New Drug | Tier 3 | ST |
| GVOKE SYRINGE 0.5 MG/0.1 ML SUBCUTANEOUS SYRINGE | New Drug | Tier 2 | |
| GVOKE SYRINGE 1 MG/0.2 ML SUBCUTANEOUS SYRINGE | New Drug | Tier 2 | |
| ivermectin 1 % topical cream | New Drug | Tier 1 | ST |
| KATERZIA 1 MG/ML ORAL SUSPENSION | New Drug | Tier 3 | |
| KETODAN 2 % TOPICAL FOAM | New Drug | Tier 1 | QL |
| METOPROLOL TARTRATE 37.5 MG TABLET | New Drug | Tier 1 | |
| METOPROLOL TARTRATE 75 MG TABLET | New Drug | Tier 1 | |
| MINOLIRA ER 105 MG TABLET, EXTENDED RELEASE | New Drug | Tier 3 | ST |
| MINOLIRA ER 135 MG TABLET, EXTENDED RELEASE | New Drug | Tier 3 | ST |
| NAYZILAM 5 MG/SPRAY (0.1 ML) NASAL SPRAY | New Drug | Tier 4 | PA QL |
| NOURIANZ 20 MG TABLET | New Drug | Tier 4 | LA |
| NOURIANZ 40 MG TABLET | New Drug | Tier 4 | LA |
| OLUMIANT 1 MG TABLET | New Drug | Tier 4 | PA QL |
| posaconazole 100 mg tablet, delayed release | New Drug | Tier 4 | |
| PRETOMANID 200 MG TABLET | New Drug | Tier 3 | PA |
| QBREXZA 2.4 % TOWELETTE | New Drug | Tier 3 | |
| ROZLYTREK 100 MG CAPSULE | New Drug | Tier 4 | PA QL |
| ROZLYTREK 200 MG CAPSULE | New Drug | Tier 4 | PA QL |
| SITAVIG 50 MG BUCCAL TABLET | New Drug | Tier 3 | |

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|--|----------|----------------|-----------------|
| SLYND 4 MG (28) TABLET | New Drug | Tier 3 | |
| TIADYL ER 360 MG CAPSULE,EXTENDED RELEASE | New Drug | Tier 1 | |
| TOSYMRA 10 MG/ACTUATION NASAL SPRAY | New Drug | Tier 3 | QL |
| TOVET EMOLLIENT 0.05 % TOPICAL FOAM | New Drug | Tier 1 | QL |
| TRIKAFTA 100-50-75 MG (D)/150 MG (N) TABLETS | New Drug | Tier 4 | PA |
| vancomycin 50 mg/ml oral solution | New Drug | Tier 1 | |
| VYNDAMAX 61 MG CAPSULE | New Drug | Tier 4 | PA |
| WAKIX 17.8 MG TABLET | New Drug | Tier 4 | PA QL LA |
| WAKIX 4.45 MG TABLET | New Drug | Tier 4 | PA QL LA |
| XENLETA 600 MG TABLET | New Drug | Tier 4 | |
| ZIEXTENZO 6 MG/0.6 ML SUBCUTANEOUS SYRINGE | New Drug | Tier 4 | PA |

Future Removed Products: **Effective 2/1/2020**

| Drug | Reason | Alternative* |
|-------------------------|------------------------|-----------------------------|
| METROGEL VAGINAL 0.75 % | Removed from Formulary | Please contact your doctor. |

Cost Sharing Tier Changes: **Effective 2/1/2020**

| Drug | New Tier | Old Tier | Restrictions*** |
|---|----------|----------|-----------------|
| epinephrine (jr) 0.15 mg/0.3 ml injection,auto-injector | 1 | 2 | ST QL |
| fluoride 1 mg (2.2 mg sodium fluoride) tablet | 1 | 3 | |
| PRENATAL VITAMINS PLUS LOW IRON 27 MG IRON-1 MG TABLET | 1 | 3 | |
| ROCKLATAN 0.02 %-0.005 % EYE DROPS | 2 | 3 | |

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For more information about how these changes may affect your cost-sharing, such as copayments or coinsurance, or for more information about asking for an updated coverage determination or a formulary exception, please see the plan Evidence of Coverage.

Alternative drugs are drugs in the same therapeutic category/class as the affected drug. Only your doctor can determine alternative drugs that are appropriate for you given the individualized nature of drug therapy. Please talk to your doctor about any changes or recommendations to your medical care and prescription drug therapy. Alternative drugs and additional information about formulary changes can be found on the plan formulary,

*Consult your Medical provider for changes or recommendations to your medical care and prescription therapy

**Please consult the plan benefit design for copay/coinsurance amounts

***Indicates a restriction of Step Therapy, Prior Authorization or Quantity Limits may exist
[LA] = Limited Access, [PA] = Prior Authorization, [QL] = Quantity Limit, [ST] = Step Therapy ACS-O4T

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

Beneficiaries must use network pharmacies to access their premium and/or copayment/coinsurance may change on January 1, 2020.

This document includes EmblemHealth Medicare PDP partial formulary as of April 1, 2020. For a complete, updated formulary, please visit our Web site at <http://www.emblemhealth.com/medicare> or call the Customer Service number below:

For alternative formats or language, please call Customer Service toll free at:
EmblemHealth Medicare PDP: 1-800-624-2414, Monday through Sunday, 8 am to 8 pm

TTY/TDD users should call **711**, Monday through Sunday, 8 am to 8 pm

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