



2019 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 formulary.

To see if your drug is on this list, please refer to the tables below

New Added Products: **Effective 11/1/2019**

Drug	Cost sharing	Restrictions*
CORLANOR 5 MG/5 ML ORAL SOLUTION	Tier 4	PA
ENBREL MINI 50 MG/ML (1 ML) SUBCUTANEOUS CARTRIDGE	Tier 5	PA QL
FEBUXOSTAT 40 MG TABLET	Tier 2	ST
FEBUXOSTAT 80 MG TABLET	Tier 2	ST
INREBIC 100 MG CAPSULE	Tier 5	PA QL
RINVOQ ER 15 MG TABLET,EXTENDED RELEASE	Tier 5	PA QL

Future Removed Products: **Effective 11/1/2019**

Drug	Reason
THEOPHYLLINE ER 100 MG TABLET,EXTENDED RELEASE,12 HR	Removed from Formulary
THEOPHYLLINE ER 200 MG TABLET,EXTENDED RELEASE,12 HR	Removed from Formulary

New Added Products: **Effective 10/1/2019**

Drug	Cost sharing	Restrictions*
ICATIBANT 30 MG/3 ML SUBCUTANEOUS SYRINGE	Tier 5	PA QL
MAVENCLAD (10 TABLET PACK) 10 MG TABLET	Tier 5	
MAVENCLAD (4 TABLET PACK) 10 MG TABLET	Tier 5	

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Drug	Cost sharing	Restrictions*
MAVENCLAD (5 TABLET PACK) 10 MG TABLET	Tier 5	
MAVENCLAD (6 TABLET PACK) 10 MG TABLET	Tier 5	
MAVENCLAD (7 TABLET PACK) 10 MG TABLET	Tier 5	
MAVENCLAD (8 TABLET PACK) 10 MG TABLET	Tier 5	
MAVENCLAD (9 TABLET PACK) 10 MG TABLET	Tier 5	
NUBEQA 300 MG TABLET	Tier 5	PA QL LA
PREGABALIN 100 MG CAPSULE	Tier 2	QL
PREGABALIN 150 MG CAPSULE	Tier 2	QL
PREGABALIN 20 MG/ML ORAL SOLUTION	Tier 2	QL
PREGABALIN 200 MG CAPSULE	Tier 2	QL
PREGABALIN 225 MG CAPSULE	Tier 2	QL
PREGABALIN 25 MG CAPSULE	Tier 2	QL
PREGABALIN 300 MG CAPSULE	Tier 2	QL
PREGABALIN 50 MG CAPSULE	Tier 2	QL
PREGABALIN 75 MG CAPSULE	Tier 2	QL
SPIRIVA RESPIMAT 1.25 MCG/ACTUATION SOLUTION FOR INHALATION	Tier 3	QL
SPIRIVA RESPIMAT 2.5 MCG/ACTUATION SOLUTION FOR INHALATION	Tier 3	QL
SPIRIVA WITH HANDIHALER 18 MCG AND INHALATION CAPSULES	Tier 3	QL
STIOLTO RESPIMAT 2.5 MCG-2.5 MCG/ACTUATION SOLUTION FOR INHALATION	Tier 3	QL
SYMDEKO 50 MG-75 MG (DAY)/75 MG (NIGHT) TABLETS	Tier 5	PA
VYNDAQEL 20 MG CAPSULE	Tier 5	PA QL
XPOVIO 100 MG/WEEK (20 MG X 5) TABLET	Tier 5	PA LA
XPOVIO 160 MG/WEEK (20 MG X 8) TABLET	Tier 5	PA LA
XPOVIO 60 MG/WEEK (20 MG X 3) TABLET	Tier 5	PA LA
XPOVIO 80 MG/WEEK (20 MG X 4) TABLET	Tier 5	PA LA

Future Removed Products: **Effective 10/1/2019**

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Drug	Reason
BIVIGAM 10 % INTRAVENOUS SOLUTION	Removed from Formulary
JOLIVETTE 0.35 MG TABLET	Removed from Formulary
MONONESSA (28) 0.25 MG-35 MCG TABLET	Removed from Formulary
MORPHINE 2 MG/ML INJECTION SYRINGE	Removed from Formulary
MORPHINE 4 MG/ML INJECTION SYRINGE	Removed from Formulary
MORPHINE 5 MG/ML INJECTION SYRINGE	Removed from Formulary

New Added Products: **Effective 9/1/2019**

Drug	Cost sharing	Restrictions*
ARIKAYCE 590 MG/8.4 ML SUSPENSION FOR INHALATION VIA NEBULIZATION	Tier 5	PA QL
EPINEPHRINE 0.3 MG/0.3 ML INJECTION, AUTO-INJECTOR	Tier 3	
GALAFOLD 123 MG CAPSULE	Tier 5	PA QL
PIQRAY 200 MG/DAY (200 MG X 1) TABLET	Tier 5	PA QL
PIQRAY 250 MG/DAY (200 MG X 1-50 MG X 1) TABLET	Tier 5	PA QL
PIQRAY 300 MG/DAY (150 MG X 2) TABLET	Tier 5	PA QL
TEGSEDI 284 MG/1.5 ML SUBCUTANEOUS SYRINGE	Tier 5	PA

Future Removed Products: **Effective 9/1/2019**

Drug	Reason
BRAFTOVI 50 MG CAPSULE	Removed from Formulary

New Added Products: **Effective 8/1/2019**

Drug	Cost sharing	Restrictions*
BOSENTAN 125 MG TABLET	Tier 5	PA QL LA
BOSENTAN 62.5 MG TABLET	Tier 5	PA QL LA
CINACALCET 30 MG TABLET	Tier 5	PA QL

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Drug	Cost sharing	Restrictions*
CINACALCET 60 MG TABLET	Tier 5	PA QL
CINACALCET 90 MG TABLET	Tier 5	PA QL
ERLOTINIB 100 MG TABLET	Tier 5	PA QL
ERLOTINIB 150 MG TABLET	Tier 5	PA QL
ERLOTINIB 25 MG TABLET	Tier 5	PA QL
KALYDECO 25 MG ORAL GRANULES IN PACKET	Tier 5	PA
MESALAMINE 400 MG CAPSULE (WITH DELAYED RELEASE TABLETS INSIDE)	Tier 4	
ZYKADIA 150 MG TABLET	Tier 5	PA

Future Removed Products: **Effective 8/1/2019**

Drug	Reason
METHYCLOTHIAZIDE 5 MG TABLET	Removed from Formulary

New Added Products: **Effective 7/1/2019**

Drug	Cost sharing	Restrictions*
BALVERSA 3 MG TABLET	Tier 5	PA LA
BALVERSA 4 MG TABLET	Tier 5	PA LA
BALVERSA 5 MG TABLET	Tier 5	PA LA
BROMFENAC 0.09 % EYE DROPS	Tier 4	
OXERVATE 0.002 % EYE DROPS	Tier 5	PA QL LA
SKYRIZI 150 MG/1.66 ML(75 MG/0.83 ML X 2) SUBCUTANEOUS SYRINGE KIT	Tier 5	PA QL
SOLIFENACIN 10 MG TABLET	Tier 4	QL
SOLIFENACIN 5 MG TABLET	Tier 4	QL
TOLSURA 65 MG ORAL SOLID DISPERSION CAPSULE	Tier 5	PA QL
XOFLUZA 20 MG TABLET	Tier 4	QL
XOFLUZA 40 MG TABLET	Tier 4	QL

Future Removed Products: **Effective 7/1/2019**

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Drug	Reason
AMINOSYN 7 % WITH ELECTROLYTES INTRAVENOUS SOLUTION	Removed from Formulary
AMINOSYN 8.5 % WITH ELECTROLYTES INTRAVENOUS SOLUTION	Removed from Formulary
AMINOSYN II 8.5 % INTRAVENOUS SOLUTION	Removed from Formulary
AMINOSYN II 8.5 % WITH ELECTROLYTES INTRAVENOUS SOLUTION	Removed from Formulary
AMINOSYN-HBC 7% INTRAVENOUS SOLUTION	Removed from Formulary
AMINOSYN-RF 5.2 % INTRAVENOUS SOLUTION	Removed from Formulary
BLISOVI FE 1/20 (28) 1 MG-20 MCG (21)/75 MG (7) TABLET	Removed from Formulary

New Added Products: **Effective 6/1/2019**

Drug	Cost sharing	Restrictions*
ALISKIREN 150 MG TABLET	Tier 4	
ALISKIREN 300 MG TABLET	Tier 4	
AUBAGIO 14 MG TABLET	Tier 5	
AUBAGIO 7 MG TABLET	Tier 5	
DOVATO 50 MG-300 MG TABLET	Tier 5	QL
PROGRAF 0.2 MG ORAL GRANULES IN PACKET	Tier 4	PA
PROGRAF 1 MG ORAL GRANULES IN PACKET	Tier 4	PA
REBIF (WITH ALBUMIN) 22 MCG/0.5 ML SUBCUTANEOUS SYRINGE	Tier 5	
REBIF (WITH ALBUMIN) 44 MCG/0.5 ML SUBCUTANEOUS SYRINGE	Tier 5	
REBIF REBIDOSE 22 MCG/0.5 ML SUBCUTANEOUS PEN INJECTOR	Tier 5	
REBIF REBIDOSE 44 MCG/0.5 ML SUBCUTANEOUS PEN INJECTOR	Tier 5	
REBIF REBIDOSE 8.8 MCG/0.2 ML-22 MCG/0.5 ML (6) SUBCUTANEOUS PEN INJ.	Tier 5	
REBIF TITRATION PACK 8.8 MCG/0.2 ML-22 MCG/0.5 ML SUBCUTANEOUS SYRINGE	Tier 5	



Drug	Cost sharing	Restrictions*
TECFIDERA 120 MG (14)-240 MG (46) CAPSULE,DELAYED RELEASE	Tier 5	
TECFIDERA 120 MG CAPSULE,DELAYED RELEASE	Tier 5	
TECFIDERA 240 MG CAPSULE,DELAYED RELEASE	Tier 5	
VERSACLOZ 50 MG/ML ORAL SUSPENSION	Tier 5	QL

Future Removed Products: **Effective 6/1/2019**

Drug	Reason
CARIMUNE NF NANOFILTERED 6 GRAM INTRAVENOUS SOLUTION	Removed from Formulary
CIPROFLOXACIN 250 MG/5 ML ORAL SUSPENSION	Removed from Formulary
KLOR-CON SPRINKLE 10 MEQ CAPSULE,EXTENDED RELEASE	Removed from Formulary
MOEXIPRIL 15 MG-HYDROCHLOROTHIAZIDE 12.5 MG TABLET	Removed from Formulary
MOEXIPRIL 15 MG-HYDROCHLOROTHIAZIDE 25 MG TABLET	Removed from Formulary
MOEXIPRIL 7.5 MG-HYDROCHLOROTHIAZIDE 12.5 MG TABLET	Removed from Formulary
NUPLAZID 17 MG TABLET	Removed from Formulary
QUASENSE 0.15 MG-30 MCG (91) TABLETS,3 MONTH DOSE PACK	Removed from Formulary
RESCRIPTOR 100 MG DISPERSIBLE TABLET	Removed from Formulary
RIBASPHERE 200 MG TABLET	Removed from Formulary
RIBASPHERE 400 MG TABLET	Removed from Formulary
TRINESSA (28) 0.18 MG(7)/0.215 MG(7)/0.25 MG(7)-35 MCG TABLET	Removed from Formulary

New Added Products: **Effective 5/1/2019**

Drug	Cost sharing	Restrictions*
ABIRATERONE 250 MG TABLET	Tier 5	

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Drug	Cost sharing	Restrictions*
BUPRENORPHINE 12 MG-NALOXONE 3 MG SUBLINGUAL FILM	Tier 4	QL
BUPRENORPHINE 2 MG-NALOXONE 0.5 MG SUBLINGUAL FILM	Tier 4	QL
BUPRENORPHINE 4 MG-NALOXONE 1 MG SUBLINGUAL FILM	Tier 4	QL
BUPRENORPHINE 8 MG-NALOXONE 2 MG SUBLINGUAL FILM	Tier 4	QL
PRAZQUANTEL 600 MG TABLET	Tier 2	
SIROLIMUS 1 MG/ML ORAL SOLUTION	Tier 4	PA
TRESIBA U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION	Tier 3	
VIGABATRIN 500 MG TABLET	Tier 5	PA QL LA

Future Removed Products: **Effective 5/1/2019**

Drug	Reason
ZYTIGA 250 MG TABLET	Removed from Plan Formulary



New Added Products: **Effective 4/1/2019**

Drug	Cost sharing	Restrictions*
ALBENDAZOLE 200 MG TABLET	Tier 5	
ARISTADA INITIO 675 MG/2.4 ML SUSPENSION, EXTEND.REL. IM SYRINGE	Tier 5	
COSENTYX 300 MG/2 SYRINGES (150 MG/ML) SUBCUTANEOUS	Tier 5	PA
COSENTYX PEN 300 MG/2 PENS (150 MG/ML) SUBCUTANEOUS	Tier 5	PA
ENBREL 25 MG (1 ML) SUBCUTANEOUS SOLUTION	Tier 5	PA
ENBREL 25 MG/0.5 ML (0.51 ML) SUBCUTANEOUS SYRINGE	Tier 5	PA
ENBREL 50 MG/ML (0.98 ML) SUBCUTANEOUS SYRINGE	Tier 5	PA
ENBREL SURECLICK 50 MG/ML (0.98 ML) SUBCUTANEOUS PEN INJECTOR	Tier 5	PA
NEVIRAPINE 50 MG/5 ML ORAL SUSPENSION	Tier 4	
ORENCIA 125 MG/ML SUBCUTANEOUS SYRINGE	Tier 5	PA
ORENCIA 50 MG/0.4 ML SUBCUTANEOUS SYRINGE	Tier 5	PA
ORENCIA 87.5 MG/0.7 ML SUBCUTANEOUS SYRINGE	Tier 5	PA
ORENCIA CLICKJECT 125 MG/ML SUBCUTANEOUS AUTO-INJECTOR	Tier 5	PA
OTEZLA 30 MG TABLET	Tier 5	PA
OTEZLA STARTER 10 MG (4)-20 MG (4)-30 MG(47) TABLETS IN A DOSE PACK	Tier 5	PA
STELARA 45 MG/0.5 ML SUBCUTANEOUS SOLUTION	Tier 5	PA
STELARA 45 MG/0.5 ML SUBCUTANEOUS SYRINGE	Tier 5	PA
STELARA 90 MG/ML SUBCUTANEOUS SYRINGE	Tier 5	PA
SYMPAZAN 10 MG ORAL FILM	Tier 5	PA
SYMPAZAN 20 MG ORAL FILM	Tier 5	PA
SYMPAZAN 5 MG ORAL FILM	Tier 4	PA

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Drug	Cost sharing	Restrictions*
YONSA 125 MG TABLET	Tier 5	

Future Removed Products: **Effective 4/1/2019**

Drug	Reason
MODERIBA 200 MG TABLET	Removed from Formulary

New Added Products: **Effective 3/1/2019**

Drug	Cost sharing	Restrictions*
DAURISMO 100 MG TABLET	Tier 5	PA QL
DAURISMO 25 MG TABLET	Tier 5	PA QL
DULERA 100 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER	Tier 3	QL
DULERA 200 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER	Tier 3	QL
LUCEMYRA 0.18 MG TABLET	Tier 5	PA QL
POTASSIUM CHLORIDE 20 MEQ ORAL PACKET	Tier 4	
VITRAKVI 100 MG CAPSULE	Tier 5	PA QL LA
VITRAKVI 20 MG/ML ORAL SOLUTION	Tier 5	PA QL LA
VITRAKVI 25 MG CAPSULE	Tier 5	PA QL LA
XOSPATA 40 MG TABLET	Tier 5	PA QL LA



Future Removed Products: **Effective 3/1/2019**

Drug	Reason
AFEDITAB CR 30 MG TABLET,EXTENDED RELEASE	Removed from Formulary
BYDUREON 2 MG SUBCUTANEOUS EXTENDED RELEASE SUSPENSION	Removed from Formulary
INVIRASE 200 MG CAPSULE	Removed from Formulary
LYNPARZA 50 MG CAPSULE	Removed from Formulary
METIPRANOLOL 0.3 % EYE DROPS	Removed from Formulary
POLYETHYLENE GLYCOL 3350 17 GRAM/DOSE ORAL POWDER	Removed from Formulary
ZENCHENT (28) 0.4 MG-35 MCG TABLET	Removed from Formulary
ZERIT 1 MG/ML ORAL SOLUTION	Removed from Formulary

New Added Products: **Effective 2/1/2019**

Drug	Cost sharing	Restrictions*
BRAFTOVI 50 MG CAPSULE	Tier 5	PA LA
BRAFTOVI 75 MG CAPSULE	Tier 5	PA LA
CLOBAZAM 10 MG TABLET	Tier 4	PA
CLOBAZAM 2.5 MG/ML ORAL SUSPENSION	Tier 4	PA
CLOBAZAM 20 MG TABLET	Tier 4	PA
COLESEVELAM 3.75 GRAM ORAL POWDER PACKET	Tier 2	
COPIKTRA 15 MG CAPSULE	Tier 5	PA QL LA
COPIKTRA 25 MG CAPSULE	Tier 5	PA QL LA
DALFAMPRIDINE ER 10 MG TABLET,EXTENDED RELEASE,12 HR	Tier 5	PA
DELSTRIGO 100 MG-300 MG-300 MG TABLET	Tier 5	QL
EPIDIOLEX 100 MG/ML ORAL SOLUTION	Tier 5	PA LA
ERTAPENEM 1 GRAM SOLUTION FOR INJECTION	Tier 4	
IMIQUIMOD 3.75 % TOPICAL CREAM IN A PUMP	Tier 5	
LENVIMA 12 MG/DAY (4 MG X 3) CAPSULE	Tier 5	PA
LENVIMA 4 MG CAPSULE	Tier 5	PA

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Drug	Cost sharing	Restrictions*
LORBRENA 100 MG TABLET	Tier 5	PA
LORBRENA 25 MG TABLET	Tier 5	PA
MEKTOVI 15 MG TABLET	Tier 5	PA LA
MOLINDONE 10 MG TABLET	Tier 2	
MOLINDONE 25 MG TABLET	Tier 2	
MOLINDONE 5 MG TABLET	Tier 2	
MULPLETA 3 MG TABLET	Tier 5	PA QL
NAFCILLIN 2 GRAM SOLUTION FOR INJECTION	Tier 4	
NUPLAZID 10 MG TABLET	Tier 5	PA QL
NUPLAZID 34 MG CAPSULE	Tier 5	PA QL
ORKAMBI 100 MG-125 MG ORAL GRANULES IN PACKET	Tier 5	PA
ORKAMBI 150 MG-188 MG ORAL GRANULES IN PACKET	Tier 5	PA
PIFELTRO 100 MG TABLET	Tier 5	QL
SOTALOL 120 MG TABLET	Tier 2	
SYMTUZA 800 MG-150 MG-200 MG-10 MG TABLET	Tier 5	
TALZENNA 0.25 MG CAPSULE	Tier 5	PA QL
TALZENNA 1 MG CAPSULE	Tier 5	PA QL
TIBSOVO 250 MG TABLET	Tier 5	PA
VANCOMYCIN 750 MG INTRAVENOUS SOLUTION	Tier 4	
VIZIMPRO 15 MG TABLET	Tier 5	PA QL
VIZIMPRO 30 MG TABLET	Tier 5	PA QL
VIZIMPRO 45 MG TABLET	Tier 5	PA QL
XARELTO 2.5 MG TABLET	Tier 3	
XOLAIR 150 MG/ML SUBCUTANEOUS SYRINGE	Tier 5	PA LA
XOLAIR 75 MG/0.5 ML SUBCUTANEOUS SYRINGE	Tier 5	PA LA
ZORTRESS 1 MG TABLET	Tier 5	PA



Future Removed Products: **Effective 2/1/2019**

Drug	Reason
AFEDITAB CR 60 MG TABLET,EXTENDED RELEASE	Removed from Formulary
CEFOTAXIME 2 GRAM SOLUTION FOR INJECTION	Removed from Formulary
CLINIMIX 2.75 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION	Removed from Formulary
CLINIMIX 4.25 % IN 20 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION	Removed from Formulary
HEXALEN 50 MG CAPSULE	Removed from Formulary
KIMIDESS (28) 0.15 MG-0.02 MG (21)/0.01 MG (5) TABLET	Removed from Formulary
NECON 7/7/7 (28) 0.5 MG/0.75 MG/1 MG-35 MCG TABLET	Removed from Formulary
NORVIR 100 MG CAPSULE	Removed from Formulary
PERIOGARD 0.12 % MOUTHWASH	Removed from Formulary
SODIUM CHLORIDE 2.5 MEQ/ML INTRAVENOUS SOLUTION	Removed from Formulary
VERSACLOZ 50 MG/ML ORAL SUSPENSION	Removed from Formulary



Health Insurance Plan of Greater New York (HIP) is a HMO plan with a Medicare contract. Group Health Incorporated (GHI) is a PPO plan and a standalone PDP with a Medicare contract. Enrollment in HIP and GHI depends on contract renewal. HIP and GHI are EmblemHealth companies.

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,

*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

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 Affinity Medicare HMO/HMO SNP partial formulary as of November 1, 2019. For a complete, updated formulary, please visit our Web site at www.emblemhealth.com/medicare or call the Customer Service number below.

For alternative formats or language, please call Customer Service toll free at:

EmblemHealth Affinity Medicare HMO/HMO SNP: 1-877-344-7364, Monday through Sunday, 8 am to 8 pm.

EmblemHealth Medicare PPO: 1-866-557-7300 Monday through Sunday, 8 am to 8 pm.

EmblemHealth Medicare PDP: 1-877-444-7241, Monday through Sunday, 8 am to 8 pm.

TTY/TDD users should call 711.

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