



## 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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Drug	Cost sharing	Restrictions*
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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Drug	Cost sharing	Restrictions*
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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