



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. 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 4/1/2020**

| Drug | Cost sharing | Restrictions* |
|---|--------------|---------------|
| AYVAKIT 100 MG TABLET | Tier 5 | PA QL |
| AYVAKIT 200 MG TABLET | Tier 5 | PA QL |
| AYVAKIT 300 MG TABLET | Tier 5 | PA QL |
| DIAZEPAM 2.5 MG RECTAL KIT | Tier 4 | |
| ESBRIET 267 MG TABLET | Tier 5 | PA |
| EVEROLIMUS (ANTINEOPLASTIC) 2.5 MG TABLET | Tier 5 | PA QL |
| EVEROLIMUS (ANTINEOPLASTIC) 5 MG TABLET | Tier 5 | PA QL |
| EVEROLIMUS (ANTINEOPLASTIC) 7.5 MG TABLET | Tier 5 | PA QL |
| ISOSORBIDE DINITRATE 40 MG TABLET | Tier 2 | |
| MESALAMINE ER 0.375 GRAM CAPSULE,EXTENDED RELEASE 24 HR | Tier 2 | |
| PENICILLAMINE 250 MG TABLET | Tier 4 | PA |
| PENTAMIDINE 300 MG SOLUTION FOR INHALATION | Tier 4 | PA |

Updated: 4/1/2020

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| Drug | Cost sharing | Restrictions* |
|---|--------------|---------------|
| PENTAMIDINE 300 MG SOLUTION FOR INJECTION | Tier 4 | PA |
| SUCRALFATE 100 MG/ML ORAL SUSPENSION | Tier 2 | |
| TRAVOPROST 0.004 % EYE DROPS | Tier 2 | QL |
| XELJANZ XR 22 MG TABLET,EXTENDED RELEASE | Tier 5 | PA QL |

Future Removed Products: **Effective 4/1/2020**

| Drug | Reason |
|--|-----------------------------|
| AFINITOR 2.5 MG TABLET | Removed from Plan Formulary |
| AFINITOR 5 MG TABLET | Removed from Plan Formulary |
| AFINITOR 7.5 MG TABLET | Removed from Plan Formulary |
| APRISO 0.375 GRAM CAPSULE,EXTENDED RELEASE | Removed from Plan Formulary |
| CARAFATE 100 MG/ML ORAL SUSPENSION | Removed from Plan Formulary |
| DEPEN TITRATABS 250 MG TABLET | Removed from Plan Formulary |
| DIASTAT 2.5 MG RECTAL KIT | Removed from Plan Formulary |
| ISORDIL 40 MG TABLET | Removed from Plan Formulary |
| NEBUPENT 300 MG SOLUTION FOR INHALATION | Removed from Plan Formulary |
| PENTAM 300 MG SOLUTION FOR INJECTION | Removed from Plan Formulary |
| TRAVATAN Z 0.004 % EYE DROPS | Removed from Plan Formulary |

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

| Drug | Cost sharing | Restrictions* |
|---|--------------|---------------|
| BRUKINSA 80 MG CAPSULE | Tier 5 | PA QL LA |
| DRIZALMA SPRINKLE 20 MG CAPSULE,DELAYED RELEASE | Tier 4 | PA |
| DRIZALMA SPRINKLE 30 MG CAPSULE,DELAYED RELEASE | Tier 4 | PA |
| DRIZALMA SPRINKLE 40 MG CAPSULE,DELAYED RELEASE | Tier 4 | PA |
| DRIZALMA SPRINKLE 60 MG CAPSULE,DELAYED RELEASE | Tier 4 | PA |

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|--|--------------|---------------|
| FLUTICASONE 100 MCG-SALMETEROL 50 MCG/DOSE BLISTR POWDR FOR INHALATION | Tier 2 | QL |
| FLUTICASONE 250 MCG-SALMETEROL 50 MCG/DOSE BLISTR POWDR FOR INHALATION | Tier 2 | QL |
| FLUTICASONE 500 MCG-SALMETEROL 50 MCG/DOSE BLISTR POWDR FOR INHALATION | Tier 2 | QL |
| GAVILYTE-G 236 GRAM-22.74 GRAM-6.74 GRAM-5.86 GRAM ORAL SOLUTION | Tier 2 | |
| OXERVATE 0.002 % EYE DROPS | Tier 5 | PA QL |
| SODIUM POLYSTYRENE SULFONATE 15 GRAM/60 ML ORAL SUSPENSION | Tier 2 | |

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

| Drug | Cost sharing | Restrictions* |
|---|--------------|---------------|
| FERRIPROX 1,000 MG TABLET | Tier 5 | PA |
| FIASP PENFILL U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS CARTRIDGE | Tier 3 | |
| GVOKE SYRINGE 0.5 MG/0.1 ML SUBCUTANEOUS SYRINGE | Tier 3 | |
| GVOKE SYRINGE 1 MG/0.2 ML SUBCUTANEOUS SYRINGE | Tier 3 | |
| METHYLPHENIDATE ER 18 MG TABLET,EXTENDED RELEASE 24 HR | Tier 2 | QL |
| METHYLPHENIDATE ER 36 MG TABLET,EXTENDED RELEASE 24 HR | Tier 2 | QL |
| METHYLPHENIDATE ER 54 MG TABLET,EXTENDED RELEASE 24 HR | Tier 2 | QL |
| METOPROLOL TARTRATE 37.5 MG TABLET | Tier 1 | |
| METOPROLOL TARTRATE 75 MG TABLET | Tier 1 | |
| NAYZILAM 5 MG/SPRAY (0.1 ML) NASAL SPRAY | Tier 5 | PA QL |
| RHOPRESSA 0.02 % EYE DROPS | Tier 3 | |
| RINVOQ ER 15 MG TABLET,EXTENDED RELEASE | Tier 5 | PA QL |

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|--|--------------|---------------|
| ROCKLATAN 0.02 %-0.005 % EYE DROPS | Tier 3 | |
| ROZLYTREK 100 MG CAPSULE | Tier 5 | PA QL |
| ROZLYTREK 200 MG CAPSULE | Tier 5 | PA QL |
| TESTOSTERONE CYPIONATE 200 MG/ML INTRAMUSCULAR OIL | Tier 2 | PA |
| TRIKAFTA 100-50-75 MG (D)/150 MG (N) TABLETS | Tier 5 | PA QL |
| TURALIO 200 MG CAPSULE | Tier 5 | PA QL LA |
| VYNDAMAX 61 MG CAPSULE | Tier 5 | PA QL |

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Health Insurance Plan of Greater New York (HIP) is an HMO/HMO-POS/HMO D-SNP plan with a Medicare contract. HIP has a contract with the New York Medicaid Program for HMO D-SNP. Group Health Incorporated (GHI) is 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, 2021.

This document includes EmblemHealth Medicare HMO/PPO partial formulary as of April 1, 2020.

EmblemHealth Medicare HMO: 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.

TTY/TDD users should call 711.

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