



2024 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 4/1/2024**

Drug	Reason	Cost sharing**	Restrictions***
BIJUVA 0.5 MG-100 MG CAPSULE	New Drug	Tier 3	PA
BOSULIF 100 MG CAPSULE	New Drug	Tier 4	PA QL
BOSULIF 50 MG CAPSULE	New Drug	Tier 4	PA QL
bromfenac 0.07 % eye drops	New Drug	Tier 2	ST
DAPAGLIFLOZIN PROPANED 10 MG-METFORMIN ER 1,000 MG TABLET,EXT REL 24HR	New Drug	Tier 3	ST QL
DAPAGLIFLOZIN PROPANED 5 MG-METFORMIN ER 1,000 MG TABLET, EXT REL 24HR	New Drug	Tier 3	ST QL
DAPAGLIFLOZIN PROPANEDIOL 10 MG TABLET	New Drug	Tier 3	ST QL
DAPAGLIFLOZIN PROPANEDIOL 5 MG TABLET	New Drug	Tier 3	ST QL
ENTYVIO PEN 108 MG/0.68 ML SUBCUTANEOUS PEN INJECTOR	Formulary Addition	Tier 4	PA QL
FABHALTA 200 MG CAPSULE	Formulary Addition	Tier 4	PA
gabapentin er 300 mg tablet,extended release 24 hr	New Drug	Tier 2	PA QL
gabapentin er 600 mg tablet,extended release 24 hr	New Drug	Tier 2	PA QL
INPEFA 400 MG TABLET	New Drug	Tier 2	PA QL
INSULIN GLARGINE (U-300) CONC. 300 UNIT/ML (1.5 ML) SUBCUTANEOUS PEN	New Drug	Tier 3	ST

Updated: 04/2024

Y0026_204253_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 GLARGINE (U-300) CONC. 300 UNIT/ML (3 ML) SUBCUTANEOUS PEN	New Drug	Tier 3	ST
IWILFIN 192 MG TABLET	New Drug	Tier 4	PA QL LA
PENBRAYA (PF) 5 MCG-120 MCG/0.5 ML INTRAMUSCULAR KIT	New Drug	Tier 1	
risperidone microspheres er 12.5 mg/2 ml intramuscular susp,ext releas	New Drug	Tier 2	QL
risperidone microspheres er 25 mg/2 ml intramuscular susp,ext release	New Drug	Tier 2	QL
risperidone microspheres er 37.5 mg/2 ml intramuscular susp,ext releas	New Drug	Tier 4	QL
risperidone microspheres er 50 mg/2 ml intramuscular susp,ext release	New Drug	Tier 4	QL
sodium,potassium,mag sulfates 17.5 gram-3.13 gram-1.6 gram oral soln	New Drug	Tier 3	ST
SYNJARDY XR 10 MG-1,000 MG TABLET, EXTENDED RELEASE	New Drug	Tier 2	ST QL
SYNJARDY XR 12.5 MG-1,000 MG TABLET, EXTENDED RELEASE	New Drug	Tier 2	ST QL
SYNJARDY XR 25 MG-1,000 MG TABLET, EXTENDED RELEASE	New Drug	Tier 2	ST QL
SYNJARDY XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE	New Drug	Tier 2	ST QL
VOQUEZNA 10 MG TABLET	New Drug	Tier 3	ST QL
VOQUEZNA 20 MG TABLET	New Drug	Tier 3	ST QL
XALKORI 150 MG ORAL PELLETS	New Drug	Tier 4	PA QL
XALKORI 20 MG ORAL PELLETS	New Drug	Tier 4	PA QL
XALKORI 50 MG ORAL PELLETS	New Drug	Tier 4	PA QL
ZITUVIO 100 MG TABLET	Formulary Addition	Tier 3	ST QL
ZITUVIO 25 MG TABLET	Formulary Addition	Tier 3	ST QL
ZITUVIO 50 MG TABLET	Formulary Addition	Tier 3	ST QL

New Added Products: **Effective 3/1/2024**

Updated: 04/2024

Y0026_204253_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***
AKEEGA 100 MG-500 MG TABLET	New Drug	Tier 4	PA QL LA
AKEEGA 50 MG-500 MG TABLET	New Drug	Tier 4	PA QL LA
AMJEVITA(CF) 20 MG/0.2 ML SUBCUTANEOUS SYRINGE	New Drug	Tier 4	PA QL
AMJEVITA(CF) 40 MG/0.4 ML SUBCUTANEOUS SYRINGE	New Drug	Tier 4	PA QL
AMJEVITA(CF) AUTOINJECTOR 40 MG/0.4 ML SUBCUTANEOUS AUTO-INJECTOR	New Drug	Tier 4	PA QL
AMJEVITA(CF) AUTOINJECTOR 80 MG/0.8 ML SUBCUTANEOUS AUTO-INJECTOR	New Drug	Tier 4	PA QL
AUGTYRO 40 MG CAPSULE	New Drug	Tier 4	PA QL
AVODART 0.5 MG CAPSULE	Formulary Addition	Tier 3	
BIMZELX 160 MG/ML SUBCUTANEOUS SYRINGE	Formulary Addition	Tier 4	PA QL
BIMZELX AUTOINJECTOR 160 MG/ML SUBCUTANEOUS AUTO-INJECTOR	Formulary Addition	Tier 4	PA QL
cefotetan 1 gram solution for injection	Formulary Addition	Tier 3	PA
cefotetan 2 gram solution for injection	Formulary Addition	Tier 3	PA
CETRAXAL 0.2 % EAR DROPS IN A DROPPERETTE	Formulary Addition	Tier 3	
CLEOCIN 150 MG/ML INJECTION SOLUTION	Formulary Addition	Tier 3	PA
COREG 25 MG TABLET	Formulary Addition	Tier 3	
ELYXYB 120 MG/4.8 ML (25 MG/ML) ORAL SOLUTION	New Drug	Tier 3	PA QL
FLUTICASONE PROPIONATE 100 MCG/ACTUATION BLISTER POWDER FOR INHALATION	Formulary Addition	Tier 3	ST QL
FLUTICASONE PROPIONATE 250 MCG/ACTUATION BLISTER POWDER FOR INHALATION	Formulary Addition	Tier 3	ST QL
FLUTICASONE PROPIONATE 50 MCG/ACTUATION BLISTER POWDER FOR INHALATION	Formulary Addition	Tier 3	ST QL
KALYDECO 5.8 MG ORAL GRANULES IN PACKET	New Drug	Tier 4	PA QL

Updated: 04/2024

Y0026_204253_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***
lidocan iii 5 % topical patch	New Drug	Tier 3	PA QL
lisdexamfetamine 10 mg chewable tablet	New Drug	Tier 3	ST
lisdexamfetamine 20 mg chewable tablet	New Drug	Tier 3	ST
lisdexamfetamine 30 mg chewable tablet	New Drug	Tier 3	ST
lisdexamfetamine 40 mg chewable tablet	New Drug	Tier 3	ST
lisdexamfetamine 50 mg chewable tablet	New Drug	Tier 3	ST
lisdexamfetamine 60 mg chewable tablet	New Drug	Tier 3	ST
NITROFURANTOIN 50 MG/5 ML ORAL SUSPENSION	New Drug	Tier 4	
norelgestromin 150 mcg-e.estradiol 35 mcg/24 hr weekly transderm patch	New Drug	Tier 3	
NORVIR 100 MG TABLET	Formulary Addition	Tier 3	
OGSIVEO 50 MG TABLET	New Drug	Tier 4	PA QL
OMVOH PEN 100 MG/ML SUBCUTANEOUS PEN INJECTOR	Formulary Addition	Tier 4	PA QL
OSMOLEX ER 129 MG TABLET, EXTENDED RELEASE	Formulary Addition	Tier 3	PA QL
podofilox 0.5 % topical gel	New Drug	Tier 3	
QBREXZA 2.4 % TOWELETTE	Formulary Addition	Tier 3	
STALEVO 50 12.5 MG-50 MG-200 MG TABLET	Formulary Addition	Tier 3	
taysofy 1 mg-20 mcg (24)/75 mg (4) capsule	New Drug	Tier 3	
tolmetin 400 mg capsule	New Drug	Tier 3	ST
VELSIPITY 2 MG TABLET	Formulary Addition	Tier 4	PA QL
VEREGEN 15 % TOPICAL OINTMENT	Formulary Addition	Tier 3	QL
vigpoder 500 mg oral powder packet	New Drug	Tier 4	PA LA
VOQUEZNA DUAL PAK 20 MG (28)-500 MG (84) ORAL PACK	New Drug	Tier 3	QL
VOQUEZNA TRIPLE PAK 20 MG-500 MG-500 MG ORAL PACK	New Drug	Tier 3	QL
ZENPEP 60,000-189,600-252,600 UNIT CAPSULE,DELAYED RELEASE	New Drug	Tier 4	ST

Updated: 04/2024

Y0026_204253_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 2/1/2024**

Drug	Reason	Cost sharing**	Restrictions***
ABRILADA(CF) 20 MG/0.4 ML SUBCUTANEOUS SYRINGE KIT	New Drug	Tier 4	PA QL
ABRILADA(CF) 40 MG/0.8 ML SUBCUTANEOUS SYRINGE KIT	New Drug	Tier 4	PA QL
ABRILADA(CF) PEN 40 MG/0.8 ML SUBCUTANEOUS KIT	New Drug	Tier 4	PA QL
ADALIMUMAB-ADBIM 10 MG/0.2 ML SUBCUTANEOUS SYRINGE KIT	New Drug	Tier 4	PA QL
ADALIMUMAB-ADBIM 20 MG/0.4 ML SUBCUTANEOUS SYRINGE KIT	New Drug	Tier 4	PA QL
ADALIMUMAB-ADBIM 40 MG/0.8 ML SUBCUTANEOUS PEN KIT	New Drug	Tier 4	PA QL
ADALIMUMAB-ADBIM 40 MG/0.8 ML SUBCUTANEOUS SYRINGE KIT	New Drug	Tier 4	PA QL
ADALIMUMAB-ADBIM(CF) PEN CROHN'S-UC-HS STARTER 40 MG/0.8 ML SUBCUT KIT	New Drug	Tier 4	PA QL
ADALIMUMAB-ADBIM(CF) PEN PSORIASIS-UVEITIS STRT 40 MG/0.8 ML SUBCUT KIT	New Drug	Tier 4	PA QL
AIRSUPRA 90 MCG-80 MCG/ACTUATION HFA AEROSOL INHALER	New Drug	Tier 3	ST QL
amcinonide 0.1 % topical ointment	Formulary Addition	Tier 4	
BACLOFEN 10 MG/5 ML (2 MG/ML) ORAL SOLUTION	New Drug	Tier 4	
BREO ELLIPTA 50 MCG-25 MCG/DOSE POWDER FOR INHALATION	New Drug	Tier 2	ST QL
breyna 160 mcg-4.5 mcg/actuation hfa aerosol inhaler	New Drug	Tier 2	ST QL
breyna 80 mcg-4.5 mcg/actuation hfa aerosol inhaler	New Drug	Tier 2	ST QL
brimonidine 0.1 % eye drops	New Drug	Tier 2	
clindamycin 1.2 %(1 %base)-benzoyl peroxide 3.75 % topical gel in pump	New Drug	Tier 3	
COREG 12.5 MG TABLET	New Drug	Tier 3	
COREG 3.125 MG TABLET	New Drug	Tier 3	
COREG 6.25 MG TABLET	New Drug	Tier 3	

Updated: 04/2024

Y0026_204253_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***
COSENTYX UNOREADY PEN 300 MG/2 ML (150 MG/ML) SUBCUTANEOUS	Formulary Addition	Tier 4	PA QL
CRESEMBA 74.5 MG CAPSULE	New Drug	Tier 4	PA
dextroamphetamine-amphetamine er 12.5 mg capsule, 3 bead, ext rel 24hr	New Drug	Tier 3	ST
dextroamphetamine-amphetamine er 25 mg capsule, 3 bead, ext release 24hr	New Drug	Tier 3	ST
dextroamphetamine-amphetamine er 37.5 mg capsule, 3 bead, ext rel 24hr	New Drug	Tier 3	ST
dextroamphetamine-amphetamine er 50 mg capsule, 3 bead, ext release 24hr	New Drug	Tier 3	ST
enilloring 0.12 mg-0.015 mg/24 hr vaginal ring	New Drug	Tier 3	
FRUZAQLA 1 MG CAPSULE	New Drug	Tier 4	PA QL
FRUZAQLA 5 MG CAPSULE	New Drug	Tier 4	PA QL
GLIPIZIDE 2.5 MG TABLET	New Drug	Tier 3	QL
HYRIMOZ(CF) PEDIATRIC CROHN'S STARTR 80 MG/0.8 ML SUBCUTANEOUS SYRINGE	New Drug	Tier 4	PA QL
IDACIO(CF) 40 MG/0.8 ML SUBCUTANEOUS SYRINGE KIT	New Drug	Tier 4	PA QL
IDACIO(CF) PEN 40 MG/0.8 ML SUBCUTANEOUS KIT	New Drug	Tier 4	PA QL
IDACIO(CF) PEN CROHN-ULCERATIVE COLITIS STARTR 40 MG/0.8 ML SUBCUT KIT	New Drug	Tier 4	PA QL
IDACIO(CF) PEN PLAQUE PSORIASIS STARTER 40 MG/0.8 ML SUBCUTANEOUS KIT	New Drug	Tier 4	PA QL
indomethacin 50 mg rectal suppository	New Drug	Tier 4	
INPEFA 200 MG TABLET	Formulary Addition	Tier 2	PA QL
IYUZEH 0.005 % EYE DROPS IN A DROPPERETTE	New Drug	Tier 3	ST
joyeaux 0.1 mg-0.02 mg (21)/iron (7) tablet	New Drug	Tier 3	
kourzeq 0.1 % dental paste	New Drug	Tier 1	
LAGEVRIO 200 MG CAPSULE (EUA)	New Drug	Tier 1	QL
LIQREV 10 MG/ML ORAL SUSPENSION	Formulary Addition	Tier 4	PA QL
lisdexamfetamine 10 mg capsule	New Drug	Tier 3	ST
lisdexamfetamine 20 mg capsule	New Drug	Tier 3	ST
lisdexamfetamine 30 mg capsule	New Drug	Tier 3	ST

Updated: 04/2024

Y0026_204253_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***
lisdexamfetamine 40 mg capsule	New Drug	Tier 3	ST
lisdexamfetamine 50 mg capsule	New Drug	Tier 3	ST
lisdexamfetamine 60 mg capsule	New Drug	Tier 3	ST
lisdexamfetamine 70 mg capsule	New Drug	Tier 3	ST
lithium citrate 8 meq/5 ml oral solution	New Drug	Tier 1	
LODOCO 0.5 MG TABLET	New Drug	Tier 3	PA
LUMRYZ 4.5 GRAM GRANULES,EXTENDED RELEASE IN PACKET	Formulary Addition	Tier 4	PA QL
LUMRYZ 6 GRAM GRANULES,EXTENDED RELEASE IN PACKET	Formulary Addition	Tier 4	PA QL
LUMRYZ 7.5 GRAM GRANULES,EXTENDED RELEASE IN PACKET	Formulary Addition	Tier 4	PA QL
LUMRYZ 9 GRAM GRANULES,EXTENDED RELEASE IN PACKET	Formulary Addition	Tier 4	PA QL
MIEBO 100 % EYE DROPS	New Drug	Tier 4	
NGENLA 24 MG/1.2 ML (20 MG/ML) SUBCUTANEOUS PEN INJECTOR	New Drug	Tier 4	PA
NGENLA 60 MG/1.2 ML (50 MG/ML) SUBCUTANEOUS PEN INJECTOR	New Drug	Tier 4	PA
NUVESSA 1.3 % (65 MG/5 GRAM) VAGINAL GEL	New Drug	Tier 3	
OJJAARA 100 MG TABLET	New Drug	Tier 4	PA QL
OJJAARA 150 MG TABLET	New Drug	Tier 4	PA QL
OJJAARA 200 MG TABLET	New Drug	Tier 4	PA QL
OLPRUVA 2 GRAM ORAL PELLETS IN PACKET	Formulary Addition	Tier 4	PA LA
OLPRUVA 3 GRAM ORAL PELLETS IN PACKET	Formulary Addition	Tier 4	PA LA
OLPRUVA 4 GRAM ORAL PELLETS IN PACKET	Formulary Addition	Tier 4	PA LA
OLPRUVA 5 GRAM ORAL PELLETS IN PACKET	Formulary Addition	Tier 4	PA LA
OLPRUVA 6 GRAM ORAL PELLETS IN PACKET	Formulary Addition	Tier 4	PA LA
OLPRUVA 6.67 GRAM ORAL PELLETS IN PACKET	Formulary Addition	Tier 4	PA LA
OLUMIANT 4 MG TABLET	New Drug	Tier 4	PA QL
OPVEE 2.7 MG/ACTUATION NASAL SPRAY	New Drug	Tier 3	

Updated: 04/2024

Y0026_204253_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***
PARAGARD T 380A 380 SQUARE MM INTRAUTERINE DEVICE	Formulary Addition	Tier 3	
PAXLOVID 150 MG-100 MG TABLETS IN A DOSE PACK (RENAL DOSE)	New Drug	Tier 1	QL
PAXLOVID 300 MG (150 MG X 2)-100 MG TABLETS IN A DOSE PACK	New Drug	Tier 1	QL
pazopanib 200 mg tablet	New Drug	Tier 4	PA QL
pitavastatin calcium 1 mg tablet	New Drug	Tier 1	ST QL
pitavastatin calcium 2 mg tablet	New Drug	Tier 1	ST QL
pitavastatin calcium 4 mg tablet	New Drug	Tier 1	ST QL
RELEXXII 18 MG TABLET,EXTENDED RELEASE	New Drug	Tier 3	ST
RELEXXII 27 MG TABLET,EXTENDED RELEASE	New Drug	Tier 3	ST
RELEXXII 36 MG TABLET,EXTENDED RELEASE	New Drug	Tier 3	ST
RENVELA 800 MG TABLET	New Drug	Tier 4	QL
saxagliptin 2.5 mg tablet	New Drug	Tier 2	ST QL
saxagliptin 2.5 mg-metformin er 1,000 mg tablet,extend release 24hr mp	New Drug	Tier 2	ST QL
saxagliptin 5 mg tablet	New Drug	Tier 2	ST QL
saxagliptin 5 mg-metformin er 1,000 mg tablet,extend release 24hr mp	New Drug	Tier 2	ST QL
saxagliptin 5 mg-metformin er 500 mg tablet,extend release 24hr mp	New Drug	Tier 2	ST QL
SOHONOS 1 MG CAPSULE	New Drug	Tier 4	PA QL LA
SOHONOS 1.5 MG CAPSULE	New Drug	Tier 4	PA QL LA
SOHONOS 10 MG CAPSULE	New Drug	Tier 4	PA QL LA
SOHONOS 2.5 MG CAPSULE	New Drug	Tier 4	PA QL LA
SOHONOS 5 MG CAPSULE	New Drug	Tier 4	PA QL LA
spironolactone 25 mg/5 ml oral suspension	New Drug	Tier 3	
STIMUFEND 6 MG/0.6 ML SUBCUTANEOUS SYRINGE	New Drug	Tier 4	PA
SUFLAVE 178.7 GRAM-7.3 GRAM-0.5 GRAM ORAL SOLUTION	Formulary Addition	Tier 3	ST
tretinoin microspheres 0.08 % topical gel with pump	New Drug	Tier 3	PA
TRUQAP 160 MG TABLET	New Drug	Tier 4	PA QL
TRUQAP 200 MG TABLET	New Drug	Tier 4	PA QL

Updated: 04/2024

Y0026_204253_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***
turqoz (28) 0.3 mg-30 mcg tablet	New Drug	Tier 1	
VANFLYTA 17.7 MG TABLET	New Drug	Tier 4	PA QL
VANFLYTA 26.5 MG TABLET	New Drug	Tier 4	PA QL
VEOZAH 45 MG TABLET	Formulary Addition	Tier 3	PA
XACIATO 2 % VAGINAL GEL	New Drug	Tier 3	ST
XDEMVIY 0.25 % EYE DROPS	New Drug	Tier 4	PA QL
YUFLYMA(CF) 40 MG/0.4 ML SUBCUTANEOUS SYRINGE KIT	New Drug	Tier 4	PA QL
YUFLYMA(CF) AUTOINJECTOR 40 MG/0.4 ML SUBCUTANEOUS KIT	New Drug	Tier 4	PA QL
ZAVZPRET 10 MG/ACTUATION NASAL SPRAY	Formulary Addition	Tier 4	PA QL
ZURZUVAE 20 MG CAPSULE	New Drug	Tier 4	PA
ZURZUVAE 25 MG CAPSULE	New Drug	Tier 4	PA
ZURZUVAE 30 MG CAPSULE	New Drug	Tier 4	PA

Updated: 04/2024

Y0026_204253_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

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, 2025.

This document includes EmblemHealth Medicare PDP partial formulary as of April 1, 2024. 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 Friday, 8 am to 6 pm

TTY users should call **711**.

24550v6

Updated: 04/2024

Y0026_204253_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.