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 12/1/2019**

<table>
<thead>
<tr>
<th>Drug</th>
<th>Cost sharing</th>
<th>Restrictions*</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROZLYTREK 100 MG CAPSULE</td>
<td>Tier 5</td>
<td>PA QL</td>
</tr>
<tr>
<td>ROZLYTREK 200 MG CAPSULE</td>
<td>Tier 5</td>
<td>PA QL</td>
</tr>
<tr>
<td>TURALIO 200 MG CAPSULE</td>
<td>Tier 5</td>
<td>PA QL LA</td>
</tr>
</tbody>
</table>

Future Removed Products: **Effective 12/1/2019**

<table>
<thead>
<tr>
<th>Drug</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>KYNAMRO 200 MG/ML SUBCUTANEOUS SYRINGE</td>
<td>Removed from Formulary</td>
</tr>
<tr>
<td>MORPHINE 10 MG/ML INJECTION SYRINGE</td>
<td>Removed from Formulary</td>
</tr>
<tr>
<td>MORPHINE 8 MG/ML INJECTION SYRINGE</td>
<td>Removed from Formulary</td>
</tr>
<tr>
<td>REBETOL 40 MG/ML ORAL SOLUTION</td>
<td>Removed from Formulary</td>
</tr>
<tr>
<td>RIBASPHERE 200 MG CAPSULE</td>
<td>Removed from Formulary</td>
</tr>
<tr>
<td>RIBASPHERE 600 MG TABLET</td>
<td>Removed from Formulary</td>
</tr>
</tbody>
</table>

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

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

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

<table>
<thead>
<tr>
<th>Drug</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>THEOPHYLLINE ER 100 MG TABLET,EXTENDED RELEASE,12 HR</td>
<td>Removed from Formulary</td>
</tr>
<tr>
<td>THEOPHYLLINE ER 200 MG TABLET,EXTENDED RELEASE,12 HR</td>
<td>Removed from Formulary</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Drug</th>
<th>Cost sharing</th>
<th>Restrictions*</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICATIBANT 30 MG/3 ML SUBCUTANEOUS SYRINGE</td>
<td>Tier 5</td>
<td>PA QL</td>
</tr>
<tr>
<td>MAVENCLAD (10 TABLET PACK) 10 MG TABLET</td>
<td>Tier 5</td>
<td></td>
</tr>
<tr>
<td>MAVENCLAD (4 TABLET PACK) 10 MG TABLET</td>
<td>Tier 5</td>
<td></td>
</tr>
<tr>
<td>MAVENCLAD (5 TABLET PACK) 10 MG TABLET</td>
<td>Tier 5</td>
<td></td>
</tr>
<tr>
<td>MAVENCLAD (6 TABLET PACK) 10 MG TABLET</td>
<td>Tier 5</td>
<td></td>
</tr>
<tr>
<td>MAVENCLAD (7 TABLET PACK) 10 MG TABLET</td>
<td>Tier 5</td>
<td></td>
</tr>
<tr>
<td>MAVENCLAD (8 TABLET PACK) 10 MG TABLET</td>
<td>Tier 5</td>
<td></td>
</tr>
<tr>
<td>MAVENCLAD (9 TABLET PACK) 10 MG TABLET</td>
<td>Tier 5</td>
<td></td>
</tr>
<tr>
<td>NUBEQA 300 MG TABLET</td>
<td>Tier 5</td>
<td>PA QL LA</td>
</tr>
<tr>
<td>PREGABALIN 100 MG CAPSULE</td>
<td>Tier 2</td>
<td>QL</td>
</tr>
<tr>
<td>PREGABALIN 150 MG CAPSULE</td>
<td>Tier 2</td>
<td>QL</td>
</tr>
<tr>
<td>PREGABALIN 20 MG/ML ORAL SOLUTION</td>
<td>Tier 2</td>
<td>QL</td>
</tr>
<tr>
<td>PREGABALIN 200 MG CAPSULE</td>
<td>Tier 2</td>
<td>QL</td>
</tr>
<tr>
<td>PREGABALIN 225 MG CAPSULE</td>
<td>Tier 2</td>
<td>QL</td>
</tr>
<tr>
<td>PREGABALIN 25 MG CAPSULE</td>
<td>Tier 2</td>
<td>QL</td>
</tr>
<tr>
<td>PREGABALIN 300 MG CAPSULE</td>
<td>Tier 2</td>
<td>QL</td>
</tr>
<tr>
<td>PREGABALIN 50 MG CAPSULE</td>
<td>Tier 2</td>
<td>QL</td>
</tr>
<tr>
<td>PREGABALIN 75 MG CAPSULE</td>
<td>Tier 2</td>
<td>QL</td>
</tr>
<tr>
<td>SPIRIVA RESPIMAT 1.25 MCG/ACTION SOLUTION FOR INHALATION</td>
<td>Tier 3</td>
<td>QL</td>
</tr>
</tbody>
</table>
**Drug** | **Cost sharing** | **Restrictions***
--- | --- | ---
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
VYNDAGEL 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**

| **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

Y0026_127955_C 3
<table>
<thead>
<tr>
<th>Drug</th>
<th>Cost sharing</th>
<th>Restrictions*</th>
</tr>
</thead>
<tbody>
<tr>
<td>PIQRAY 250 MG/DAY (200 MG X 1-50 MG X 1) TABLET</td>
<td>Tier 5</td>
<td>PA QL</td>
</tr>
<tr>
<td>PIQRAY 300 MG/DAY (150 MG X 2) TABLET</td>
<td>Tier 5</td>
<td>PA QL</td>
</tr>
<tr>
<td>TEGSEDI 284 MG/1.5 ML SUBCUTANEOUS SYRINGE</td>
<td>Tier 5</td>
<td>PA</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Drug</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRAFTOVI 50 MG CAPSULE</td>
<td>Removed from Formulary</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Drug</th>
<th>Cost sharing</th>
<th>Restrictions*</th>
</tr>
</thead>
<tbody>
<tr>
<td>BOSENTAN 125 MG TABLET</td>
<td>Tier 5</td>
<td>PA QL LA</td>
</tr>
<tr>
<td>BOSENTAN 62.5 MG TABLET</td>
<td>Tier 5</td>
<td>PA QL LA</td>
</tr>
<tr>
<td>CINACALCET 30 MG TABLET</td>
<td>Tier 5</td>
<td>PA QL</td>
</tr>
<tr>
<td>CINACALCET 60 MG TABLET</td>
<td>Tier 5</td>
<td>PA QL</td>
</tr>
<tr>
<td>CINACALCET 90 MG TABLET</td>
<td>Tier 5</td>
<td>PA QL</td>
</tr>
<tr>
<td>ERLOTINIB 100 MG TABLET</td>
<td>Tier 5</td>
<td>PA QL</td>
</tr>
<tr>
<td>ERLOTINIB 150 MG TABLET</td>
<td>Tier 5</td>
<td>PA QL</td>
</tr>
<tr>
<td>ERLOTINIB 25 MG TABLET</td>
<td>Tier 5</td>
<td>PA QL</td>
</tr>
<tr>
<td>KALYDECO 25 MG ORAL GRANULES IN PACKET</td>
<td>Tier 5</td>
<td>PA</td>
</tr>
<tr>
<td>MESALAMINE 400 MG CAPSULE (WITH DELAYED RELEASE TABLETS INSIDE)</td>
<td>Tier 4</td>
<td></td>
</tr>
<tr>
<td>ZYKADIA 150 MG TABLET</td>
<td>Tier 5</td>
<td>PA</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Drug</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>METHYCLOTHIAZIDE 5 MG TABLET</td>
<td>Removed from Formulary</td>
</tr>
</tbody>
</table>
New Added Products: **Effective 7/1/2019**

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

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

<table>
<thead>
<tr>
<th>Drug</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMINOSYN 7 % WITH ELECTROLYTES INTRAVENOUS SOLUTION</td>
<td>Removed from Formulary</td>
</tr>
<tr>
<td>AMINOSYN 8.5 % WITH ELECTROLYTES INTRAVENOUS SOLUTION</td>
<td>Removed from Formulary</td>
</tr>
<tr>
<td>AMINOSYN II 8.5 % INTRAVENOUS SOLUTION</td>
<td>Removed from Formulary</td>
</tr>
<tr>
<td>AMINOSYN II 8.5 % WITH ELECTROLYTES INTRAVENOUS SOLUTION</td>
<td>Removed from Formulary</td>
</tr>
<tr>
<td>AMINOSYN-HBC 7% INTRAVENOUS SOLUTION</td>
<td>Removed from Formulary</td>
</tr>
<tr>
<td>AMINOSYN-RF 5.2 % INTRAVENOUS SOLUTION</td>
<td>Removed from Formulary</td>
</tr>
<tr>
<td>BLISOVI FE 1/20 (28) 1 MG-20 MCG (21)/75 MG (7) TABLET</td>
<td>Removed from Formulary</td>
</tr>
</tbody>
</table>

New Added Products: **Effective 6/1/2019**
<table>
<thead>
<tr>
<th>Drug</th>
<th>Cost sharing</th>
<th>Restrictions*</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALISKIREN 150 MG TABLET</td>
<td>Tier 4</td>
<td></td>
</tr>
<tr>
<td>ALISKIREN 300 MG TABLET</td>
<td>Tier 4</td>
<td></td>
</tr>
<tr>
<td>AUBAGIO 14 MG TABLET</td>
<td>Tier 5</td>
<td></td>
</tr>
<tr>
<td>AUBAGIO 7 MG TABLET</td>
<td>Tier 5</td>
<td></td>
</tr>
<tr>
<td>DOVATO 50 MG-300 MG TABLET</td>
<td>Tier 5</td>
<td>QL</td>
</tr>
<tr>
<td>PROGRAF 0.2 MG ORAL GRANULES IN PACKET</td>
<td>Tier 4</td>
<td>PA</td>
</tr>
<tr>
<td>PROGRAF 1 MG ORAL GRANULES IN PACKET</td>
<td>Tier 4</td>
<td>PA</td>
</tr>
<tr>
<td>REBIF (WITH ALBUMIN) 22 MCG/0.5 ML SUBCUTANEOUS SYRINGE</td>
<td>Tier 5</td>
<td></td>
</tr>
<tr>
<td>REBIF (WITH ALBUMIN) 44 MCG/0.5 ML SUBCUTANEOUS SYRINGE</td>
<td>Tier 5</td>
<td></td>
</tr>
<tr>
<td>REBIF REBIDOSE 22 MCG/0.5 ML SUBCUTANEOUS PEN INJECTOR</td>
<td>Tier 5</td>
<td></td>
</tr>
<tr>
<td>REBIF REBIDOSE 44 MCG/0.5 ML SUBCUTANEOUS PEN INJECTOR</td>
<td>Tier 5</td>
<td></td>
</tr>
<tr>
<td>REBIF REBIDOSE 8.8 MCG/0.2 ML-22 MCG/0.5 ML (6) SUBCUTANEOUS PEN INJ.</td>
<td>Tier 5</td>
<td></td>
</tr>
<tr>
<td>REBIF TITRATION PACK 8.8 MCG/0.2 ML-22 MCG/0.5 ML SUBCUTANEOUS SYRINGE</td>
<td>Tier 5</td>
<td></td>
</tr>
<tr>
<td>TECFIDERA 120 MG (14)-240 MG (46) CAPSULE,DELAYED RELEASE</td>
<td>Tier 5</td>
<td></td>
</tr>
<tr>
<td>TECFIDERA 120 MG CAPSULE,DELAYED RELEASE</td>
<td>Tier 5</td>
<td></td>
</tr>
<tr>
<td>TECFIDERA 240 MG CAPSULE,DELAYED RELEASE</td>
<td>Tier 5</td>
<td></td>
</tr>
<tr>
<td>VERSACLOZ 50 MG/ML ORAL SUSPENSION</td>
<td>Tier 5</td>
<td>QL</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Drug</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>CARIMUNE NF NANOFILTERED 6 GRAM INTRAVENOUS SOLUTION</td>
<td>Removed from Formulary</td>
</tr>
<tr>
<td>CIPROFLOXACIN 250 MG/5 ML ORAL SUSPENSION</td>
<td>Removed from Formulary</td>
</tr>
<tr>
<td>KLOR-CON SPRINKLE 10 MEQ CAPSULE,EXTENDED RELEASE</td>
<td>Removed from Formulary</td>
</tr>
<tr>
<td>MOEXIPRIL 15 MG-HYDROCHLOROTHIAZIDE 12.5 MG TABLET</td>
<td>Removed from Formulary</td>
</tr>
</tbody>
</table>
## New Added Products: Effective 5/1/2019

<table>
<thead>
<tr>
<th>Drug</th>
<th>Cost sharing</th>
<th>Restrictions*</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABIRATERONE 250 MG TABLET</td>
<td>Tier 5</td>
<td></td>
</tr>
<tr>
<td>BUPRENORPHINE 12 MG-NALOXONE 3 MG SUBLINGUAL FILM</td>
<td>Tier 4</td>
<td>QL</td>
</tr>
<tr>
<td>BUPRENORPHINE 2 MG-NALOXONE 0.5 MG SUBLINGUAL FILM</td>
<td>Tier 4</td>
<td>QL</td>
</tr>
<tr>
<td>BUPRENORPHINE 4 MG-NALOXONE 1 MG SUBLINGUAL FILM</td>
<td>Tier 4</td>
<td>QL</td>
</tr>
<tr>
<td>BUPRENORPHINE 8 MG-NALOXONE 2 MG SUBLINGUAL FILM</td>
<td>Tier 4</td>
<td>QL</td>
</tr>
<tr>
<td>PRAZIQUANTEL 600 MG TABLET</td>
<td>Tier 2</td>
<td></td>
</tr>
<tr>
<td>SIROLIMUS 1 MG/ML ORAL SOLUTION</td>
<td>Tier 4</td>
<td>PA</td>
</tr>
<tr>
<td>TRESIBA U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION</td>
<td>Tier 3</td>
<td></td>
</tr>
<tr>
<td>VIGABATRIN 500 MG TABLET</td>
<td>Tier 5</td>
<td>PA QL LA</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Drug</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>ZYTIGA 250 MG TABLET</td>
<td>Removed from Plan Formulary</td>
</tr>
</tbody>
</table>
## New Added Products: Effective 4/1/2019

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

<table>
<thead>
<tr>
<th>Drug</th>
<th>Cost sharing</th>
<th>Restrictions*</th>
</tr>
</thead>
<tbody>
<tr>
<td>YONSA 125 MG TABLET</td>
<td>Tier 5</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Drug</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>MODERIBA 200 MG TABLET</td>
<td>Removed from Formulary</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Drug</th>
<th>Cost sharing</th>
<th>Restrictions*</th>
</tr>
</thead>
<tbody>
<tr>
<td>DAURISMO 100 MG TABLET</td>
<td>Tier 5</td>
<td>PA QL</td>
</tr>
<tr>
<td>DAURISMO 25 MG TABLET</td>
<td>Tier 5</td>
<td>PA QL</td>
</tr>
<tr>
<td>DULERA 100 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER</td>
<td>Tier 3</td>
<td>QL</td>
</tr>
<tr>
<td>DULERA 200 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER</td>
<td>Tier 3</td>
<td>QL</td>
</tr>
<tr>
<td>LUCEMYRA 0.18 MG TABLET</td>
<td>Tier 5</td>
<td>PA QL</td>
</tr>
<tr>
<td>POTASSIUM CHLORIDE 20 MEQ ORAL PACKET</td>
<td>Tier 4</td>
<td></td>
</tr>
<tr>
<td>VITRAKVI 100 MG CAPSULE</td>
<td>Tier 5</td>
<td>PA QL LA</td>
</tr>
<tr>
<td>VITRAKVI 20 MG/ML ORAL SOLUTION</td>
<td>Tier 5</td>
<td>PA QL LA</td>
</tr>
<tr>
<td>VITRAKVI 25 MG CAPSULE</td>
<td>Tier 5</td>
<td>PA QL LA</td>
</tr>
<tr>
<td>XOSPATA 40 MG TABLET</td>
<td>Tier 5</td>
<td>PA QL LA</td>
</tr>
</tbody>
</table>
Future Removed Products: **Effective 3/1/2019**

<table>
<thead>
<tr>
<th>Drug</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>AFEDITAB CR 30 MG TABLET,EXTENDED RELEASE</td>
<td>Removed from Formulary</td>
</tr>
<tr>
<td>BYDUREON 2 MG SUBCUTANEOUS EXTENDED RELEASE SUSPENSION</td>
<td>Removed from Formulary</td>
</tr>
<tr>
<td>INVIRASE 200 MG CAPSULE</td>
<td>Removed from Formulary</td>
</tr>
<tr>
<td>LYNPARZA 50 MG CAPSULE</td>
<td>Removed from Formulary</td>
</tr>
<tr>
<td>METIPRANOL0L 0.3 % EYE DROPS</td>
<td>Removed from Formulary</td>
</tr>
<tr>
<td>POLYETHYLENE GLYCOL 3350 17 GRAM/DOSE ORAL POWDER</td>
<td>Removed from Formulary</td>
</tr>
<tr>
<td>ZENCHE0NT (28) 0.4 MG-35 MCG TABLET</td>
<td>Removed from Formulary</td>
</tr>
<tr>
<td>ZERIT 1 MG/ML ORAL SOLUTION</td>
<td>Removed from Formulary</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Drug</th>
<th>Cost sharing</th>
<th>Restrictions*</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRAFTOVI 50 MG CAPSULE</td>
<td>Tier 5</td>
<td>PA LA</td>
</tr>
<tr>
<td>BRAFTOVI 75 MG CAPSULE</td>
<td>Tier 5</td>
<td>PA LA</td>
</tr>
<tr>
<td>CLOBAZAM 10 MG TABLET</td>
<td>Tier 4</td>
<td>PA</td>
</tr>
<tr>
<td>CLOBAZAM 2.5 MG/ML ORAL SUSPENSION</td>
<td>Tier 4</td>
<td>PA</td>
</tr>
<tr>
<td>CLOBAZAM 20 MG TABLET</td>
<td>Tier 4</td>
<td>PA</td>
</tr>
<tr>
<td>COLESEVELAM 3.75 GRAM ORAL POWDER PACKET</td>
<td>Tier 2</td>
<td></td>
</tr>
<tr>
<td>COPIKTRA 15 MG CAPSULE</td>
<td>Tier 5</td>
<td>PA QL LA</td>
</tr>
<tr>
<td>COPIKTRA 25 MG CAPSULE</td>
<td>Tier 5</td>
<td>PA QL LA</td>
</tr>
<tr>
<td>DALFAMPRIDINE ER 10 MG TABLET,EXTENDED RELEASE,12 HR</td>
<td>Tier 5</td>
<td>PA</td>
</tr>
<tr>
<td>DELSTRIGO 100 MG-300 MG-300 MG TABLET</td>
<td>Tier 5</td>
<td>QL</td>
</tr>
<tr>
<td>EPIDIOLEX 100 MG/ML ORAL SOLUTION</td>
<td>Tier 5</td>
<td>PA LA</td>
</tr>
<tr>
<td>ERTAPENEM 1 GRAM SOLUTION FOR INJECTION</td>
<td>Tier 4</td>
<td></td>
</tr>
<tr>
<td>IMIQUIMOD 3.75 % TOPICAL CREAM IN A PUMP</td>
<td>Tier 5</td>
<td></td>
</tr>
<tr>
<td>LENVIMA 12 MG/DAY (4 MG X 3) CAPSULE</td>
<td>Tier 5</td>
<td>PA</td>
</tr>
<tr>
<td>LENVIMA 4 MG CAPSULE</td>
<td>Tier 5</td>
<td>PA</td>
</tr>
<tr>
<td>Drug</td>
<td>Cost sharing</td>
<td>Restrictions*</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>--------------</td>
<td>---------------</td>
</tr>
<tr>
<td>LORBRENA 100 MG TABLET</td>
<td>Tier 5</td>
<td>PA</td>
</tr>
<tr>
<td>LORBRENA 25 MG TABLET</td>
<td>Tier 5</td>
<td>PA</td>
</tr>
<tr>
<td>MEKTOVI 15 MG TABLET</td>
<td>Tier 5</td>
<td>PA LA</td>
</tr>
<tr>
<td>MOLINDONE 10 MG TABLET</td>
<td>Tier 2</td>
<td></td>
</tr>
<tr>
<td>MOLINDONE 25 MG TABLET</td>
<td>Tier 2</td>
<td></td>
</tr>
<tr>
<td>MOLINDONE 5 MG TABLET</td>
<td>Tier 2</td>
<td></td>
</tr>
<tr>
<td>MULPLETA 3 MG TABLET</td>
<td>Tier 5</td>
<td>PA QL</td>
</tr>
<tr>
<td>NAFillin 2 GRAM SOLUTION FOR INJECTION</td>
<td>Tier 4</td>
<td></td>
</tr>
<tr>
<td>NUPLADID 10 MG TABLET</td>
<td>Tier 5</td>
<td>PA QL</td>
</tr>
<tr>
<td>NUPLADID 34 MG CAPSULE</td>
<td>Tier 5</td>
<td>PA QL</td>
</tr>
<tr>
<td>ORKAMBI 100 MG-125 MG ORAL GRANULES IN PACKET</td>
<td>Tier 5</td>
<td>PA</td>
</tr>
<tr>
<td>ORKAMBI 150 MG-188 MG ORAL GRANULES IN PACKET</td>
<td>Tier 5</td>
<td>PA</td>
</tr>
<tr>
<td>PIFELTRO 100 MG TABLET</td>
<td>Tier 5</td>
<td>QL</td>
</tr>
<tr>
<td>SOTALOL 120 MG TABLET</td>
<td>Tier 2</td>
<td></td>
</tr>
<tr>
<td>SYMTUZA 800 MG-150 MG-200 MG-10 MG TABLET</td>
<td>Tier 5</td>
<td></td>
</tr>
<tr>
<td>TALZENNA 0.25 MG CAPSULE</td>
<td>Tier 5</td>
<td>PA QL</td>
</tr>
<tr>
<td>TALZENNA 1 MG CAPSULE</td>
<td>Tier 5</td>
<td>PA QL</td>
</tr>
<tr>
<td>TIBSOVO 250 MG TABLET</td>
<td>Tier 5</td>
<td>PA</td>
</tr>
<tr>
<td>VANCOMYCIN 750 MG INTRAVENOUS SOLUTION</td>
<td>Tier 4</td>
<td></td>
</tr>
<tr>
<td>VIZIMPRO 15 MG TABLET</td>
<td>Tier 5</td>
<td>PA QL</td>
</tr>
<tr>
<td>VIZIMPRO 30 MG TABLET</td>
<td>Tier 5</td>
<td>PA QL</td>
</tr>
<tr>
<td>VIZIMPRO 45 MG TABLET</td>
<td>Tier 5</td>
<td>PA QL</td>
</tr>
<tr>
<td>XARELTO 2.5 MG TABLET</td>
<td>Tier 3</td>
<td></td>
</tr>
<tr>
<td>XOLAIR 150 MG/ML SUBCUTANEOUS SYRINGE</td>
<td>Tier 5</td>
<td>PA LA</td>
</tr>
<tr>
<td>XOLAIR 75 MG/0.5 ML SUBCUTANEOUS SYRINGE</td>
<td>Tier 5</td>
<td>PA LA</td>
</tr>
<tr>
<td>ZORTRESS 1 MG TABLET</td>
<td>Tier 5</td>
<td>PA</td>
</tr>
</tbody>
</table>
Future Removed Products: **Effective 2/1/2019**

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

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 December 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.

19247 v20