Gateway Health Medicare Assured
Formulary Changes

Current as of: 12/1/2021

Please be aware that Gateway Health Medicare Assured may need to change its current list of approved drugs (drug formulary) from time to time. Gateway Health may add, revise or remove a drug, move a drug to a different cost-sharing tier, add specific rules for use, place quantity limits, require prior drug therapies, and/or apply other special criteria for use. When a change is made, Gateway Health will notify members who take the drug at least 30 days prior to the effective date of change. However, please note that immediate removal of a drug from our Drug List may be required if the Food and Drug Administration (FDA) decides a drug is unsafe or if a manufacturer removes a drug from the market for any reason. Gateway Health will also provide notice to members who are taking the drug in these instances. For new generic drugs, we may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost- sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made. The complete drug formulary can be viewed at any time on our website at www.gatewayhealthplan.com/medicare. The following changes are being provided for your information:

Effective Date of Change	Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Cost Share
1/1/2021	sapropterin dihydrochloride packet 100 mg oral	Formulary Addition	Generic Available	N/A	N/A
1/1/2021	Kuvan packet 100 mg oral	Formulary Deletion	Generic Available	sapropterin dihydrochloride packet 100 mg oral	Tier 5
1/1/2021	sapropterin dihydrochloride packet 500 mg oral	Formulary Addition	Generic Available	N/A	N/A
1/1/2021	Kuvan packet 500 mg oral	Formulary Deletion	Generic Available	sapropterin dihydrochloride packet 500 mg oral	Tier 5
1/1/2021	sapropterin dihydrochloride tablet soluble 100 mg oral	Formulary Addition	Generic Available	N/A	N/A
1/1/2021	Kuvan tablet soluble 100 mg oral	Formulary Deletion	Generic Available	sapropterin dihydrochloride tablet soluble 100 mg oral	Tier 5
1/1/2021	emtricitabine capsule 200 mg oral	Formulary Addition	Generic Available	N/A	N/A
1/1/2021	Emtriva capsule 200 mg oral	Formulary Deletion	Generic Available	emtricitabine capsule 200 mg oral	Tier 3
1/1/2021	efavirenz-lamivudine-tenofovir tablet 600-300-300 mg oral	Formulary Addition	Generic Available	N/A	N/A
1/1/2021	Symfi tablet 600-300-300 mg oral	Formulary Deletion	Generic Available	efavirenz-lamivudine-tenofovir tablet 600-300-300 mg oral	Tier 4
1/1/2021	efavirenz-lamivudine-tenofovir tablet 400-300-300 mg oral	Formulary Addition	Generic Available	N/A	N/A
1/1/2021	Symfi Lo tablet 400-300-300 mg oral	Formulary Deletion	Generic Available	efavirenz-lamivudine-tenofovir tablet 400-300-300 mg oral	Tier 4
1/1/2021	lapatinib ditosylate tablet 250 mg oral	Formulary Addition	Generic Available	N/A	N/A
1/1/2021	Tykerb tablet 250 mg oral	Formulary Deletion	Generic Available	lapatinib ditosylate tablet 250 mg oral	Tier 5
1/1/2021	deferiprone tablet 500 mg oral	Formulary Addition	Generic Available	N/A	N/A
1/1/2021	Ferriprox tablet 500 mg oral	Formulary Deletion	Generic Available	deferiprone tablet 500 mg oral	Tier 5
1/1/2021	emtricitabine-tenofovir df tablet 200-300 mg oral	Formulary Addition	Generic Available	N/A	N/A
1/1/2021	Truvada tablet 200-300 mg oral	Formulary Deletion	Generic Available	emtricitabine-tenofovir df tablet 200-300 mg oral	Tier 5
1/1/2021	efavirenz-emtricitab-tenofovir tablet 600-200-300 mg oral	Formulary Addition	Generic Available	N/A	N/A
1/1/2021	Atripla tablet 600-200-300 mg oral	Formulary Deletion	Generic Available	efavirenz-emtricitab-tenofovir tablet 600-200-300 mg oral	Tier 5
1/1/2021	metyrosine capsule 250 mg	Formulary Addition	Generic Available	N/A	N/A
1/1/2021	Demser capsule 250 mg	Formulary Deletion	Generic Available	metyrosine capsule 250 mg	Tier 5
1/1/2021	rufinamide oral suspension 40 mg/ml	Formulary Addition	Generic Available	N/A	N/A
1/1/2021	Banzel oral suspension 40 mg/ml	Formulary Deletion	Generic Available	rufinamide oral suspension 40 mg/ml	Tier 5
1/1/2021	nitazoxanide oral tablet 500 mg	Formulary Addition	Generic Available	N/A	N/A
1/1/2021	Alinia oral tablet 500 mg	Formulary Deletion	Generic Available	nitazoxanide oral tablet 500 mg	Tier 5
2/1/2021	Farydak capsule 15 mg oral	Formulary Addition	Protected Class Drug	N/A	N/A
2/1/2021	Diacomit capsule 250 mg oral	Formulary Addition	Protected Class Drug	N/A	N/A
2/1/2021	Diacomit capsule 500 mg oral	Formulary Addition	Protected Class Drug	N/A	N/A
2/1/2021	Diacomit packet 250 mg oral	Formulary Addition	Protected Class Drug	N/A	N/A
2/1/2021	Diacomit packet 500 mg oral	Formulary Addition	Protected Class Drug	N/A	N/A
2/1/2021	Tri-nymyo tablet 0.18/0.215/0.25 mg-35 mcg oral	Formulary Addition	Additional Formulary Option	N/A	N/A
2/1/2021	Lyleq tablet 0.35 mg oral	Formulary Addition	Additional Formulary Option	N/A	N/A
2/1/2021	Humira pen pen-injector kit 80 mg/0.8ml subcutaneous	Formulary Addition	Additional Formulary Option	N/A	N/A
2/1/2021	asenapine maleate tablet sublingual 2.5 mg sublingual	Formulary Addition	Generic Available	N/A	N/A
2/1/2021	Saphris tablet sublingual 2.5 mg sublingual	Formulary Deletion	Generic Available	asenapine maleate tablet sublingual 2.5 mg sublingual	Tier 4
2/1/2021	asenapine maleate tablet sublingual 5 mg sublingual	Formulary Addition	Generic Available	N/A	N/A
2/1/2021	Saphris tablet sublingual 5 mg sublingual	Formulary Deletion	Generic Available	asenapine maleate tablet sublingual 5 mg sublingual	Tier 4
2/1/2021	asenapine maleate tablet sublingual 10 mg sublingual	Formulary Addition	Generic Available	N/A	N/A
2/1/2021	Saphris tablet sublingual 10 mg sublingual	Formulary Deletion	Generic Available	asenapine maleate tablet sublingual 10 mg sublingual	Tier 4
2/1/2021	Kionex suspension 15 gm/60ml oral	Formulary Deletion	Formulary Reference File Deletion	sodium polystyrene sulfonate oral powder	Tier 2
2/1/2021	Roweepra tablet 500 mg oral	Formulary Deletion	Formulary Reference File Deletion	levetiracetam oral tablet 500 mg	Tier 2
2/1/2021	Roweepra tablet 750 mg oral	Formulary Deletion	Formulary Reference File Deletion	levetiracetam oral tablet 700 mg	Tier 2
2/1/2021	Roweepra tablet 1000 mg oral	Formulary Deletion	Formulary Reference File Deletion	levetiracetam oral tablet 1000 mg	Tier 2
2/1/2021	Roweepra XR tablet extended release 24 hour 500 mg oral	Formulary Deletion	Formulary Reference File Deletion	levetiracetam er oral tablet extended release 24 hour 500 mg	Tier 3
2/1/2021	Roweepra XR tablet extended release 24 hour 750 mg oral	Formulary Deletion	Formulary Reference File Deletion	levetiracetam er oral tablet extended release 24 hour 750 mg	Tier 4
3/1/2021	Retacrit Solution 10000 unit/ml injection(1ml)	Formulary Addition	Additional Formulary Option	N/A	N/A
3/1/2021	Iclevia tablet 0.15-0.03 mg oral	Formulary Addition	Additional Formulary Option	N/A	N/A
3/1/2021	Jynarque tablet therapy pack 15 mg oral	Formulary Addition	Additional Formulary Option	N/A	N/A
3/1/2021	Jynarque tablet 15 mg oral	Formulary Addition	Additional Formulary Option	N/A	N/A
3/1/2021	Jynarque tablet therapy pack 30 & 15 mg oral	Formulary Addition	Additional Formulary Option	N/A	N/A
3/1/2021	Jynarque tablet therapy pack 45 & 15 mg oral	Formulary Addition	Additional Formulary Option	N/A	N/A
3/1/2021	Jynarque tablet 30 mg oral	Formulary Addition	Additional Formulary Option	N/A	N/A
3/1/2021	Jynarque tablet therapy pack 60 & 30 mg oral	Formulary Addition	Additional Formulary Option	N/A	N/A

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Effective Date of Change	Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Cost Share
3/1/2021	Jynarque tablet therapy pack 90 & 30 mg oral	Formulary Addition	Additional Formulary Option	N/A	N/A
3/1/2021	tobramycin nebulization solution 300 mg/4ml inhalation	Formulary Addition	Additional Formulary Option	N/A	N/A
3/1/2021	abiraterone acetate tablet 500 mg oral	Formulary Addition	Generic Available	N/A	N/A
3/1/2021	Orgovyx tablet 120 mg oral	Formulary Addition	Protected Class Drug	N/A	N/A
3/1/2021	Gralise tablet 300 mg oral	Formulary Deletion	Formulary Reference File Deletion	gabapentin oral capsule, tablet, and solution	Tier 3, 4, 5
3/1/2021	Gralise tablet 600 mg oral	Formulary Deletion	Formulary Reference File Deletion	gabapentin oral capsule, tablet, and solution	Tier 3, 4, 5
4/1/2021	Enspryng solution prefilled syringe 120 mg/ml subcutaneous	Formulary Addition	Additional Formulary Option	N/A	N/A
4/1/2021	Iclusig tablet 10 mg oral	Formulary Addition	Protected Class Drug	N/A	N/A
4/1/2021	Iclusig tablet 30 mg oral	Formulary Addition	Protected Class Drug	N/A	N/A
4/1/2021	Nylia 7/7/7 tablet 0.5/0.75/1-35 mg-mcg oral	Formulary Addition	Additional Formulary Option	N/A	N/A
4/1/2021	Oxbryta tablet 500 mg oral	Formulary Addition	Additional Formulary Option	N/A	N/A
4/1/2021	Zubsolv tablet sublingual 0.7-0.18 mg sublingual	Formulary Addition	Additional Formulary Option	N/A	N/A
4/1/2021	Truvada oral tablet 100-150 mg	Formulary Deletion	Generic Available	emtricitabine-tenofovir df tablet 100-150 mg oral	Tier 5
4/1/2021	Truvada oral tablet 133-200 mg	Formulary Deletion	Generic Available	emtricitabine-tenofovir df tablet 133-200 mg oral	Tier 5
4/1/2021	Truvada oral tablet 167-250 mg	Formulary Deletion	Generic Available	emtricitabine-tenofovir df tablet 167-250 mg oral	Tier 5
4/1/2021	emtricitabine-tenofovir df tablet 100-150 mg oral	Formulary Addition	Generic Available	N/A	N/A
4/1/2021	emtricitabine-tenofovir df tablet 133-200 mg oral	Formulary Addition	Generic Available	N/A	N/A
4/1/2021	emtricitabine-tenofovir df tablet 167-250 mg oral	Formulary Addition	Generic Available	N/A	N/A
4/1/2021	Cabenuva suspension extended release 400 & 600 mg/2ml intramuscular	Formulary Addition	Protected Class Drug	N/A	N/A
4/1/2021	Cabenuva suspension extended release 600 & 900 mg/3ml intramuscular	Formulary Addition	Protected Class Drug	N/A	N/A
4/1/2021	Tepmetko tablet 225 mg oral	Formulary Addition	Protected Class Drug	N/A	N/A
4/1/2021	Ukoniq tablet 200 mg oral	Formulary Addition	Protected Class Drug	N/A	N/A
4/1/2021	Xeljanz solution 1 mg/ml oral	Formulary Addition	Additional Formulary Option	N/A	N/A
4/1/2021	Plegridy solution prefilled syringe 125 mcg/0.5ml intramuscular	Formulary Addition	Additional Formulary Option	N/A	N/A
4/1/2021	Givlaari solution 189 mg/ml subcutaneous	Formulary Addition	Additional Formulary Option	N/A	N/A
4/1/2021	Crysvita solution 10 mg/ml subcutaneous	Formulary Addition	Additional Formulary Option	N/A	N/A
4/1/2021	Crysvita solution 20 mg/ml subcutaneous	Formulary Addition	Additional Formulary Option	N/A	N/A
4/1/2021	Crysvita solution 30 mg/ml subcutaneous	Formulary Addition	Additional Formulary Option	N/A	N/A
4/1/2021	Ozempic (1 mg/dose) solution pen-injector 4 mg/3ml subcutaneous	Formulary Addition	Additional Formulary Option	N/A	N/A
5/1/2021	Nymyo Tablet 0.25-35 mg-mcg oral	Formulary Addition	Additional Formulary Option	N/A	N/A
5/1/2021	metaproterenol sulfate syrup 10 mg/5ml oral	Formulary Deletion	Formulary Reference File Deletion	albuterol sulfate (oral syrup, nebulized soln, metered dose inhaler)	Tier 1; Tier 3
5/1/2021	Hetlioz LQ suspension 4 mg/ml oral	Formulary Addition	Additional Formulary Option	N/A	N/A
5/1/2021	Xtandi tablet 40 mg oral	Formulary Addition	Protected Class Drug	N/A	N/A
5/1/2021	Xtandi tablet 80 mg oral	Formulary Addition	Protected Class Drug	N/A	N/A
5/1/2021	droxidopa capsule 100 mg oral	Formulary Addition	Generic Available	N/A	N/A
5/1/2021	droxidopa capsule 200 mg oral	Formulary Addition	Generic Available	N/A	N/A
5/1/2021	droxidopa capsule 300 mg oral	Formulary Addition	Generic Available	N/A	N/A
5/1/2021	Northera capsule 100 mg oral	Formulary Deletion	Generic Available	droxidopa capsule 100 mg oral	Tier 5
5/1/2021	Northera capsule 200 mg oral	Formulary Deletion	Generic Available	droxidopa capsule 200 mg oral	Tier 5
5/1/2021	Northera capsule 300 mg oral	Formulary Deletion	Generic Available	droxidopa capsule 300 mg oral	Tier 5
6/1/2021	cyclophosphamide tablet 25 mg oral	Formulary Addition	Additional Formulary Option	N/A	N/A
6/1/2021	cyclophosphamide tablet 50 mg oral	Formulary Addition	Additional Formulary Option	N/A	N/A
6/1/2021	Accutane capsule 20 mg oral	Formulary Addition	Additional Formulary Option	N/A	N/A
6/1/2021	Accutane capsule 30 mg oral	Formulary Addition	Additional Formulary Option	N/A	N/A
6/1/2021	Accutane capsule 40 mg oral	Formulary Addition	Additional Formulary Option	N/A	N/A
6/1/2021	sumatriptan succinate solution prefilled syringe 6 mg/0.5ml subcutaneous	Formulary Deletion	Formulary Reference File Deletion	sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml	Tier 4
6/15/2021	Fotivda capsule 0.89 mg oral	Formulary Addition	Additional Formulary Option	N/A	N/A
6/15/2021	Fotivda capsule 1.34 mg oral	Formulary Addition	Additional Formulary Option	N/A	N/A
6/15/2021	Doptelet tablet 20 mg oral (10 pack)	Formulary Addition	Additional Formulary Option	N/A	N/A
6/15/2021	Doptelet tablet 20 mg oral (15 pack)	Formulary Addition	Additional Formulary Option	N/A	N/A
6/15/2021	Doptelet tablet 20 mg oral	Formulary Addition	Additional Formulary Option	N/A	N/A
6/15/2021	Spiriva respimat aerosol solution 1.25 mcg/act inhalation	Formulary Addition	Additional Formulary Option	N/A	N/A
6/15/2021	Spiriva respimat aerosol solution 2.5 mcg/act inhalation	Formulary Addition	Additional Formulary Option	N/A	N/A
6/15/2021	Spiriva handihaler capsule 18 mcg inhalation	Formulary Addition	Additional Formulary Option	N/A	N/A
6/15/2021	Ubrelvy tablet 100 mg oral	Formulary Addition	Additional Formulary Option	N/A	N/A
6/15/2021	Ubrelvy tablet 50 mg oral	Formulary Addition	Additional Formulary Option	N/A	N/A
6/15/2021	Lumigan solution 0.01 % ophthalmic	Formulary Addition	Additional Formulary Option	N/A	N/A
6/15/2021	Breztri aerosphere aerosol 160-9-4.8 mcg/act inhalation	Formulary Addition	Additional Formulary Option	N/A	N/A
6/15/2021	Trijardy XR tablet extended release 24 hour 10-5-1000 mg oral	Formulary Addition	Additional Formulary Option	N/A	N/A
6/15/2021	Trijardy XR tablet extended release 24 hour 12.5-2.5-1000 mg oral	Formulary Addition	Additional Formulary Option	N/A	N/A
6/15/2021	Trijardy XR tablet extended release 24 hour 25-5-1000 mg oral	Formulary Addition	Additional Formulary Option	N/A	N/A
6/15/2021	Trijardy XR tablet extended release 24 hour 5-2.5-1000 mg oral	Formulary Addition	Additional Formulary Option	N/A	N/A
6/15/2021	Abilify Mycite maintenance kit tablet 10 mg oral	Formulary Addition	Additional Formulary Option	N/A	N/A
6/15/2021	Abilify Mycite maintenance kit tablet 15 mg oral	Formulary Addition	Additional Formulary Option	N/A	N/A
6/15/2021	Abilify Mycite maintenance kit tablet 2 mg oral	Formulary Addition	Additional Formulary Option	N/A	N/A
6/15/2021	Abilify Mycite maintenance kit tablet 20 mg oral	Formulary Addition	Additional Formulary Option	N/A	N/A
6/15/2021	Abilify Mycite maintenance kit tablet 30 mg oral	Formulary Addition	Additional Formulary Option	N/A	N/A
6/15/2021	Abilify Mycite maintenance kit tablet 5 mg oral	Formulary Addition	Additional Formulary Option	N/A	N/A
6/15/2021	Abilify Mycite starter kit tablet 10 mg oral	Formulary Addition	Additional Formulary Option	N/A	N/A
6/15/2021	Abilify Mycite starter kit tablet 15 mg oral	Formulary Addition	Additional Formulary Option	N/A	N/A

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Effective Date of Change	Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Cost Share
6/15/2021	Abilify Mycite starter kit tablet 2 mg oral	Formulary Addition	Additional Formulary Option	N/A	N/A
6/15/2021	Abilify Mycite starter kit tablet 20 mg oral	Formulary Addition	Additional Formulary Option	N/A	N/A
6/15/2021	Abilify Mycite starter kit tablet 30 mg oral	Formulary Addition	Additional Formulary Option	N/A	N/A
6/15/2021	Abilify Mycite starter kit tablet 5 mg oral	Formulary Addition	Additional Formulary Option	N/A	N/A
6/15/2021	Xpovio (100 mg once weekly) tablet therapy pack 50 mg oral	Formulary Addition	Protected Class Drug	N/A	N/A
6/15/2021	Xpovio (40 mg once weekly) tablet therapy pack 40 mg oral	Formulary Addition	Protected Class Drug	N/A	N/A
6/15/2021	Xpovio (40 mg twice weekly) tablet therapy pack 40 mg oral	Formulary Addition	Protected Class Drug	N/A	N/A
6/15/2021	Xpovio (60 mg once weekly) tablet therapy pack 60 mg oral	Formulary Addition	Protected Class Drug	N/A	N/A
6/15/2021	Xpovio (80 mg once weekly) tablet therapy pack 40 mg oral	Formulary Addition	Protected Class Drug	N/A	N/A
6/15/2021	Xcopri (250 mg daily dose) tablet therapy pack 100 & 150 mg oral	Formulary Addition	Protected Class Drug	N/A	N/A
6/15/2021	Ingrezza capsule 60 mg oral	Formulary Addition	Additional Formulary Option	N/A	N/A
6/15/2021	Skyrizi pen solution auto-injector 150 mg/ml subcutaneous	Formulary Addition	Additional Formulary Option	N/A	N/A
6/15/2021	Skyrizi solution prefilled syringe 150 mg/ml subcutaneous	Formulary Addition	Additional Formulary Option	N/A	N/A
7/1/2021	Humira pen-pediatric UC start pen-injector kit 80 MG/0.8ML subcutaneous	Formulary Addition	Additional Formulary Option	N/A	N/A
8/1/2021	captopril-hydrochlorothiazide tablet 25-15 mg oral	Formulary Deletion	Formulary Reference File Deletion	benazepril-hydrochlorothiazide, enalapril-hydrochlorothiazide, lisinopril-hydrochlorothiazide, quinapril-hydrochlorothiazide	Tier 1
8/1/2021	captopril-hydrochlorothiazide tablet 25-25 mg oral	Formulary Deletion	Formulary Reference File Deletion	benazepril-hydrochlorothiazide, enalapril-hydrochlorothiazide, lisinopril-hydrochlorothiazide, quinapril-hydrochlorothiazide	Tier 1
8/1/2021	captopril-hydrochlorothiazide tablet 50-15 mg oral	Formulary Deletion	Formulary Reference File Deletion	benazepril-hydrochlorothiazide, enalapril-hydrochlorothiazide, lisinopril-hydrochlorothiazide, quinapril-hydrochlorothiazide	Tier 1
8/1/2021	captopril-hydrochlorothiazide tablet 50-25 mg oral	Formulary Deletion	Formulary Reference File Deletion	benazepril-hydrochlorothiazide, enalapril-hydrochlorothiazide, lisinopril-hydrochlorothiazide, quinapril-hydrochlorothiazide	Tier 1
8/1/2021	phospholine iodide solution reconstituted 0.125 % ophthalmic	Formulary Deletion	Formulary Reference File Deletion	Alphagan P, Azopt, Lumigan, dorzolamide, timolol, etc.	Tier 1; Tier 2; Tier 3
8/1/2021	albuterol sulfate er tablet extended release 12 hour 4 mg oral	Formulary Deletion	Formulary Reference File Deletion	albuterol sulfate (oral syrup, nebulized soln, metered dose inhaler)	Tier 1; Tier 3
8/1/2021	albuterol sulfate er tablet extended release 12 hour 8 mg oral	Formulary Deletion	Formulary Reference File Deletion	albuterol sulfate (oral syrup, nebulized soln, metered dose inhaler)	Tier 1; Tier 3
8/1/2021	Ayvakit tablet 25 mg oral	Formulary Addition	Protected Class Drug	N/A	N/A
8/1/2021	Ayvakit tablet 50 mg oral	Formulary Addition	Protected Class Drug	N/A	N/A
8/1/2021	Trikafta tablet therapy pack 50-25-37.5 & 75 mg oral	Formulary Addition	Additional Formulary Option	N/A	N/A
8/1/2021	Truseltiq (50mg daily dose) capsule therapy pack 25 mg oral	Formulary Addition	Protected Class Drug	N/A	N/A
8/1/2021	Truseltiq (75mg daily dose) capsule therapy pack 25 mg oral	Formulary Addition	Protected Class Drug	N/A	N/A
8/1/2021	Truseltiq (100mg daily dose) capsule therapy pack 100 mg oral	Formulary Addition	Protected Class Drug	N/A	N/A
8/1/2021	Truseltiq (125mg daily dose) capsule therapy pack 100 & 25 mg oral	Formulary Addition	Protected Class Drug	N/A	N/A
8/1/2021	Kaletra tablet 100-25 mg oral	Formulary Deletion	Generic Available	lopinavir-ritonavir tablet 100-25 mg oral	Tier 4
8/1/2021	Kaletra tablet 200-50 mg oral	Formulary Deletion	Generic Available	lopinavir-ritonavir tablet 200-50 mg oral	Tier 5
8/1/2021	lopinavir-ritonavir tablet 100-25 mg oral	Formulary Addition	Generic Available	N/A	N/A
8/1/2021	lopinavir-ritonavir tablet 200-50 mg oral	Formulary Addition	Generic Available	N/A	N/A
8/1/2021	Intelence tablet 100 mg oral	Formulary Deletion	Generic Available	etravirine tablet 100 mg oral	Tier 5
8/1/2021	Intelence tablet 200 mg oral	Formulary Deletion	Generic Available	etravirine tablet 200 mg oral	Tier 5
8/1/2021	etravirine tablet 100 mg oral	Formulary Addition	Generic Available	N/A	N/A
8/1/2021	etravirine tablet 200 mg oral	Formulary Addition	Generic Available	N/A	N/A
9/1/2021	Lumakras Tablet 120 MG Oral	Formulary Addition	Protected Class Drug	N/A	N/A
9/1/2021	maprotiline hcl tablet 25 mg oral	Formulary Deletion	Formulary Reference File Deletion	amitriptyline, desipramine, doxepin, etc.	Tier 1-4
9/1/2021	maprotiline hcl tablet 50 mg oral	Formulary Deletion	Formulary Reference File Deletion	amitriptyline, desipramine, doxepin, etc.	Tier 1-4
9/1/2021	maprotiline hcl tablet 75 mg oral	Formulary Deletion	Formulary Reference File Deletion	amitriptyline, desipramine, doxepin, etc.	Tier 1-4
9/1/2021	Aptivus solution 100 mg/ml oral	Formulary Deletion	Formulary Reference File Deletion	abacavir, atazanavir, fosamprenavir, etc.	Tier 4
9/1/2021	oxycodone-aspirin tablet 4.8355-325 mg oral	Formulary Deletion	Formulary Reference File Deletion	oxycodone-acetaminophen, hydrocodone-acetaminophen, hydrocodone-ibuprofen	Tier 2-4
9/1/2021	propranolol-hctz tablet 40-25 mg oral	Formulary Deletion	Formulary Reference File Deletion	atenolol-chlorthalidone, bisoprolol-hctz, metoprolol-hctz	Tier 1-2
9/1/2021	propranolol-hctz tablet 80-25 mg oral	Formulary Deletion	Formulary Reference File Deletion	atenolol-chlorthalidone, bisoprolol-hctz, metoprolol-hctz	Tier 1-2
9/1/2021	Banzel tablet 200 mg oral	Formulary Deletion	Generic Available	rufinamide tablet 200 mg oral	Tier 5
9/1/2021	Banzel tablet 400 mg oral	Formulary Deletion	Generic Available	rufinamide tablet 400 mg oral	Tier 5
9/1/2021	rufinamide tablet 200 mg oral	Formulary Addition	Generic Available	N/A	N/A
9/1/2021	rufinamide tablet 400 mg oral	Formulary Addition	Generic Available	N/A	N/A
9/1/2021	Kloxxado liquid 8 mg/0.1ml nasal	Formulary Addition	Additional Formulary Option	N/A	N/A
9/1/2021	Rylaze solution 10 mg/0.5ml intramuscular	Formulary Addition	Protected Class Drug	N/A	N/A
10/1/2021	Rezurock tablet 200 mg oral	Formulary Addition	Protected Class Drug	N/A	N/A
10/1/2021	Alinia suspension reconstituted 100 mg/5ml oral	Formulary Deletion	Formulary Reference File Deletion	nitazoxanide tablet 500 mg	Tier 5
10/1/2021	cefuroxime sodium solution reconstituted 7.5 gm injection	Formulary Deletion	Formulary Reference File Deletion	cefuroxime sodium intravenous solution; cefuroxime axetil tablet	Tier 2
10/15/2021	varenicline tartrate tablet 0.5 mg oral	Formulary Addition	Additional Formulary Option	N/A	N/A
10/15/2021	varenicline tartrate tablet 1 mg oral	Formulary Addition	Additional Formulary Option	N/A	N/A
11/1/2021	Afinitor disperz tablet soluble 2 mg oral	Formulary Deletion	Generic Available	everolimus tablet soluble 2 mg oral	Tier 5
11/1/2021	Afinitor disperz tablet soluble 3 mg oral	Formulary Deletion	Generic Available	everolimus tablet soluble 3 mg oral	Tier 5
11/1/2021	Afinitor disperz tablet soluble 5 mg oral	Formulary Deletion	Generic Available	everolimus tablet soluble 5 mg oral	Tier 5
11/1/2021	Afinitor tablet 10 mg oral	Formulary Deletion	Generic Available	everolimus tablet 10 mg oral	Tier 5
11/1/2021	everolimus tablet soluble 2 mg oral	Formulary Addition	Generic Available	N/A	N/A
11/1/2021	everolimus tablet soluble 3 mg oral	Formulary Addition	Generic Available	N/A	N/A
11/1/2021	everolimus tablet soluble 5 mg oral	Formulary Addition	Generic Available	N/A	N/A
11/1/2021	everolimus tablet 10 mg oral	Formulary Addition	Generic Available	N/A	N/A
11/1/2021	Exkivity capsule 40 mg oral	Formulary Addition	Protected Class Drug	N/A	N/A
11/1/2021	Invega hafyera suspension prefilled syringe 1092 mg/3.5ml intramuscular	Formulary Addition	Protected Class Drug	N/A	N/A
11/1/2021	Invega hafyera suspension prefilled syringe 1560 mg/5ml intramuscular	Formulary Addition	Protected Class Drug	N/A	N/A

For more information about the formulary or questions on how to use the formulary exception process, contact Customer Services by using the phone number on your ID card.

Effective Date of Change	Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Cost Share
11/1/2021	Lybalvi tablet 10-10 mg oral	Formulary Addition	Protected Class Drug	N/A	N/A
11/1/2021	Lybalvi tablet 15-10 mg oral	Formulary Addition	Protected Class Drug	N/A	N/A
11/1/2021	Lybalvi tablet 20-10 mg oral	Formulary Addition	Protected Class Drug	N/A	N/A
11/1/2021	Lybalvi tablet 5-10 mg oral	Formulary Addition	Protected Class Drug	N/A	N/A
11/1/2021	potassium chloride crys er tablet extended release 15 meq oral	Formulary Addition	Additional Formulary Option	N/A	N/A
11/1/2021	Sutent capsule 12.5 mg oral	Formulary Deletion	Generic Available	sunitinib malate capsule 12.5 mg oral	Tier 5
11/1/2021	Sutent capsule 25 mg oral	Formulary Deletion	Generic Available	sunitinib malate capsule 25 mg oral	Tier 5
11/1/2021	Sutent capsule 37.5 mg oral	Formulary Deletion	Generic Available	sunitinib malate capsule 37.5 mg oral	Tier 5
11/1/2021	Sutent capsule 50 mg oral	Formulary Deletion	Generic Available	sunitinib malate capsule 50 mg oral	Tier 5
11/1/2021	sunitinib malate capsule 12.5 mg oral	Formulary Addition	Generic Available	N/A	N/A
11/1/2021	sunitinib malate capsule 25 mg oral	Formulary Addition	Generic Available	N/A	N/A
11/1/2021	sunitinib malate capsule 37.5 mg oral	Formulary Addition	Generic Available	N/A	N/A
11/1/2021	sunitinib malate capsule 50 mg oral	Formulary Addition	Generic Available	N/A	N/A
11/1/2021	Welireg tablet 40 mg oral	Formulary Addition	Protected Class Drug	N/A	N/A
12/1/2021	Panretin Gel 0.1 % External	Formulary Addition	Protected Class Drug	N/A	N/A
12/1/2021	Myrbetriq Suspension Reconstituted ER 8 MG/ML Oral	Formulary Addition	Additional Formulary Option	N/A	N/A

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ATENCIÓN: Si usted habla español, tenemos servicios de asistencia lingüística disponibles para usted sin costo alguno. Llame al PA: 1-800-685-5209, (TTY: 711).

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