



## 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 12/1/2020**

Drug	Reason	Cost sharing**	Restrictions***
BAFIERTAM 95 MG CAPSULE,DELAYED RELEASE	New Drug	Tier 4	PA QL
deferiprone 500 mg tablet	New Drug	Tier 4	PA
dimethyl fumarate 120 mg capsule,delayed release	New Drug	Tier 4	PA
dimethyl fumarate 240 mg capsule,delayed release	New Drug	Tier 4	PA
emtricitabine 200 mg capsule	New Drug	Tier 1	
GAVRETO 100 MG CAPSULE	New Drug	Tier 4	PA LA
MENQUADFI (PF) 10 MCG/0.5 ML INTRAMUSCULAR SOLUTION	New Drug	Tier 3	
ONGENTYS 50 MG CAPSULE	New Drug	Tier 3	PA
peg3350 100 gram-sod sulf 7.5 gram-nacl-kcl-ascorbate-c oral pwdr pack	New Drug	Tier 3	
SEMGLEE PEN U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS	New Drug	Tier 3	ST
SEMGLEE U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION	New Drug	Tier 3	ST
TRIDERM 0.5 % TOPICAL CREAM	New Drug	Tier 1	
TRULICITY 3 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR	New Drug	Tier 2	PA QL

Updated: 12/2020

Y0026\_200179\_C

EmblemHealth Plan, Inc., HIP Health Plan of New York (HIP), HIP Insurance Company of New York and EmblemHealth Services Company, LLC are EmblemHealth companies. EmblemHealth Services Company, LLC provides administrative services to the EmblemHealth companies.



Drug	Reason	Cost sharing**	Restrictions***
TRULICITY 4.5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR	New Drug	Tier 2	PA QL

Cost Sharing Tier Changes: **Effective 12/1/2020**

Drug	New Tier	Old Tier	Restrictions***
methylphenidate er 10 mg capsule,extended release (40-60) sprinkle	1	3	
methylphenidate er 15 mg capsule,extended release (40-60) sprinkle	1	3	
methylphenidate er 20 mg capsule,extended release (40-60) sprinkle	1	3	
methylphenidate er 30 mg capsule,extended release (40-60) sprinkle	1	3	
methylphenidate er 40 mg capsule,extended release (40-60) sprinkle	1	3	
methylphenidate er 50 mg capsule,extended release (40-60) sprinkle	1	3	
methylphenidate er 60 mg capsule,extended release (40-60) sprinkle	1	3	

New Added Products: **Effective 11/1/2020**

Drug	Reason	Cost sharing**	Restrictions***
ciprofloxacin 0.3 %-dexamethasone 0.1 % ear drops,suspension	New Drug	Tier 1	
deferasirox 180 mg oral granules in packet	New Drug	Tier 4	PA
deferasirox 360 mg oral granules in packet	New Drug	Tier 4	PA

Updated: 12/2020

Y0026\_200179\_C

EmblemHealth Plan, Inc., HIP Health Plan of New York (HIP), HIP Insurance Company of New York and EmblemHealth Services Company, LLC are EmblemHealth companies. EmblemHealth Services Company, LLC provides administrative services to the EmblemHealth companies.



<b>Drug</b>	<b>Reason</b>	<b>Cost sharing**</b>	<b>Restrictions ***</b>
deferasirox 90 mg oral granules in packet	New Drug	Tier 4	PA
EGRIFTA SV 2 MG SUBCUTANEOUS SOLUTION	New Drug	Tier 4	PA
ENBREL 25 MG/0.5 ML SUBCUTANEOUS SOLUTION	New Drug	Tier 4	PA QL
ENSPRYNG 120 MG/ML SUBCUTANEOUS SYRINGE	New Drug	Tier 4	PA
EVRYSDI 0.75 MG/ML ORAL SOLUTION	New Drug	Tier 4	PA LA
INQOVI 35 MG-100 MG TABLET	New Drug	Tier 4	PA
KESIMPTA PEN 20 MG/0.4 ML SUBCUTANEOUS PEN INJECTOR	New Drug	Tier 4	PA QL
ketorolac 15.75 mg/spray nasal spray	New Drug	Tier 3	ST
KYNMOBI 10 MG SUBLINGUAL FILM	New Drug	Tier 4	PA
KYNMOBI 15 MG SUBLINGUAL FILM	New Drug	Tier 4	PA
KYNMOBI 20 MG SUBLINGUAL FILM	New Drug	Tier 4	PA
KYNMOBI 25 MG SUBLINGUAL FILM	New Drug	Tier 4	PA
KYNMOBI 30 MG SUBLINGUAL FILM	New Drug	Tier 4	PA
lamotrigine 25 mg(14)-50 mg(14)-100 mg(7) tablet,disintegrating, pack	New Drug	Tier 1	
MYCAPSSA 20 MG CAPSULE,DELAYED RELEASE	New Drug	Tier 4	PA LA

Updated: 12/2020

Y0026\_200179\_C

EmblemHealth Plan, Inc., HIP Health Plan of New York (HIP), HIP Insurance Company of New York and EmblemHealth Services Company, LLC are EmblemHealth companies. EmblemHealth Services Company, LLC provides administrative services to the EmblemHealth companies.



Drug	Reason	Cost sharing**	Restrictions***
NATESTO 5.5 MG/0.122 GRAM PER ACTUATION NASAL GEL PUMP	New Drug	Tier 3	PA QL
omeprazole 10 mg capsule, delayed release	New Drug	Tier 1	QL
pantoprazole dr 40 mg granules delayed-release for susp in packet	New Drug	Tier 1	

Future Removed Products: **There were no future removed products this month.**

Cost Sharing Tier Changes: **Effective 11/1/2020**

Drug	New Tier	Old Tier	Restrictions**
clozapine 150 mg disintegrating tablet	1	3	
clozapine 200 mg disintegrating tablet	1	3	
ZEPOSIA STARTER PACK 0.23 MG (4)-0.46 MG (3) CAPSULES IN A DOSE PACK	2	3	PA QL

New Added Products: **Effective 10/1/2020**

Drug	Reason	Cost sharing**	Restrictions***
ALBENZA 200 MG TABLET	Formulary Addition	Tier 4	
desonide 0.05 % topical gel	New Drug	Tier 3	
DOJOLVI 8.3 KCAL/ML ORAL LIQUID	New Drug	Tier 4	PA LA

Updated: 12/2020

Y0026\_200179\_C

EmblemHealth Plan, Inc., HIP Health Plan of New York (HIP), HIP Insurance Company of New York and EmblemHealth Services Company, LLC are EmblemHealth companies. EmblemHealth Services Company, LLC provides administrative services to the EmblemHealth companies.



Drug	Reason	Cost sharing**	Restrictions***
DUPIXENT 300 MG/2 ML SUBCUTANEOUS PEN INJECTOR	New Drug	Tier 4	PA
FINTEPLA 2.2 MG/ML ORAL SOLUTION	New Drug	Tier 4	PA LA
HALOG 0.1 % TOPICAL SOLUTION	New Drug	Tier 3	
INVEGA 1.5 MG TABLET,EXTENDED RELEASE	Formulary Addition	Tier 4	QL
KADIAN 10 MG CAPSULE,EXTENDED RELEASE	Formulary Addition	Tier 3	PA QL
LIBRAX (WITH CLIDINIUM) 5 MG-2.5 MG CAPSULE	New Drug	Tier 4	
ORTIKOS 6 MG CAPSULE,EXTENDED RELEASE	New Drug	Tier 4	
ORTIKOS 9 MG CAPSULE,EXTENDED RELEASE	New Drug	Tier 4	
PROAIR DIGIHALER 90 MCG/ACTUATION AEROSOL POWDER BREATH ACT, SENSOR	New Drug	Tier 3	ST QL
RUKOBIA 600 MG TABLET,EXTENDED RELEASE	New Drug	Tier 4	
SERNIVO 0.05 % TOPICAL SPRAY WITH PUMP	New Drug	Tier 4	
SIRTURO 20 MG TABLET	New Drug	Tier 4	LA
TIVICAY PD 5 MG TABLET FOR ORAL SUSPENSION	New Drug	Tier 4	
tolvaptan 30 mg tablet	New Drug	Tier 4	PA
XPOVIO 40 MG TWICE WEEKLY (80 MG/WEEK) (20 MG X 4) TABLET	New Drug	Tier 4	PA LA
XPOVIO 40 MG/WEEK (20 MG X 2) TABLET	New Drug	Tier 4	PA LA
XPOVIO 60 MG TWICE WEEKLY (120 MG/WEEK) (20 MG X 6) TABLET	New Drug	Tier 4	PA LA
ZEPOSIA 0.92 MG CAPSULE	New Drug	Tier 4	PA QL
ZEPOSIA STARTER KIT 0.23 MG-0.46 MG-0.92 MG CAPSULES IN A DOSE PACK	New Drug	Tier 4	PA QL
ZEPOSIA STARTER PACK 0.23 MG (4)-0.46 MG (3) CAPSULES IN A DOSE PACK	New Drug	Tier 3	PA QL
ZOLPIMIST 5 MG/SPRAY (0.1 ML) ORAL SPRAY	New Drug	Tier 3	QL

Future Removed Products: **There were no future removed products this month.**

Updated: 12/2020

Y0026\_200179\_C

EmblemHealth Plan, Inc., HIP Health Plan of New York (HIP), HIP Insurance Company of New York and EmblemHealth Services Company, LLC are EmblemHealth companies. EmblemHealth Services Company, LLC provides administrative services to the EmblemHealth companies.



Cost Sharing Tier Changes: **Effective 10/1/2020**

Drug	New Tier	Old Tier	Restrictions***
VENLAFAXINE ER 150 MG TABLET,EXTENDED RELEASE 24 HR	1	3	QL
VENLAFAXINE ER 225 MG TABLET,EXTENDED RELEASE 24 HR	1	3	QL
VENLAFAXINE ER 37.5 MG TABLET,EXTENDED RELEASE 24 HR	1	3	QL
VENLAFAXINE ER 75 MG TABLET,EXTENDED RELEASE 24 HR	1	3	QL

New Added Products: **Effective 9/1/2020**

Drug	Reason	Cost sharing**	Restrictions***
BYNFEZIA 2,500 MCG/ML SUBCUTANEOUS PEN INJECTOR	Formulary Addition	Tier 4	
DAYVIGO 10 MG TABLET	Formulary Addition	Tier 3	QL
DAYVIGO 5 MG TABLET	Formulary Addition	Tier 3	QL
DEXABLISS 1.5 MG (39 TABS) TABLETS IN A DOSE PACK	New Drug	Tier 1	
GVOKE HYPOPEN 2-PACK 0.5 MG/0.1 ML SUBCUTANEOUS AUTO-INJECTOR	New Drug	Tier 2	
GVOKE HYPOPEN 2-PACK 1 MG/0.2 ML SUBCUTANEOUS AUTO-INJECTOR	New Drug	Tier 2	
HELIDAC 250 MG-500 MG-262.4 MG ORAL PACK	New Drug	Tier 3	QL
KEVZARA 150 MG/1.14 ML SUBCUTANEOUS PEN INJECTOR	New Drug	Tier 4	PA QL
KEVZARA 200 MG/1.14 ML SUBCUTANEOUS PEN INJECTOR	New Drug	Tier 4	PA QL
LYUMJEV KWIKPEN U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS	New Drug	Tier 2	

Updated: 12/2020

Y0026\_200179\_C

EmblemHealth Plan, Inc., HIP Health Plan of New York (HIP), HIP Insurance Company of New York and EmblemHealth Services Company, LLC are EmblemHealth companies. EmblemHealth Services Company, LLC provides administrative services to the EmblemHealth companies.



Drug	Reason	Cost sharing**	Restrictions***
LYUMJEV KWIKPEN U-200 INSULIN 200 UNIT/ML (3 ML) SUBCUTANEOUS	New Drug	Tier 2	
LYUMJEV U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION	New Drug	Tier 2	
naloxone 2 mg/0.4 ml injection,auto-injector	New Drug	Tier 3	QL
NEXLIZET 180 MG-10 MG TABLET	New Drug	Tier 2	PA
ORIAHNN 300-1-0.5 MG(AM)/300 MG(PM) CAPSULES	New Drug	Tier 4	PA
OSMOLEX ER 322 MG/DAY (129 MG AND 193 MG) TABLET, EXTENDED RELEASE	New Drug	Tier 3	PA
TABRECTA 150 MG TABLET	New Drug	Tier 4	PA
TABRECTA 200 MG TABLET	New Drug	Tier 4	PA
TERIPARATIDE 20 MCG/DOSE (620 MCG/2.48 ML) SUBCUTANEOUS PEN INJECTOR	New Drug	Tier 4	PA QL

Future Removed Products: **There were no future removed products this month.**

Cost Sharing Tier Changes: **Effective 9/1/2020**

Drug	New Tier	Old Tier	Restrictions***
UBRELVY 50 MG TABLET	2	3	PA QL

New Added Products: **Effective 8/1/2020**

Drug	Reason	Cost sharing**	Restrictions***
ARAZLO 0.045 % LOTION	New Drug	Tier 3	PA
deferasirox 180 mg tablet	New Drug	Tier 4	PA
HARVONI 33.75 MG-150 MG ORAL PELLETS IN PACKET	New Drug	Tier 4	PA QL
HARVONI 45 MG-200 MG ORAL PELLETS IN PACKET	New Drug	Tier 4	PA QL
ISTURISA 1 MG TABLET	New Drug	Tier 4	PA LA
ISTURISA 10 MG TABLET	New Drug	Tier 4	PA LA

Updated: 12/2020

Y0026\_200179\_C

EmblemHealth Plan, Inc., HIP Health Plan of New York (HIP), HIP Insurance Company of New York and EmblemHealth Services Company, LLC are EmblemHealth companies. EmblemHealth Services Company, LLC provides administrative services to the EmblemHealth companies.



Drug	Reason	Cost sharing**	Restrictions***
ISTURISA 5 MG TABLET	New Drug	Tier 4	PA LA
JYNARQUE 15 MG (AM)/15 MG (PM) TABLETS	New Drug	Tier 4	PA LA
JYNARQUE 30 MG (AM)/15 MG (PM) TABLETS	New Drug	Tier 4	PA LA
MARINOL 10 MG CAPSULE	New Drug	Tier 4	PA
MARINOL 2.5 MG CAPSULE	New Drug	Tier 3	PA
MARINOL 5 MG CAPSULE	New Drug	Tier 4	PA
methylphenidate er 10 mg capsule,extended release (40-60) sprinkle	New Drug	Tier 3	
methylphenidate er 15 mg capsule,extended release (40-60) sprinkle	New Drug	Tier 3	
methylphenidate er 20 mg capsule,extended release (40-60) sprinkle	New Drug	Tier 3	
methylphenidate er 30 mg capsule,extended release (40-60) sprinkle	New Drug	Tier 3	
methylphenidate er 40 mg capsule,extended release (40-60) sprinkle	New Drug	Tier 3	
methylphenidate er 50 mg capsule,extended release (40-60) sprinkle	New Drug	Tier 3	
methylphenidate er 60 mg capsule,extended release (40-60) sprinkle	New Drug	Tier 3	
micafungin 100 mg intravenous solution	New Drug	Tier 4	
micafungin 50 mg intravenous solution	New Drug	Tier 4	
nitisinone 10 mg capsule	New Drug	Tier 4	PA
nitisinone 2 mg capsule	New Drug	Tier 4	PA
nitisinone 5 mg capsule	New Drug	Tier 4	PA
NURTEC ODT 75 MG DISINTEGRATING TABLET	Formulary Addition	Tier 4	PA QL
NYMALIZE 60 MG/10 ML ORAL SYRINGE (FOR ORAL USE ONLY)	New Drug	Tier 4	
QINLOCK 50 MG TABLET	New Drug	Tier 4	PA LA
RELAFEN DS 1,000 MG TABLET	New Drug	Tier 4	ST
RETEVMO 40 MG CAPSULE	New Drug	Tier 4	PA LA
RETEVMO 80 MG CAPSULE	New Drug	Tier 4	PA LA

Updated: 12/2020

Y0026\_200179\_C

EmblemHealth Plan, Inc., HIP Health Plan of New York (HIP), HIP Insurance Company of New York and EmblemHealth Services Company, LLC are EmblemHealth companies. EmblemHealth Services Company, LLC provides administrative services to the EmblemHealth companies.





Drug	Reason	Cost sharing**	Restrictions***
SOVALDI 150 MG ORAL PELLETS IN PACKET	New Drug	Tier 4	PA QL
SOVALDI 200 MG ORAL PELLETS IN PACKET	New Drug	Tier 4	PA QL
TUKYSA 150 MG TABLET	New Drug	Tier 4	PA LA
TUKYSA 50 MG TABLET	New Drug	Tier 4	PA LA
XCOPRI 100 MG TABLET	New Drug	Tier 3	
XCOPRI 150 MG TABLET	New Drug	Tier 3	
XCOPRI 200 MG TABLET	New Drug	Tier 4	
XCOPRI 50 MG TABLET	New Drug	Tier 3	
XCOPRI MAINTENANCE PACK 250 MG/DAY (200 MG X 1 AND 50 MG X 1) TABLETS	New Drug	Tier 4	
XCOPRI MAINTENANCE PACK 350 MG/DAY (200 MG X 1 AND 150 MG X 1) TABLETS	New Drug	Tier 4	
XCOPRI TITRATION PACK 12.5 MG (14)-25 MG (14) TABLETS IN A DOSE PACK	New Drug	Tier 3	
XCOPRI TITRATION PACK 150 MG (14)-200 MG (14) TABLETS IN A DOSE PACK	New Drug	Tier 3	
XCOPRI TITRATION PACK 50 MG (14)-100 MG (14) TABLETS IN A DOSE PACK	New Drug	Tier 3	
ZEMDRI 50 MG/ML INTRAVENOUS SOLUTION	New Drug	Tier 4	
ZERVIATE 0.24 % EYE DROPS IN A DROPPERETTE	New Drug	Tier 3	
ziprasidone 20 mg/ml (final concentration) intramuscular solution	New Drug	Tier 1	

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

Cost Sharing Tier Changes: **Effective 8/1/2020**

Drug	New Tier	Old Tier	Restrictions***
EUTHYROX 100 MCG TABLET	1	3	
EUTHYROX 112 MCG TABLET	1	3	
EUTHYROX 125 MCG TABLET	1	3	
EUTHYROX 137 MCG TABLET	1	3	
EUTHYROX 150 MCG TABLET	1	3	

Updated: 12/2020

Y0026\_200179\_C

EmblemHealth Plan, Inc., HIP Health Plan of New York (HIP), HIP Insurance Company of New York and EmblemHealth Services Company, LLC are EmblemHealth companies. EmblemHealth Services Company, LLC provides administrative services to the EmblemHealth companies.



Drug	New Tier	Old Tier	Restrictions***
EUTHYROX 175 MCG TABLET	1	3	
EUTHYROX 200 MCG TABLET	1	3	
EUTHYROX 25 MCG TABLET	1	3	
EUTHYROX 50 MCG TABLET	1	3	
EUTHYROX 75 MCG TABLET	1	3	
EUTHYROX 88 MCG TABLET	1	3	
LEVO-T 100 MCG TABLET	1	3	
LEVO-T 112 MCG TABLET	1	3	
LEVO-T 125 MCG TABLET	1	3	
LEVO-T 137 MCG TABLET	1	3	
LEVO-T 150 MCG TABLET	1	3	
LEVO-T 175 MCG TABLET	1	3	
LEVO-T 200 MCG TABLET	1	3	
LEVO-T 25 MCG TABLET	1	3	
LEVO-T 300 MCG TABLET	1	3	
LEVO-T 50 MCG TABLET	1	3	
LEVO-T 75 MCG TABLET	1	3	
LEVO-T 88 MCG TABLET	1	3	

New Added Products: **Effective 7/1/2020**

Drug	Reason	Cost sharing**	Restrictions***
AJOVY 225 MG/1.5 ML SUBCUTANEOUS AUTO-INJECTOR	New Drug	Tier 3	PA QL
ASMANEX HFA 50 MCG/ACTUATION AEROSOL INHALER	New Drug	Tier 2	QL
diazoxide 50 mg/ml oral suspension	New Drug	Tier 1	
DULERA 50 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER	New Drug	Tier 2	QL
GLOPERBA 0.6 MG/5 ML ORAL SOLUTION	Formulary Addition	Tier 3	ST

Updated: 12/2020

Y0026\_200179\_C

EmblemHealth Plan, Inc., HIP Health Plan of New York (HIP), HIP Insurance Company of New York and EmblemHealth Services Company, LLC are EmblemHealth companies. EmblemHealth Services Company, LLC provides administrative services to the EmblemHealth companies.



Drug	Reason	Cost sharing**	Restrictions***
haloperidol decanoate 50 mg/ml intramuscular solution (1ml)	New Drug	Tier 1	
insulin lispro (u-100) 100 unit/ml subcutaneous half-unit pen	New Drug	Tier 3	ST
insulin lispro protamine-lispro 100 unit/ml (75-25) subcutaneous pen	New Drug	Tier 3	ST
ketorolac 15.75 mg/spray nasal spray	New Drug	Tier 3	ST
KOSELUGO 10 MG CAPSULE	New Drug	Tier 4	PA
KOSELUGO 25 MG CAPSULE	New Drug	Tier 4	PA
metformin 500 mg/5 ml oral solution	New Drug	Tier 1	QL
NOVOLIN N FLEXPEN 100 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN	New Drug	Tier 3	ST
NOVOLIN R FLEXPEN 100 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN	New Drug	Tier 3	ST
PEMAZYRE 13.5 MG TABLET	New Drug	Tier 4	PA LA
PEMAZYRE 4.5 MG TABLET	New Drug	Tier 4	PA LA
PEMAZYRE 9 MG TABLET	New Drug	Tier 4	PA LA
PROCYSBI 300 MG ORAL DR GRANULES IN PACKET	New Drug	Tier 4	PA
PROCYSBI 75 MG ORAL DR GRANULES IN PACKET	New Drug	Tier 4	PA
PROLATE 10 MG-300 MG TABLET	New Drug	Tier 1	QL
PROLATE 5 MG-300 MG TABLET	New Drug	Tier 1	QL
PROLATE 7.5 MG-300 MG TABLET	New Drug	Tier 1	QL
PROMACTA 25 MG ORAL POWDER PACKET	New Drug	Tier 4	PA LA
pyrimethamine 25 mg tablet	New Drug	Tier 4	PA
TDVAX 2 LF UNIT-2 LF UNIT/0.5 ML INTRAMUSCULAR SUSPENSION	New Drug	Tier 2	
TRIJARDY XR 10 MG-5 MG-1,000 MG TABLET, EXTENDED RELEASE	New Drug	Tier 3	ST QL
TRIJARDY XR 12.5 MG-2.5 MG-1,000 MG TABLET, EXTENDED RELEASE	New Drug	Tier 3	ST QL

Updated: 12/2020

Y0026\_200179\_C

EmblemHealth Plan, Inc., HIP Health Plan of New York (HIP), HIP Insurance Company of New York and EmblemHealth Services Company, LLC are EmblemHealth companies. EmblemHealth Services Company, LLC provides administrative services to the EmblemHealth companies.



Drug	Reason	Cost sharing**	Restrictions***
TRIJARDY XR 25 MG-5 MG-1,000 MG TABLET, EXTENDED RELEASE	New Drug	Tier 3	ST QL
TRIJARDY XR 5 MG-2.5 MG-1,000 MG TABLET, EXTENDED RELEASE	New Drug	Tier 3	ST QL
ZANAFLEX 4 MG TABLET	New Drug	Tier 3	

Future Removed Products: **Effective 7/1/2020**

Drug	Reason	Alternative*
NIZORAL 2 % SHAMPOO	Removed from Formulary	Please contact your doctor.

Cost Sharing Tier Changes: **Effective 7/1/2020**

Drug	New Tier	Old Tier	Restrictions***
albuterol sulfate hfa 90 mcg/actuation aerosol inhaler (nda020503)	1	3	ST QL
buprenorphine 7.5 mcg/hour weekly transdermal patch	1	3	PA QL

New Added Products: **Effective 6/1/2020**

Drug	Reason	Cost sharing**	Restrictions***
azelastine-fluticasone 137 mcg-50 mcg/spray nasal spray	New Drug	Tier 1	QL
CAPLYTA 42 MG CAPSULE	New Drug	Tier 4	
CLOVIQUE 250 MG CAPSULE	New Drug	Tier 4	PA
CODEINE SULFATE 15 MG TABLET	New Drug	Tier 1	QL
esomeprazole magnesium dr 10 mg granules delayed release for susp	New Drug	Tier 1	QL
esomeprazole magnesium dr 20 mg granules delayed release for susp	New Drug	Tier 1	QL

Updated: 12/2020

Y0026\_200179\_C

EmblemHealth Plan, Inc., HIP Health Plan of New York (HIP), HIP Insurance Company of New York and EmblemHealth Services Company, LLC are EmblemHealth companies. EmblemHealth Services Company, LLC provides administrative services to the EmblemHealth companies.



Drug	Reason	Cost sharing**	Restrictions***
esomeprazole magnesium dr 40 mg granules delayed release for susp	New Drug	Tier 1	
everolimus (immunosuppressive) 0.25 mg tablet	New Drug	Tier 4	PA
everolimus (immunosuppressive) 0.5 mg tablet	New Drug	Tier 4	PA
everolimus (immunosuppressive) 0.75 mg tablet	New Drug	Tier 4	PA
IBRANCE 100 MG TABLET	New Drug	Tier 4	PA QL
IBRANCE 125 MG TABLET	New Drug	Tier 4	PA QL
IBRANCE 75 MG TABLET	New Drug	Tier 4	PA QL
ketoprofen 50 mg capsule	New Drug	Tier 1	ST
ketoprofen 75 mg capsule	New Drug	Tier 1	ST
NEXLETOL 180 MG TABLET	New Drug	Tier 2	PA
NOVOLIN 70-30 FLEXPEN U-100 INSULIN 100 UNIT/ML (70-30) SUBCUTANEOUS	New Drug	Tier 3	ST
SOTALOL AF 160 MG TABLET	New Drug	Tier 1	
SOTALOL AF 80 MG TABLET	New Drug	Tier 1	
TALICIA 10 MG-250 MG-12.5 MG CAPSULE,IMMEDIATE - DELAY RELEASE	New Drug	Tier 3	

Future Removed Products: **Effective 6/1/2020**

Drug	Reason	Alternative*
ranitidine 15 mg/ml oral syrup	Removed from Formulary	Please contact your doctor.
ranitidine 150 mg tablet	Removed from Formulary	Please contact your doctor.
ranitidine 300 mg tablet	Removed from Formulary	Please contact your doctor.

Cost Sharing Tier Changes: **Effective 6/1/2020**

Drug	New Tier	Old Tier	Restrictions***
colchicine 0.6 mg tablet	1	3	

Updated: 12/2020

Y0026\_200179\_C

EmblemHealth Plan, Inc., HIP Health Plan of New York (HIP), HIP Insurance Company of New York and EmblemHealth Services Company, LLC are EmblemHealth companies. EmblemHealth Services Company, LLC provides administrative services to the EmblemHealth companies.



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
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	

Updated: 12/2020

Y0026\_200179\_C

EmblemHealth Plan, Inc., HIP Health Plan of New York (HIP), HIP Insurance Company of New York and EmblemHealth Services Company, LLC are EmblemHealth companies. EmblemHealth Services Company, LLC provides administrative services to the EmblemHealth companies.



Drug	Reason	Cost sharing**	Restrictions***
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
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

Updated: 12/2020

Y0026\_200179\_C

EmblemHealth Plan, Inc., HIP Health Plan of New York (HIP), HIP Insurance Company of New York and EmblemHealth Services Company, LLC are EmblemHealth companies. EmblemHealth Services Company, LLC provides administrative services to the EmblemHealth companies.



Drug	Reason	Cost sharing**	Restrictions***
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 acetonide 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	

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

Updated: 12/2020

Y0026\_200179\_C

EmblemHealth Plan, Inc., HIP Health Plan of New York (HIP), HIP Insurance Company of New York and EmblemHealth Services Company, LLC are EmblemHealth companies. EmblemHealth Services Company, LLC provides administrative services to the EmblemHealth companies.





Drug	Reason	Cost sharing**	Restrictions***
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
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	

Updated: 12/2020

Y0026\_200179\_C

EmblemHealth Plan, Inc., HIP Health Plan of New York (HIP), HIP Insurance Company of New York and EmblemHealth Services Company, LLC are EmblemHealth companies. EmblemHealth Services Company, LLC provides administrative services to the EmblemHealth companies.



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
DRIZALMA SPRINKLE 60 MG CAPSULE,DELAYED RELEASE	New Drug	Tier 3	QL
DUAKLIR PRESSAIR 400 MCG-12 MCG/ACTUATION 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	

Updated: 12/2020

Y0026\_200179\_C

EmblemHealth Plan, Inc., HIP Health Plan of New York (HIP), HIP Insurance Company of New York and EmblemHealth Services Company, LLC are EmblemHealth companies. EmblemHealth Services Company, LLC provides administrative services to the EmblemHealth companies.



Drug	Reason	Cost sharing**	Restrictions***
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	
SLYND 4 MG (28) TABLET	New Drug	Tier 3	
TIADYLT 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	

Updated: 12/2020

Y0026\_200179\_C

EmblemHealth Plan, Inc., HIP Health Plan of New York (HIP), HIP Insurance Company of New York and EmblemHealth Services Company, LLC are EmblemHealth companies. EmblemHealth Services Company, LLC provides administrative services to the EmblemHealth companies.



Drug	Reason	Cost sharing**	Restrictions***
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	

Updated: 12/2020

Y0026\_200179\_C

EmblemHealth Plan, Inc., HIP Health Plan of New York (HIP), HIP Insurance Company of New York and EmblemHealth Services Company, LLC are EmblemHealth companies. EmblemHealth Services Company, LLC provides administrative services to the 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,

\*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 December 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

20079 v18

Updated: 12/2020

Y0026\_200179\_C

EmblemHealth Plan, Inc., HIP Health Plan of New York (HIP), HIP Insurance Company of New York and EmblemHealth Services Company, LLC are EmblemHealth companies. EmblemHealth Services Company, LLC provides administrative services to the EmblemHealth companies.