



***Memorial Hermann Advantage HMO***  
***July 2020***  
***Formulary Addendum***

Changes may have occurred since the printing of your current Memorial Hermann Advantage HMO Formulary. Medications that may have been added or removed from the Formulary are listed below.

Please retain this with your copy of the Formulary.

This is not a complete list of drugs covered by our plan. For a complete listing or other questions, please call Customer Service at 844-860-6750 (TTY users call 711), 24 hours a day, seven (7) days a week or visit [healthplan.memorialhermann.org/medicare](http://healthplan.memorialhermann.org/medicare).

The Formulary may change at any time. You will receive notice when necessary.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2020, and from time to time during the year.

Memorial Hermann Advantage HMO is provided by Memorial Hermann Health Plan, Inc., a Medicare Advantage organization with a Medicare contract. Enrollment in this plan depends on contract renewal.

- BvD** – May be covered under Medicare Part B or D depending upon the circumstances; **NF** – Non-Formulary;
- PA** – Prior Authorization; **QL** – Quantity Limit, dispense limit for 30 days unless otherwise noted;
- ST** – Step Therapy; **LA** – Limited Access (This prescription may be available only at certain pharmacies)

| <b>2020 FORMULARY CHANGES</b>    |                          |                      |                          |  |
|----------------------------------|--------------------------|----------------------|--------------------------|--|
| <b>Drug Name</b>                 | <b>Current Drug Tier</b> | <b>New Drug Tier</b> | <b>Reason For Change</b> | <b>Alternative Drug, Alternative Drug Tier</b> |
| <b>EFFECTIVE 01/01/2020</b>      |                          |                      |                          |  |
| Abilify MyCite Tablet 10 MG Oral | NF                       | 5 + ST2              | Formulary Enhancement    | N/A  |
| Abilify MyCite Tablet 15 MG Oral | NF                       | 5 + ST2              | Formulary Enhancement    | N/A  |
| Abilify MyCite Tablet 2 MG Oral  | NF                       | 5 + ST2              | Formulary Enhancement    | N/A  |
| Abilify MyCite Tablet 20 MG Oral | NF                       | 5 + ST2              | Formulary Enhancement    | N/A  |
| Abilify MyCite Tablet 30 MG Oral | NF                       | 5 + ST2              | Formulary Enhancement    | N/A  |
| Abilify MyCite Tablet 5 MG Oral  | NF                       | 5 + ST2              | Formulary Enhancement    | N/A  |

**Formulary ID: 20205 Version 14**  
**Last Updated: 06/08/2020**  
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**Y0110\_PH\_RXFormularyAdd NM 01/10/2017**

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| Auryxia TABLET 1 GM 210 MG(Fe) ORAL   | 4 + PA1                  | 3 + PA1              | Formulary Enhancement    | N/A  |
| Avonex Kit 30 MCG Intramuscular   | 5 + PA2                  | NF                   | CMS Required Deletion    | N/A  |
| Cefixime Capsule 400 MG Oral  | NF                       | 2                    | Formulary Enhancement    | N/A  |
| Corlanor Solution 5 MG/5ML Oral   | NF                       | 4 + QL 450 + PA1     | Formulary Enhancement    | N/A  |
| Enbrel Mini Solution Cartridge 50 MG/ML Subcutaneous                              | NF                       | 5 + PA1              | Formulary Enhancement    | N/A  |
| Erythromycin Base Tablet Delayed Release 250 MG Oral                              | NF                       | 2                    | Formulary Enhancement    | N/A  |
| Erythromycin Base Tablet Delayed Release 333 MG Oral                              | NF                       | 2                    | Formulary Enhancement    | N/A  |
| Erythromycin Base Tablet Delayed Release 500 MG Oral                              | NF                       | 2                    | Formulary Enhancement    | N/A  |
| Febuxostat Tablet 40 MG Oral  | NF                       | 3 + ST1              | Formulary Enhancement    | N/A  |
| Febuxostat Tablet 80 MG Oral  | NF                       | 3 + ST1              | Formulary Enhancement    | N/A  |
| Ferriprox Tablet 1000 MG Oral   | NF                       | 5 + PA1 + LA         | Formulary Enhancement    | N/A  |
| Fluticasone-Salmeterol Aerosol Powder Breath Activated 100-50 MCG/DOSE Inhalation | NF                       | 2                    | Formulary Enhancement    | N/A  |
| Fluticasone-Salmeterol Aerosol Powder Breath Activated 250-50 MCG/DOSE Inhalation | NF                       | 2                    | Formulary Enhancement    | N/A  |
| Fluticasone-Salmeterol Aerosol Powder Breath Activated 500-50 MCG/DOSE Inhalation | NF                       | 2                    | Formulary Enhancement    | N/A  |
| Inrebic Capsule 100 MG Oral   | NF                       | 5 + PA2              | Formulary Enhancement    | N/A  |
| Jolivet Tablet 0.35 MG Oral   | 1                        | NF                   | CMS Required Deletion    | N/A  |
| Metaproterenol Sulfate Tablet 10 MG Oral  | 4                        | NF                   | CMS Required Deletion    | N/A  |
| Metaproterenol Sulfate Tablet 20 MG Oral  | 4                        | NF                   | CMS Required Deletion    | N/A  |
| MonoNessa Tablet 0.25-35 MG-MCG Oral  | 1                        | NF                   | CMS Required Deletion    | N/A  |

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| <b>Drug Name</b>   | <b>Current Drug Tier</b> | <b>New Drug Tier</b>  | <b>Reason For Change</b> | <b>Alternative Drug, Alternative Drug Tier</b> |
| Morphine Sulfate SOLUTION 2 MG/ML Injection                  | 4 + BvD                  | NF                    | CMS Required Deletion    | N/A  |
| Morphine Sulfate SOLUTION 5 MG/ML INJECTION                  | 2                        | NF                    | CMS Required Deletion    | N/A  |
| Neupro Patch 24 Hour 1 MG/24HR Transdermal                   | 4 + ST1                  | 4                     | Formulary Enhancement    | N/A  |
| Neupro Patch 24 Hour 2 MG/24HR Transdermal                   | 4 + ST1                  | 4                     | Formulary Enhancement    | N/A  |
| Neupro Patch 24 Hour 3 MG/24HR Transdermal                   | 4 + ST1                  | 4                     | Formulary Enhancement    | N/A  |
| Neupro Patch 24 Hour 4 MG/24HR Transdermal                   | 4 + ST1                  | 4                     | Formulary Enhancement    | N/A  |
| Neupro Patch 24 Hour 6 MG/24HR Transdermal                   | 4 + ST1                  | 4                     | Formulary Enhancement    | N/A  |
| Neupro Patch 24 Hour 8 MG/24HR Transdermal                   | 4 + ST1                  | 4                     | Formulary Enhancement    | N/A  |
| Nubeqa Tablet 300 MG Oral                                    | NF                       | 5 + QL 120 + PA2 + LA | Formulary Enhancement    | N/A  |
| Posaconazole Tablet Delayed Release 100 MG Oral              | NF                       | 4 + PA1               | Formulary Enhancement    | N/A  |
| Pregabalin Capsule 100 MG Oral                               | NF                       | 3 + QL 120            | Formulary Enhancement    | N/A  |
| Pregabalin Capsule 150 MG Oral                               | NF                       | 3 + QL 120            | Formulary Enhancement    | N/A  |
| Pregabalin Capsule 200 MG Oral                               | NF                       | 3 + QL 120            | Formulary Enhancement    | N/A  |
| Pregabalin Capsule 225 MG Oral                               | NF                       | 3 + QL 120            | Formulary Enhancement    | N/A  |
| Pregabalin Capsule 25 MG Oral                                | NF                       | 3 + QL 120            | Formulary Enhancement    | N/A  |
| Pregabalin Capsule 300 MG Oral                               | NF                       | 3 + QL 60             | Formulary Enhancement    | N/A  |
| Pregabalin Capsule 50 MG Oral                                | NF                       | 3 + QL 120            | Formulary Enhancement    | N/A  |
| Pregabalin Capsule 75 MG Oral                                | NF                       | 3 + QL 120            | Formulary Enhancement    | N/A  |
| Pregabalin Solution 20 MG/ML Oral                            | NF                       | 3 + QL 900            | Formulary Enhancement    | N/A  |
| Rozlytrek Capsule 100 MG Oral                                | NF                       | 5 + PA2               | Formulary Enhancement    | N/A  |
| Rozlytrek Capsule 200 MG Oral                                | NF                       | 5 + PA2               | Formulary Enhancement    | N/A  |
| Soliqua Solution Pen-injector 100-33 UNT-MCG/ML Subcutaneous | 3 + QL 18 + ST1          | 3 + QL 18             | Formulary Enhancement    | N/A  |
| Symdeko Tablet Therapy Pack 50-75 & 75 MG Oral               | NF                       | 5 + PA1 + LA1         | Formulary Enhancement    | N/A  |

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| Theophylline ER Tablet Extended Release 12 Hour 100 MG Oral    | 1                        | NF                   | CMS Required Deletion    | N/A  |
| Theophylline ER Tablet Extended Release 12 Hour 200 MG Oral    | 1                        | NF                   | CMS Required Deletion    | N/A  |
| TOLAZamide Tablet 250 MG Oral                                  | 2                        | NF                   | CMS Required Deletion    | N/A  |
| TOLAZamide Tablet 500 MG Oral                                  | 2                        | NF                   | CMS Required Deletion    | N/A  |
| Turalio Capsule 200 MG Oral                                    | NF                       | 5 + QL 120 + PA2     | Formulary Enhancement    | N/A  |
| Xpovio (100 MG Once Weekly) Tablet Therapy Pack 20 MG Oral     | NF                       | 5 + PA2              | Formulary Enhancement    | N/A  |
| Xpovio (60 MG Once Weekly) Tablet Therapy Pack 20 MG Oral      | NF                       | 5 + PA2              | Formulary Enhancement    | N/A  |
| Xpovio (80 MG Once Weekly) Tablet Therapy Pack 20 MG Oral      | NF                       | 5 + PA2              | Formulary Enhancement    | N/A  |
| Xpovio (80 MG Twice Weekly) Tablet Therapy Pack 20 MG Oral     | NF                       | 5 + PA2              | Formulary Enhancement    | N/A  |
| Xultophy Solution Pen-injector 100-3.6 UNIT-MG/ML Subcutaneous | 3 + QL 15 + ST1          | 3 + QL 15            | Formulary Enhancement    | N/A  |
| <b>EFFECTIVE 02/01/2020</b>                                    |                          |                      |                          |  |
| Ciprofloxacin-Fluocinolone PF Solution 0.3-0.025 % Otic        | NF                       | 3                    | Formulary Enhancement    | N/A  |
| Deferasirox Tablet 360 MG Oral                                 | NF                       | 5 + PA1              | Formulary Enhancement    | N/A  |
| Deferasirox Tablet 90 MG Oral                                  | NF                       | 5 + PA1              | Formulary Enhancement    | N/A  |
| Delyla TABLET 0.1-20 MG-MCG ORAL                               | 1                        | NF                   | CMS Required Deletion    | N/A  |
| Dextrose-NaCl SOLUTION 5-0.33 % Intravenous                    | 2 + BvD                  | NF                   | CMS Required Deletion    | N/A  |
| Diclofenac Sodium Gel 3 % Transdermal                          | 4 + QL 300/365 + PA1     | 4 + PA1              | Formulary Enhancement    | N/A  |
| Drizalma Sprinkle Capsule Delayed Release Sprinkle 20 MG Oral  | NF                       | 4 + QL 60            | Formulary Enhancement    | N/A  |
| Drizalma Sprinkle Capsule Delayed Release Sprinkle 30 MG Oral  | NF                       | 4 + QL 60            | Formulary Enhancement    | N/A  |

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| Drizalma Sprinkle Capsule Delayed Release Sprinkle 40 MG Oral | NF                       | 4 + QL 60            | Formulary Enhancement    | N/A  |
| Drizalma Sprinkle Capsule Delayed Release Sprinkle 60 MG Oral | NF                       | 4 + QL 60            | Formulary Enhancement    | N/A  |
| Fiasp PenFill Solution Cartridge 100 UNIT/ML Subcutaneous     | NF                       | 3                    | Formulary Enhancement    | N/A  |
| Firazyr Solution 30 MG/3ML Subcutaneous                       | 5 + PA1                  | 5                    | Formulary Enhancement    | N/A  |
| GaviLyte-G SOLUTION RECONSTITUTED 236 GM ORAL                 | 2                        | NF                   | CMS Required Deletion    | N/A  |
| Imvexxy Maintenance Pack Insert 10 MCG Vaginal                | NF                       | 4                    | Formulary Enhancement    | N/A  |
| Imvexxy Maintenance Pack Insert 4 MCG Vaginal                 | NF                       | 4                    | Formulary Enhancement    | N/A  |
| Imvexxy Starter Pack Insert 10 MCG Vaginal                    | NF                       | 4                    | Formulary Enhancement    | N/A  |
| Imvexxy Starter Pack Insert 4 MCG Vaginal                     | NF                       | 4                    | Formulary Enhancement    | N/A  |
| Katerzia Suspension 1 MG/ML Oral                              | NF                       | 4                    | Formulary Enhancement    | N/A  |
| KCl in Dextrose-NaCl Solution 20-5-0.33 MEQ/L-%-% Intravenous | 2 + BvD                  | NF                   | CMS Required Deletion    | N/A  |
| Lopreeza Tablet 1-0.5 MG Oral                                 | NF                       | 4                    | Formulary Enhancement    | N/A  |
| Methyclothiazide Tablet 5 MG Oral                             | 1                        | NF                   | CMS Required Deletion    | N/A  |
| Methylphenidate HCl ER Tablet Extended Release 27 MG Oral     | NF                       | 2                    | Formulary Enhancement    | N/A  |
| Methylphenidate HCl ER Tablet Extended Release 36 MG Oral     | NF                       | 2                    | Formulary Enhancement    | N/A  |
| Methylphenidate HCl ER Tablet Extended Release 54 MG Oral     | NF                       | 2                    | Formulary Enhancement    | N/A  |
| Metoprolol Tartrate Tablet 37.5 MG Oral                       | NF                       | 1                    | Formulary Enhancement    | N/A  |
| Metoprolol Tartrate Tablet 75 MG Oral                         | NF                       | 1                    | Formulary Enhancement    | N/A  |
| Mimvey Lo TABLET 0.5-0.1 MG ORAL                              | 4                        | NF                   | CMS Required Deletion    | N/A  |

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| Nadolol-Bendroflumethiazide Tablet 40-5 MG Oral                                | 2                        | NF                   | CMS Required Deletion    | N/A  |
| Nayzilam Solution 5 MG/0.1ML Nasal   | NF                       | 4                    | Formulary Enhancement    | N/A  |
| Norlyroc TABLET 0.35 MG ORAL   | 2                        | NF                   | CMS Required Deletion    | N/A  |
| Oxervate Solution 0.002 % Ophthalmic   | 5 + PA1                  | NF                   | CMS Required Deletion    | N/A  |
| Promethazine HCl SUPPOSITORY 50 MG Rectal                                      | 4                        | NF                   | CMS Required Deletion    | N/A  |
| Rebetol Solution 40 MG/ML Oral   | 5                        | NF                   | CMS Required Deletion    | N/A  |
| Ribasphere CAPSULE 200 MG ORAL   | 3                        | NF                   | CMS Required Deletion    | N/A  |
| Ribasphere RibaPak Tablet 600 MG Oral  | 5                        | NF                   | CMS Required Deletion    | N/A  |
| Ribasphere RibaPak Tablet Therapy Pack 400 & 600 MG Oral                       | 5                        | NF                   | CMS Required Deletion    | N/A  |
| Ribasphere Tablet 600 MG Oral  | 5                        | NF                   | CMS Required Deletion    | N/A  |
| Sodium Polystyrene Sulfonate SUSPENSION 15 GM/60ML ORAL                        | NF                       | 2                    | Formulary Enhancement    | N/A  |
| Thyrolar-1 Tablet 60 (12.5-50) MG (MCG) Oral                                   | 2                        | NF                   | CMS Required Deletion    | N/A  |
| Thyrolar-1/2 Tablet 30 (6.25-25) MG (MCG) Oral                                 | 2                        | NF                   | CMS Required Deletion    | N/A  |
| Thyrolar-1/4 Tablet 15 (3.1-12.5) MG (MCG) Oral                                | 2                        | NF                   | CMS Required Deletion    | N/A  |
| Thyrolar-2 Tablet 120 (25-100) MG (MCG) Oral                                   | 2                        | NF                   | CMS Required Deletion    | N/A  |
| Thyrolar-3 Tablet 180 (37.5-150) MG (MCG) Oral                                 | 2                        | NF                   | CMS Required Deletion    | N/A  |
| Tiadyt ER Capsule Extended Release 24 Hour 360 MG Oral                         | NF                       | 2                    | Formulary Enhancement    | N/A  |
| Trelegy Ellipta Aerosol Powder Breath Activated 100-62.5-25 MCG/INH Inhalation | 3 + ST1                  | 3                    | Formulary Enhancement    | N/A  |
| Trikafta Tablet Therapy Pack 100-50-75 & 150 MG Oral                           | NF                       | 5 + PA1              | Formulary Enhancement    | N/A  |
| Twinrix Suspension Prefilled Syringe 720-20 ELU-MCG/ML Intramuscular           | 3 + BvD                  | 3                    | Formulary Enhancement    | N/A  |

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| Vyndamax Capsule 61 MG Oral                                  | NF                       | 5 + QL 30 + PA1      | Formulary Enhancement    | N/A  |
| Zykadia CAPSULE 150 MG ORAL                                  | 5 + PA2                  | NF                   | CMS Required Deletion    | N/A  |
| <b>EFFECTIVE 03/01/2020</b>                                  |                          |                      |                          |  |
| Brukinsa Capsule 80 MG Oral                                  | NF                       | 5 + QL 120 + PA2     | Formulary Enhancement    | N/A  |
| Ciprofloxacin SUSPENSION RECONSTITUTED 500 MG/5ML (10%) ORAL | 2                        | NF                   | CMS Required Deletion    | N/A  |
| Esbriet Tablet 267 MG Oral                                   | 5 + PA1                  | NF                   | CMS Required Deletion    | N/A  |
| Everolimus Tablet 2.5 MG Oral                                | NF                       | 5 + QL 30 + PA2      | Formulary Enhancement    | N/A  |
| Everolimus Tablet 5 MG Oral                                  | NF                       | 5 + QL 30 + PA2      | Formulary Enhancement    | N/A  |
| Everolimus Tablet 7.5 MG Oral                                | NF                       | 5 + QL 30 + PA2      | Formulary Enhancement    | N/A  |
| Isosorbide Dinitrate ER Tablet Extended Release 40 MG Oral   | 2                        | NF                   | CMS Required Deletion    | N/A  |
| Jadenu Tablet 360 MG Oral                                    | 5 + PA1                  | NF                   | Formulary Update         | deferasirox tablet 360 mg oral, 5 + PA1        |
| Jadenu Tablet 90 MG Oral                                     | 5 + PA1                  | NF                   | Formulary Update         | deferasirox tablet 90 mg oral, 5 + PA1         |
| Lyrica Capsule 100 MG Oral                                   | 3 + QL 120               | NF                   | Formulary Update         | pregabalin capsule 100 mg oral, 3 + QL 120     |
| Lyrica Capsule 150 MG Oral                                   | 3 + QL 120               | NF                   | Formulary Update         | pregabalin capsule 150 mg oral, 3 + QL 120     |

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| Lyrica Capsule 200 MG Oral  | 3 + QL<br>120            | NF                   | Formulary Update         | pregabalin capsule 200 mg oral, 3 + QL 120               |
| Lyrica Capsule 225 MG Oral  | 3 + QL<br>120            | NF                   | Formulary Update         | pregabalin capsule 225 mg oral, 3 + QL 120               |
| Lyrica Capsule 25 MG Oral   | 3 + QL<br>120            | NF                   | Formulary Update         | pregabalin capsule 25 mg oral, 3 + QL 120                |
| Lyrica Capsule 300 MG Oral  | 3 + QL 60                | NF                   | Formulary Update         | pregabalin capsule 300 mg oral, 3 + QL 60                |
| Lyrica Capsule 50 MG Oral   | 3 + QL<br>120            | NF                   | Formulary Update         | pregabalin capsule 50 mg oral, 3 + QL 120                |
| Lyrica Capsule 75 MG Oral   | 3 + QL<br>120            | NF                   | Formulary Update         | pregabalin capsule 75 mg oral, 3 + QL 120                |
| Lyrica Solution 20 MG/ML Oral                                     | 3 + QL<br>900            | NF                   | Formulary Update         | pregabalin solution 20 mg/ml oral, 3 + QL 900            |
| Mesalamine ER Capsule Extended Release 24 Hour 0.375 GM Oral      | NF                       | 3                    | Formulary Enhancement    | N/A  |
| Methylphenidate HCl ER Tablet Extended Release 24 Hour 18 MG Oral | NF                       | 2                    | Formulary Enhancement    | N/A  |
| Noxafil Tablet Delayed Release 100 MG Oral                        | 5 + PA1                  | NF                   | Formulary Update         | posaconazole tablet delayed release 100 mg oral, 4 + PA1 |

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| Pentamidine Isethionate Solution Reconstituted 300 MG Inhalation | NF                       | 3 + BvD              | Formulary Enhancement    | N/A  |
| Pentamidine Isethionate Solution Reconstituted 300 MG Injection  | NF                       | 4 + BvD              | Formulary Enhancement    | N/A  |
| Repaglinide-metFORMIN HCl Tablet 1-500 MG Oral                   | 2                        | NF                   | CMS Required Deletion    | N/A  |
| Repaglinide-metFORMIN HCl Tablet 2-500 MG Oral                   | 2                        | NF                   | CMS Required Deletion    | N/A  |
| Sucralfate Suspension 1 GM/10ML Oral                             | NF                       | 4                    | Formulary Enhancement    | N/A  |
| Suprax Capsule 400 MG Oral                                       | 3                        | NF                   | Formulary Update         | cefixime capsule 400 mg oral, 2                |
| Travoprost (BAK Free) Solution 0.004 % Ophthalmic                | NF                       | 3 + QL 2.5/20        | Formulary Enhancement    | N/A  |
| Uloric Tablet 40 MG Oral   | 3 + ST1                  | NF                   | Formulary Update         | febuxostat tablet 40 mg oral, 3 + ST1          |
| Uloric Tablet 80 MG Oral   | 3 + ST1                  | NF                   | Formulary Update         | febuxostat tablet 80 mg oral, 3 + ST1          |
| <b>EFFECTIVE 04/01/2020</b>                                      |                          |                      |                          |  |
| Afinitor Tablet 2.5 MG Oral                                      | 5 + QL 30 + PA2          | NF                   | Formulary Update         | everolimus tablet 2.5 mg oral, 5 + QL 30 + PA2 |
| Afinitor Tablet 5 MG Oral  | 5 + QL 30 + PA2          | NF                   | Formulary Update         | everolimus tablet 5 mg oral, 5 + QL 30 + PA2   |
| Afinitor Tablet 7.5 MG Oral                                      | 5 + QL 30 + PA2          | NF                   | Formulary Update         | everolimus tablet 7.5 mg oral, 5 + QL 30 + PA2 |

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| 2020 FORMULARY CHANGES  |                   |                 |                       |   |
|---|-------------------|-----------------|-----------------------|---|
| Drug Name   | Current Drug Tier | New Drug Tier   | Reason For Change     | Alternative Drug, Alternative Drug Tier                         |
| Apriso Capsule Extended Release 24 Hour 0.375 GM Oral           | 3                 | NF              | Formulary Update      | mesalamine er capsule extended release 24 hour 0.375 gm oral, 3 |
| Ayvakit Tablet 100 MG Oral                                      | NF                | 5 + QL 30 + PA2 | Formulary Enhancement | N/A   |
| Ayvakit Tablet 200 MG Oral                                      | NF                | 5 + QL 30 + PA2 | Formulary Enhancement | N/A   |
| Ayvakit Tablet 300 MG Oral                                      | NF                | 5 + QL 30 + PA2 | Formulary Enhancement | N/A   |
| Carafate Suspension 1 GM/10ML Oral                              | 4                 | NF              | Formulary Update      | sucralfate suspension 1 gm/10ml oral, 4                         |
| Colocort ENEMA 100 MG/60ML Rectal                               | 2                 | NF              | CMS Required Deletion | N/A   |
| Dextroamphetamine Sulfate Solution 5 MG/5ML Oral                | NF                | 2               | Formulary Enhancement | N/A   |
| Euthyrox Tablet 100 MCG Oral                                    | NF                | 1               | Formulary Enhancement | N/A   |
| Euthyrox Tablet 112 MCG Oral                                    | NF                | 1               | Formulary Enhancement | N/A   |
| Euthyrox Tablet 125 MCG Oral                                    | NF                | 1               | Formulary Enhancement | N/A   |
| Euthyrox Tablet 137 MCG Oral                                    | NF                | 1               | Formulary Enhancement | N/A   |
| Euthyrox Tablet 150 MCG Oral                                    | NF                | 1               | Formulary Enhancement | N/A   |
| Euthyrox Tablet 175 MCG Oral                                    | NF                | 1               | Formulary Enhancement | N/A   |
| Euthyrox Tablet 200 MCG Oral                                    | NF                | 1               | Formulary Enhancement | N/A   |
| Euthyrox Tablet 25 MCG Oral                                     | NF                | 1               | Formulary Enhancement | N/A   |
| Euthyrox Tablet 50 MCG Oral                                     | NF                | 1               | Formulary Enhancement | N/A   |
| Euthyrox Tablet 75 MCG Oral                                     | NF                | 1               | Formulary Enhancement | N/A   |
| Euthyrox Tablet 88 MCG Oral                                     | NF                | 1               | Formulary Enhancement | N/A   |
| Fenofibric Acid Tablet 105 MG Oral                              | 1                 | NF              | CMS Required Deletion | N/A   |
| Fenofibric Acid Tablet 35 MG Oral                               | 1                 | NF              | CMS Required Deletion | N/A   |
| Fluoroplex Cream 1 % External                                   | NF                | 4               | Formulary Enhancement | N/A   |
| Humira Pediatric Crohns Start 40 MG/0.8ML Subcutaneous (6 PACK) | 5 + PA1           | NF              | CMS Required Deletion | N/A   |

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| <b>2020 FORMULARY CHANGES</b>   |                          |                      |                          |   |
|---|--------------------------|----------------------|--------------------------|---|
| <b>Drug Name</b>  | <b>Current Drug Tier</b> | <b>New Drug Tier</b> | <b>Reason For Change</b> | <b>Alternative Drug, Alternative Drug Tier</b>                            |
| Humira Pediatric Crohns Start Prefilled Syringe Kit 40 MG/0.8ML Subcutaneous            | 5 + PA1                  | NF                   | CMS Required Deletion    | N/A   |
| Insulin Asp Prot & Asp FlexPen Suspension Pen-Injector (70-30) 100 UNIT/ML Subcutaneous | NF                       | 3                    | Formulary Enhancement    | N/A   |
| Insulin Aspart FlexPen Solution Pen-Injector 100 UNIT/ML Subcutaneous                   | NF                       | 3                    | Formulary Enhancement    | N/A   |
| Insulin Aspart PenFill Solution Cartridge 100 UNIT/ML Subcutaneous                      | NF                       | 3                    | Formulary Enhancement    | N/A   |
| Insulin Aspart Prot & Aspart Suspension (70-30) 100 UNIT/ML Subcutaneous                | NF                       | 3                    | Formulary Enhancement    | N/A   |
| Insulin Aspart Solution 100 UNIT/ML Subcutaneous  | NF                       | 3                    | Formulary Enhancement    | N/A   |
| Klor-Con Sprinkle Capsule Extended Release 8 MEQ Oral                                   | 3                        | NF                   | CMS Required Deletion    | N/A   |
| Nebupent Solution Reconstituted 300 MG Inhalation                                       | 3 + BvD                  | NF                   | Formulary Update         | pentamidine isethionate solution reconstituted 300 mg inhalation, 3 + BvD |
| Norethin Ace-Eth Estrad-FE Tablet 1-20 MG-MCG(24) Oral                                  | 2                        | NF                   | CMS Required Deletion    | N/A   |
| PEG 3350/Electrolytes Solution Reconstituted 240 GM Oral                                | 1                        | NF                   | CMS Required Deletion    | N/A   |
| penicillAMINE Tablet 250 MG Oral  | NF                       | 4 + PA1              | Formulary Enhancement    | N/A   |

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| <b>2020 FORMULARY CHANGES</b>                         |                          |                      |                          |  |
|---|--------------------------|----------------------|--------------------------|--|
| <b>Drug Name</b>                                      | <b>Current Drug Tier</b> | <b>New Drug Tier</b> | <b>Reason For Change</b> | <b>Alternative Drug, Alternative Drug Tier</b>                           |
| Pentam Solution Reconstituted 300 MG Injection        | 4 + BvD                  | NF                   | Formulary Update         | pentamidine isethionate solution reconstituted 300 mg injection, 4 + BvD |
| Premasol Solution 6 % Intravenous                     | 3 + BvD                  | NF                   | CMS Required Deletion    | N/A  |
| Pulmozyme SOLUTION 1 MG/ML INHALATION                 | 5 + PA1                  | 5 + BvD              | Formulary Enhancement    | N/A  |
| Rybelsus Tablet 14 MG Oral                            | NF                       | 3 + QL 30            | Formulary Enhancement    | N/A  |
| Rybelsus Tablet 3 MG Oral                             | NF                       | 3 + QL 30            | Formulary Enhancement    | N/A  |
| Rybelsus Tablet 7 MG Oral                             | NF                       | 3 + QL 30            | Formulary Enhancement    | N/A  |
| Sodium Lactate Solution 5 MEQ/ML Intravenous          | 2 + BvD                  | NF                   | CMS Required Deletion    | N/A  |
| Sylatron KIT 600 MCG Subcutaneous                     | 5 + PA2                  | NF                   | CMS Required Deletion    | N/A  |
| TOLBUTamide Tablet 500 MG Oral                        | 1                        | NF                   | CMS Required Deletion    | N/A  |
| traMADol HCl Tablet 100 MG Oral                       | NF                       | 1 + QL 120           | Formulary Enhancement    | N/A  |
| Travatan Z Solution 0.004 % Ophthalmic                | 3 + QL 2.5/20            | NF                   | Formulary Update         | travoprost (bak free) solution 0.004 % ophthalmic, 3 + QL 2.5/20         |
| Xeljanz XR Tablet Extended Release 24 Hour 22 MG Oral | NF                       | 5 + PA1              | Formulary Enhancement    | N/A  |
| <b>EFFECTIVE 05/01/2020</b>                           |                          |                      |                          |  |
| Alendronate Sodium Tablet 40 MG Oral                  | 1                        | NF                   | CMS Required Deletion    | N/A  |
| Alendronate Sodium Tablet 5 MG Oral                   | 1                        | NF                   | CMS Required Deletion    | N/A  |
| AVC Vaginal Cream 15 % Vaginal                        | 2                        | NF                   | CMS Required Deletion    | N/A  |
| Chlorothiazide Tablet 250 MG Oral                     | 1                        | NF                   | CMS Required Deletion    | N/A  |
| Chlorothiazide Tablet 500 MG Oral                     | 1                        | NF                   | CMS Required Deletion    | N/A  |
| Depen Titratabs Tablet 250 MG Oral                    | 5 + PA1                  | NF                   | Formulary Update         | penicillamine tablet 250 mg oral, 4 + PA1                                |

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| <b>2020 FORMULARY CHANGES</b>                             |                          |                      |                          |  |
|---|--------------------------|----------------------|--------------------------|--|
| <b>Drug Name</b>  | <b>Current Drug Tier</b> | <b>New Drug Tier</b> | <b>Reason For Change</b> | <b>Alternative Drug, Alternative Drug Tier</b> |
| Farydak Capsule 15 MG Oral                                | 5 + PA2                  | NF                   | CMS Required Deletion    | N/A  |
| Flurbiprofen TABLET 50 MG ORAL                            | 1                        | NF                   | CMS Required Deletion    | N/A  |
| HYDROmorphone HCl Solution 2 MG/ML Injection              | 2                        | NF                   | CMS Required Deletion    | N/A  |
| Ionosol-MB in D5W Solution Intravenous                    | 3 + BvD                  | NF                   | CMS Required Deletion    | N/A  |
| Riomet ER Suspension Reconstituted ER 500 MG/5ML Oral     | NF                       | 4                    | Formulary Enhancement    | N/A  |
| Secuado Patch 24 Hour 3.8 MG/24HR Transdermal             | NF                       | 5                    | Formulary Enhancement    | N/A  |
| Secuado Patch 24 Hour 5.7 MG/24HR Transdermal             | NF                       | 5                    | Formulary Enhancement    | N/A  |
| Secuado Patch 24 Hour 7.6 MG/24HR Transdermal             | NF                       | 5                    | Formulary Enhancement    | N/A  |
| Tazverik Tablet 200 MG Oral                               | NF                       | 5 + QL 240 + PA2     | Formulary Enhancement    | N/A  |
| Tiadytl ER Capsule Extended Release 24 Hour 120 MG Oral   | NF                       | 2                    | Formulary Enhancement    | N/A  |
| Tiadytl ER Capsule Extended Release 24 Hour 180 MG Oral   | NF                       | 2                    | Formulary Enhancement    | N/A  |
| Tiadytl ER Capsule Extended Release 24 Hour 240 MG Oral   | NF                       | 2                    | Formulary Enhancement    | N/A  |
| Tiadytl ER Capsule Extended Release 24 Hour 300 MG Oral   | NF                       | 2                    | Formulary Enhancement    | N/A  |
| Tiadytl ER Capsule Extended Release 24 Hour 420 MG Oral   | NF                       | 2                    | Formulary Enhancement    | N/A  |
| Valtoco 10 MG Dose Liquid 10 MG/0.1ML Nasal               | NF                       | 4                    | Formulary Enhancement    | N/A  |
| Valtoco 15 MG Dose Liquid Therapy Pack 7.5 MG/0.1ML Nasal | NF                       | 4                    | Formulary Enhancement    | N/A  |
| Valtoco 20 MG Dose Liquid Therapy Pack 10 MG/0.1ML Nasal  | NF                       | 4                    | Formulary Enhancement    | N/A  |
| Valtoco 5 MG Dose Liquid 5 MG/0.1ML Nasal                 | NF                       | 4                    | Formulary Enhancement    | N/A  |
| <b>EFFECTIVE 06/01/2020</b>                               |                          |                      |                          |  |

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| <b>2020 FORMULARY CHANGES</b>  |                          |                      |                          |  |
|--|--------------------------|----------------------|--------------------------|--|
| <b>Drug Name</b>   | <b>Current Drug Tier</b> | <b>New Drug Tier</b> | <b>Reason For Change</b> | <b>Alternative Drug, Alternative Drug Tier</b> |
| Advair Diskus Aerosol Powder Breath Activated 100-50 MCG/DOSE Inhalation       | 3                        | 2                    | Formulary Enhancement    | N/A  |
| Advair Diskus Aerosol Powder Breath Activated 250-50 MCG/DOSE Inhalation       | 3                        | 2                    | Formulary Enhancement    | N/A  |
| Advair Diskus Aerosol Powder Breath Activated 500-50 MCG/DOSE Inhalation       | 3                        | 2                    | Formulary Enhancement    | N/A  |
| Caplyta Capsule 42 MG Oral   | NF                       | 5                    | Formulary Enhancement    | N/A  |
| Clovisque Capsule 250 MG Oral  | NF                       | 5 + PA1              | Formulary Enhancement    | N/A  |
| Codeine Sulfate Tablet 15 MG Oral  | NF                       | 1                    | Formulary Enhancement    | N/A  |
| Eprosartan Mesylate Tablet 600 MG Oral   | 2                        | NF                   | CMS Required Deletion    | N/A  |
| Everolimus Tablet 0.25 MG Oral   | NF                       | 4 + PA2              | Formulary Enhancement    | N/A  |
| Everolimus Tablet 0.5 MG Oral  | NF                       | 5 + PA2              | Formulary Enhancement    | N/A  |
| Everolimus Tablet 0.75 MG Oral   | NF                       | 5 + PA2              | Formulary Enhancement    | N/A  |
| Ibrance Tablet 100 MG Oral   | NF                       | 5 + PA2              | Formulary Enhancement    | N/A  |
| Ibrance Tablet 125 MG Oral   | NF                       | 5 + PA2              | Formulary Enhancement    | N/A  |
| Ibrance Tablet 75 MG Oral  | NF                       | 5 + PA2              | Formulary Enhancement    | N/A  |
| Ketoprofen Capsule 50 MG Oral  | NF                       | 2                    | Formulary Enhancement    | N/A  |
| Ketoprofen Capsule 75 MG Oral  | NF                       | 2                    | Formulary Enhancement    | N/A  |
| NovoLIN 70/30 FlexPen Suspension Pen-Injector (70-30) 100 UNIT/ML Subcutaneous | NF                       | 3                    | Formulary Enhancement    | N/A  |
| NovoLIN N FlexPen Suspension Pen-Injector 100 UNIT/ML Subcutaneous             | NF                       | 3                    | Formulary Enhancement    | N/A  |
| NovoLIN R FlexPen Suspension Pen-Injector 100 UNIT/ML Subcutaneous             | NF                       | 3                    | Formulary Enhancement    | N/A  |
| Plaquenil Tablet 200 MG Oral   | NF                       | 3                    | Formulary Enhancement    | N/A  |
| Ranitidine HCl Capsule 150 MG Oral   | 1                        | NF                   | CMS Required Deletion    | N/A  |
| Ranitidine HCl Capsule 300 MG Oral   | 1                        | NF                   | CMS Required Deletion    | N/A  |
| Ranitidine HCl Syrup 75 MG/5ML Oral  | 2                        | NF                   | CMS Required Deletion    | N/A  |
| Ranitidine HCl Tablet 150 MG Oral  | 1                        | NF                   | CMS Required Deletion    | N/A  |

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| <b>2020 FORMULARY CHANGES</b>                              |                          |                      |                          |  |
|--|--------------------------|----------------------|--------------------------|--|
| <b>Drug Name</b>   | <b>Current Drug Tier</b> | <b>New Drug Tier</b> | <b>Reason For Change</b> | <b>Alternative Drug, Alternative Drug Tier</b> |
| ranitidine HCl Tablet 300 MG Oral                          | 1                        | NF                   | CMS Required Deletion    | N/A  |
| Rescriptor Tablet 200 MG Oral                              | 3                        | NF                   | CMS Required Deletion    | N/A  |
| Terbinafine HCl Tablet 250 MG Oral                         | 1 + QL<br>84/168         | 1                    | Formulary Enhancement    | N/A  |
| <b>EFFECTIVE 07/01/2020</b>                                |                          |                      |                          |  |
| Androderm Patch 24 Hour 2 MG/24HR Transdermal              | 3 + PA2                  | 3                    | Formulary Enhancement    | N/A  |
| Androderm Patch 24 Hour 4 MG/24HR Transdermal              | 3 + PA2                  | 3                    | Formulary Enhancement    | N/A  |
| Asmanex HFA Aerosol 50 MCG/ACT Inhalation                  | NF                       | 3                    | Formulary Enhancement    | N/A  |
| Diazoxide Suspension 50 MG/ML Oral                         | NF                       | 4                    | Formulary Enhancement    | N/A  |
| Haloperidol Decanoate Solution 50 MG/ML Intramuscular(1ML) | NF                       | 1                    | Formulary Enhancement    | N/A  |
| Koselugo Capsule 10 MG Oral                                | NF                       | 5 + PA2              | Formulary Enhancement    | N/A  |
| Koselugo Capsule 25 MG Oral                                | NF                       | 5 + PA2              | Formulary Enhancement    | N/A  |
| metFORMIN HCl Solution 500 MG/5ML Oral                     | NF                       | 4                    | Formulary Enhancement    | N/A  |
| MethylTESTOSTERone Capsule 10 MG Oral                      | 5 + PA2                  | 5                    | Formulary Enhancement    | N/A  |
| Pemazyre Tablet 13.5 MG Oral                               | NF                       | 5 + PA2              | Formulary Enhancement    | N/A  |
| Pemazyre Tablet 4.5 MG Oral                                | NF                       | 5 + PA2              | Formulary Enhancement    | N/A  |
| Pemazyre Tablet 9 MG Oral                                  | NF                       | 5 + PA2              | Formulary Enhancement    | N/A  |
| Prolia Solution Prefilled Syringe 60 MG/ML Subcutaneous    | 4 + ST1                  | 4                    | Formulary Enhancement    | N/A  |
| Promacta Packet 25 MG Oral                                 | NF                       | 5 + QL 180 + PA1     | Formulary Enhancement    | N/A  |
| Sunosi Tablet 150 MG Oral                                  | NF                       | 4 + QL 30 + PA1      | Formulary Enhancement    | N/A  |
| Sunosi Tablet 75 MG Oral                                   | NF                       | 4 + QL 30 + PA1      | Formulary Enhancement    | N/A  |
| Testosterone Cypionate Solution 100 MG/ML Intramuscular    | 2 + PA2                  | 2                    | Formulary Enhancement    | N/A  |
| Testosterone Cypionate Solution 200 MG/ML Intramuscular    | 2 + PA2                  | 2                    | Formulary Enhancement    | N/A  |

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| <b>2020 FORMULARY CHANGES</b>                                  |                          |                      |                          |  |
|--|--------------------------|----------------------|--------------------------|--|
| <b>Drug Name</b>   | <b>Current Drug Tier</b> | <b>New Drug Tier</b> | <b>Reason For Change</b> | <b>Alternative Drug, Alternative Drug Tier</b> |
| Testosterone Cypionate Solution 200 MG/ML Intramuscular (1 ML) | 2 + PA2                  | 2                    | Formulary Enhancement    | N/A  |
| Testosterone Enanthate Solution 200 MG/ML Intramuscular        | 2 + PA2                  | 2                    | Formulary Enhancement    | N/A  |
| Testosterone Gel 10 MG/ACT (2%) Transdermal                    | 2 + PA2                  | 2                    | Formulary Enhancement    | N/A  |
| Testosterone Gel 12.5 MG/ACT (1%) Transdermal                  | 2 + PA2                  | 2                    | Formulary Enhancement    | N/A  |
| Testosterone Gel 20.25 MG/1.25GM (1.62%) Transdermal           | 3 + PA2                  | 3                    | Formulary Enhancement    | N/A  |
| Testosterone Gel 20.25 MG/ACT (1.62%) Transdermal              | 3 + PA2                  | 3                    | Formulary Enhancement    | N/A  |
| Testosterone Gel 25 MG/2.5GM (1%) Transdermal                  | 3 + PA2                  | 3                    | Formulary Enhancement    | N/A  |
| Testosterone Gel 40.5 MG/2.5GM (1.62%) Transdermal             | 3 + PA2                  | 3                    | Formulary Enhancement    | N/A  |
| Testosterone Gel 50 MG/5GM (1%) Transdermal                    | 2 + PA2                  | 2                    | Formulary Enhancement    | N/A  |
| Testosterone Solution 30 MG/ACT Transdermal                    | 3 + PA2                  | 3                    | Formulary Enhancement    | N/A  |
| Videx EC Capsule Delayed Release 125 MG Oral                   | 4                        | NF                   | CMS Required Deletion    | N/A  |
| Videx Solution Reconstituted 2 GM Oral                         | 4                        | NF                   | CMS Required Deletion    | N/A  |
| Zortress Tablet 0.25 MG Oral                                   | 5 + PA2                  | NF                   | Formulary Update         | everolimus tablet 0.25 mg oral, 4 + PA2        |
| Zortress Tablet 0.5 MG Oral                                    | 5 + PA2                  | NF                   | Formulary Update         | everolimus tablet 0.5 mg oral, 5 + PA2         |
| Zortress Tablet 0.75 MG Oral                                   | 5 + PA2                  | NF                   | Formulary Update         | everolimus tablet 0.75 mg oral, 5 PA2          |

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