



## 2022 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 5/1/2022**

Drug	Restrictions*
DIGOXIN 62.5 MCG (0.0625 MG) TABLET	QL
MARAVIROC 150 MG TABLET	QL
MARAVIROC 300 MG TABLET	QL
RINVOQ 30 MG TABLET, EXTENDED RELEASE	PA QL
TALZENNA 0.5 MG CAPSULE	PA QL
TALZENNA 0.75 MG CAPSULE	PA QL
XARELTO 1 MG/ML ORAL SUSPENSION	

### New Added Products: **Effective 4/1/2022**

Drug	Restrictions*
BIKTARVY 30 MG-120 MG-15 MG TABLET	QL
BRIMONIDINE 0.2 %-TIMOLOLOL 0.5 % EYE DROPS	

### New Added Products: **Effective 3/1/2022**

Drug	Restrictions*
BESREMI 500 MCG/ML SUBCUTANEOUS SYRINGE	PA LA
DUPIXENT 100 MG/0.67 ML SUBCUTANEOUS SYRINGE	PA
EPCLUSA 150 MG-37.5 MG ORAL PELLETS IN PACKET	PA QL

Updated: 05/1/2022

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Drug	Restrictions*
EPCLUSA 200 MG-50 MG ORAL PELLETS IN PACKET	PA QL
EPRONTIA 25 MG/ML ORAL SOLUTION	
EVEROLIMUS (IMMUNOSUPPRESSIVE) 1 MG TABLET	PA
EXKIVITY 40 MG CAPSULE	PA LA
LIVMARLI 9.5 MG/ML ORAL SOLUTION	PA LA
NALOXONE 4 MG/ACTUATION NASAL SPRAY	
NYLIA 1/35 (28) 1 MG-35 MCG TABLET	
SCEMBLIX 20 MG TABLET	PA
SCEMBLIX 40 MG TABLET	PA
TICOVAC 2.4 MCG/0.5 ML INTRAMUSCULAR SYRINGE	

New Added Products: **Effective 2/1/2022**

Drug	Restrictions*
AZATHIOPRINE 100 MG TABLET	PA
AZATHIOPRINE 75 MG TABLET	PA
COSENTYX 75 MG/0.5 ML SUBCUTANEOUS SYRINGE	PA QL
EVEROLIMUS (ANTINEOPLASTIC) 10 MG TABLET	PA QL
EVEROLIMUS (ANTINEOPLASTIC) 2 MG TABLET FOR ORAL SUSPENSION	PA
EVEROLIMUS (ANTINEOPLASTIC) 3 MG TABLET FOR ORAL SUSPENSION	PA
EVEROLIMUS (ANTINEOPLASTIC) 5 MG TABLET FOR ORAL SUSPENSION	PA
INVEGA HAFYERA 1,092 MG/3.5 ML INTRAMUSCULAR SYRINGE	
INVEGA HAFYERA 1,560 MG/5 ML INTRAMUSCULAR SYRINGE	
MYRBETRIQ 8 MG/ML ORAL SUSPENSION,EXTENDED RELEASE	
NEBIVOLOL 10 MG TABLET	QL
NEBIVOLOL 2.5 MG TABLET	QL
NEBIVOLOL 20 MG TABLET	QL
NEBIVOLOL 5 MG TABLET	QL
PANRETIN 0.1 % TOPICAL GEL	PA

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Drug	Restrictions*
PAROXETINE 10 MG/5 ML ORAL SUSPENSION	
RESTASIS 0.05 % EYE DROPS IN A DROPPERETTE	QL
SAJAZIR 30 MG/3 ML SUBCUTANEOUS SYRINGE	PA
TAVNEOS 10 MG CAPSULE	PA LA
TRUSELTIQ 100 MG/DAY (100 MG X 1) CAPSULE	PA QL LA
TRUSELTIQ 125MG/DAY(100 MG X1-25MG X1) CAPSULE	PA QL LA
TRUSELTIQ 50 MG/DAY (25 MG X 2) CAPSULE	PA QL LA
TRUSELTIQ 75 MG/DAY (25 MG X 3) CAPSULE	PA QL LA
VARENICLINE 0.5 MG TABLET	
VARENICLINE 1 MG TABLET	
VENTOLIN HFA 90 MCG/ACTUATION AEROSOL INHALER	QL
WELIREG 40 MG TABLET	PA LA
XOFLUZA 80 MG TABLET	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, 2023.

This document includes EmblemHealth Medicare HMO/PPO partial formulary as of May 1, 2022.

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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