

Formulary Addendum Summary of 2020 Drug List Changes

Below is a summary of Drug List changes for the benefit year 2020. These changes are reflected in the 2020 Drug List (formulary), which also contains a complete list of drugs covered by **Ultimate Health Plans SNP**. It may be downloaded from our web site at www.chooseultimate.com or call Member Services at 1-888-657-4170, Monday through Friday 8:00 a.m. to 8 p.m. EST (TTY/TDD users should call 711) to obtain the Drug List or to request a coverage determination or tiering or utilization management restriction exception.

Please use the legend below to interpret the abbreviations used in the table:

NF - Non-Formulary, **PA** - Prior Authorization, **QL** – Quantity Limit per 30 days, **ST** - Step Therapy

2020 FORMULARY CHANGES					
DRUG NAME	CURRENT DRUG TIER	NEW DRUG TIER	REASON FOR FORMULARY CHANGE	ALTERNATIVE DRUG, ALTERNATIVE DRUG TIER	EFFECTIVE DATE
EFFECTIVE 09/01/2020					
AIMOVIG INJ140MG/ML	NF	4	Formulary Enhancement	NA	08/01/2020
AIMOVIG INJ70MG/ML	NF	4	Formulary Enhancement	NA	08/01/2020
AJOVY INJ 225/1.5	NF	4	Formulary Enhancement	NA	07/01/2020
<i>albuterol aer hfa</i>	NF	2	Formulary Enhancement	NA	06/01/2020
<i>albuterol aer hfa (PROAIR HFA)</i>	NF	2	Formulary Enhancement	NA	05/01/2020
<i>albuterol aer hfa (PROVENTIL HFA)</i>	NF	2	Formulary Enhancement	NA	05/01/2020
<i>albuterol tab2mg</i>	3	2	Formulary Enhancement	NA	08/01/2020
<i>albuterol tab4mg</i>	3	2	Formulary Enhancement	NA	08/01/2020
<i>albuterol tab4mg er</i>	3	2	Formulary Enhancement	NA	08/01/2020
<i>albuterol tab8mg er</i>	3	2	Formulary Enhancement	NA	08/01/2020
<i>alyq 20mg tab</i>	NF	5	Formulary Enhancement	NA	02/01/2020
<i>ambrisentan tab 10mg</i>	NF	5	Formulary Enhancement	NA	04/01/2020
<i>ambrisentan tab 5mg</i>	NF	5	Formulary Enhancement	NA	04/01/2020
<i>amiodarone tab200mg</i>	2	1	Formulary Enhancement	NA	05/01/2020
ASMANEX HFA AER 50MCG	NF	4	Formulary Enhancement	NA	07/01/2020

2020 FORMULARY CHANGES					
DRUG NAME	CURRENT DRUG TIER	NEW DRUG TIER	REASON FOR FORMULARY CHANGE	ALTERNATIVE DRUG, ALTERNATIVE DRUG TIER	EFFECTIVE DATE
AYVAKIT TAB100MG	NF	5	Formulary Enhancement	NA	04/01/2020
AYVAKIT TAB200MG	NF	5	Formulary Enhancement	NA	04/01/2020
AYVAKIT TAB300MG	NF	5	Formulary Enhancement	NA	04/01/2020
BAQSIMI TWO POW 3MG/DOSE	NF	4	Formulary Enhancement	NA	02/01/2020
<i>benznidazole tab 100mg</i>	NF	2	Formulary Enhancement	NA	07/01/2020
<i>benznidazole tab 12.5mg</i>	NF	2	Formulary Enhancement	NA	07/01/2020
<i>bromocriptine tab2.5mg</i>	4	2	Formulary Enhancement	NA	08/01/2020
BRUKINSA CAP 80MG	NF	5	Formulary Enhancement	NA	03/01/2020
CABLIVI KIT 11MG	NF	5	Formulary Enhancement	NA	02/01/2020
CAPLYTA CAP 42MG	NF	5	Formulary Enhancement	NA	06/01/2020
CARAFATE SUS1GM/10ML	4	NF	Removal of Brand Drug	<i>sucralfate sus1gm/10ml; tier 2</i>	04/01/2020
<i>carbidopa tab 25mg</i>	5	4	Formulary Enhancement	NA	03/01/2020
<i>cefixime cap 400mg</i>	NF	3	Formulary Enhancement	NA	02/01/2020
CORLANOR SOL 5MG/5ML	NF	4	Formulary Enhancement	NA	02/01/2020
CRINONE GEL4% VAG	NF	4	Formulary Enhancement	NA	04/01/2020
<i>cyred tab</i>	NF	2	Formulary Enhancement	NA	02/01/2020
DARAPRIM TAB25MG	5	NF	Removal of Brand Drug	<i>pyrimethamintab25mg; tier 5</i>	08/01/2020
<i>deferasirox tab125mg</i>	NF	5	Formulary Enhancement	NA	04/01/2020
<i>deferasirox tab180mg</i>	NF	5	Formulary Enhancement	NA	08/01/2020
<i>deferasirox tab250mg</i>	NF	5	Formulary Enhancement	NA	04/01/2020
<i>deferasirox tab360mg</i>	NF	4	Formulary Enhancement	NA	04/01/2020
<i>deferasirox tab500mg</i>	NF	5	Formulary Enhancement	NA	04/01/2020
<i>deferasirox tab90mg</i>	NF	4	Formulary Enhancement	NA	04/01/2020

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DRUG NAME	CURRENT DRUG TIER	NEW DRUG TIER	REASON FOR FORMULARY CHANGE	ALTERNATIVE DRUG, ALTERNATIVE DRUG TIER	EFFECTIVE DATE
DEPEN TITRA TAB250MG	5	NF	Removal of Brand Drug	<i>penicillamintab250mg; tier 5</i>	04/01/2020
DIAZEPAM GEL10MG	NF	4	Formulary Enhancement	NA	04/01/2020
DIAZEPAM GEL2.5MG	NF	4	Formulary Enhancement	NA	04/01/2020
DIAZEPAM GEL20MG	NF	4	Formulary Enhancement	NA	04/01/2020
<i>diazoxide sus50mg/ml</i>	NF	5	Formulary Enhancement	NA	08/01/2020
<i>dotti dis0.025mg</i>	NF	2	Formulary Enhancement	NA	08/01/2020
<i>dotti dis0.0375mg</i>	NF	2	Formulary Enhancement	NA	08/01/2020
<i>dotti dis0.05mg</i>	NF	2	Formulary Enhancement	NA	08/01/2020
<i>dotti dis0.075mg</i>	NF	2	Formulary Enhancement	NA	08/01/2020
<i>dotti dis0.1mg</i>	NF	2	Formulary Enhancement	NA	08/01/2020
<i>doxepin tab3mg</i>	NF	3	Formulary Enhancement	NA	04/01/2020
<i>doxepin tab6mg</i>	NF	3	Formulary Enhancement	NA	04/01/2020
DRIZALMA CAP 20MG DR	NF	4	Formulary Enhancement	NA	02/01/2020
DRIZALMA CAP 30MG DR	NF	4	Formulary Enhancement	NA	02/01/2020
DRIZALMA CAP 40MG DR	NF	4	Formulary Enhancement	NA	02/01/2020
DRIZALMA CAP 60MG DR	NF	4	Formulary Enhancement	NA	02/01/2020
DYRENIUM CAP100MG	4	NF	Removal of Brand Drug	<i>triamterene cap100mg; tier 2</i>	04/01/2020
DYRENIUM CAP50MG	4	NF	Removal of Brand Drug	<i>triamterene cap50mg; tier 2</i>	04/01/2020
ELESTRIN GEL 0.06%	NF	3	Formulary Enhancement	NA	07/01/2020
<i>eluryng mis</i>	NF	2	Formulary Enhancement	NA	04/01/2020
<i>erythrom eth sus 400/5ml</i>	NF	3	Formulary Enhancement	NA	02/01/2020
<i>esomeprazole gra10mg dr</i>	NF	2	Formulary Enhancement	NA	08/01/2020
<i>esomeprazole gra20mg dr</i>	NF	2	Formulary Enhancement	NA	08/01/2020
<i>esomeprazole gra40mg dr</i>	NF	2	Formulary Enhancement	NA	08/01/2020

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DRUG NAME	CURRENT DRUG TIER	NEW DRUG TIER	REASON FOR FORMULARY CHANGE	ALTERNATIVE DRUG, ALTERNATIVE DRUG TIER	EFFECTIVE DATE
<i>etonogesteremisethy est</i>	NF	2	Formulary Enhancement	NA	04/01/2020
EVENITY INJ 105MG	NF	5	Formulary Enhancement	NA	02/01/2020
<i>everolimus tab 0.25mg</i>	NF	4	Formulary Enhancement	NA	06/01/2020
<i>everolimus tab 0.5mg</i>	NF	5	Formulary Enhancement	NA	06/01/2020
<i>everolimus tab 0.75mg</i>	NF	5	Formulary Enhancement	NA	06/01/2020
<i>everolimus tab 2.5mg</i>	NF	5	Formulary Enhancement	NA	03/01/2020
<i>everolimus tab 5mg</i>	NF	5	Formulary Enhancement	NA	03/01/2020
<i>everolimus tab 7.5mg</i>	NF	5	Formulary Enhancement	NA	03/01/2020
EXJADE TAB125MG	5	NF	Removal of Brand Drug	<i>deferasirox tab125mg; tier 5</i>	04/01/2020
EXJADE TAB250MG	5	NF	Removal of Brand Drug	<i>deferasirox tab250mg; tier 5</i>	04/01/2020
EXJADE TAB500MG	5	NF	Removal of Brand Drug	<i>deferasirox tab500mg; tier 5</i>	04/01/2020
<i>febuxostat tab 40mg</i>	NF	3	Formulary Enhancement	NA	02/01/2020
<i>febuxostat tab 80mg</i>	NF	3	Formulary Enhancement	NA	02/01/2020
FERRIPROX TAB 1000MG	NF	5	Formulary Enhancement	NA	02/01/2020
FIRAZYR INJ30MG/3ML	5	NF	Removal of Brand Drug	<i>icatibant inj30mg/3ml; tier 5</i>	04/01/2020
FIRDAPSE TAB 10MG	NF	5	Formulary Enhancement	NA	02/01/2020
FLUOROPLEX CRE1%	NF	4	Formulary Enhancement	NA	04/01/2020
<i>flutic/salmeaer 100/50</i>	NF	3	Formulary Enhancement	NA	02/01/2020
<i>flutic/salmeaer 250/50</i>	NF	3	Formulary Enhancement	NA	02/01/2020
<i>flutic/salmeaer 500/50</i>	NF	3	Formulary Enhancement	NA	02/01/2020
FULPHILA INJ6/0.6ML	NF	5	Formulary Enhancement	NA	04/01/2020
GEODON INJ20MG	4	NF	Removal of Brand Drug	<i>ziprasidone inj20mg; tier 3</i>	08/01/2020
GLUCAGEN INJ HYPOKIT	4	6	Formulary Enhancement	NA	01/01/2020
GLUCAGON KIT 1MG	3	6	Formulary Enhancement	NA	01/01/2020

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DRUG NAME	CURRENT DRUG TIER	NEW DRUG TIER	REASON FOR FORMULARY CHANGE	ALTERNATIVE DRUG, ALTERNATIVE DRUG TIER	EFFECTIVE DATE
<i>haloper dec inj 50mg/ml</i>	NF	2	Formulary Enhancement	NA	07/01/2020
HARVONI PAK	NF	5	Formulary Enhancement	NA	08/01/2020
HARVONI PAK45-200MG	NF	5	Formulary Enhancement	NA	08/01/2020
IBRANCE TAB 100MG	NF	5	Formulary Enhancement	NA	06/01/2020
IBRANCE TAB 125MG	NF	5	Formulary Enhancement	NA	06/01/2020
IBRANCE TAB 75MG	NF	5	Formulary Enhancement	NA	06/01/2020
<i>icatibant inj30mg/3ml</i>	NF	5	Formulary Enhancement	NA	04/01/2020
INBRIJA CAP 42MG	NF	5	Formulary Enhancement	NA	02/01/2020
INS ASP PROT INJ FLEXPEN	NF	6	Formulary Enhancement	NA	07/01/2020
INSULIN ASPA INJ 100/ML	NF	6	Formulary Enhancement	NA	07/01/2020
INSULIN ASPA INJ FLEXPEN	NF	6	Formulary Enhancement	NA	07/01/2020
INSULIN ASPA INJ PENFILL	NF	6	Formulary Enhancement	NA	07/01/2020
INSULIN SAPA INJ 70/30	NF	6	Formulary Enhancement	NA	07/01/2020
ISORDIL TAB40MG	5	NF	Removal of Brand Drug	<i>isosorb din tab40mg; tier 5</i>	04/01/2020
<i>isosorb din tab40mg</i>	NF	5	Formulary Enhancement	NA	04/01/2020
<i>ivermectin cre 1%</i>	NF	4	Formulary Enhancement	NA	02/01/2020
JADENU TAB180MG	5	NF	Removal of Brand Drug	<i>deferasirox tab180mg; tier 5</i>	08/01/2020
JADENU TAB360MG	5	NF	Removal of Brand Drug	<i>deferasirox tab360mg; tier 4</i>	04/01/2020
JADENU TAB90MG	5	NF	Removal of Brand Drug	<i>deferasirox tab90mg; tier 4</i>	04/01/2020
<i>jasmiel tab 3-0.02mg</i>	NF	2	Formulary Enhancement	NA	02/01/2020
KOSELUGO CAP 10MG	NF	5	Formulary Enhancement	NA	07/01/2020
KOSELUGO CAP 25MG	NF	5	Formulary Enhancement	NA	07/01/2020
LEDIP-SOFOSB TAB 90-400MG	NF	5	Formulary Enhancement	NA	02/01/2020
LETAIRIS TAB10MG	5	NF	Removal of Brand Drug	<i>ambrisentan tab 10mg; tier 5</i>	04/01/2020

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DRUG NAME	CURRENT DRUG TIER	NEW DRUG TIER	REASON FOR FORMULARY CHANGE	ALTERNATIVE DRUG, ALTERNATIVE DRUG TIER	EFFECTIVE DATE
LETAIRIS TAB5MG	5	NF	Removal of Brand Drug	<i>ambrisentan tab 5mg; tier 5</i>	04/01/2020
MAVYRET TAB100-40MG	NF	5	Formulary Enhancement	NA	05/01/2020
<i>mesalamine cap 0.375 gm</i>	NF	3	Formulary Enhancement	NA	03/01/2020
<i>metformin sol500/5ml</i>	NF	1	Formulary Enhancement	NA	08/01/2020
<i>micafungin inj100mg</i>	NF	5	Formulary Enhancement	NA	08/01/2020
<i>minocycline cap 100mg</i>	2	1	Formulary Enhancement	NA	02/01/2020
<i>minocycline cap 50mg</i>	2	1	Formulary Enhancement	NA	02/01/2020
<i>minocycline cap 75mg</i>	2	1	Formulary Enhancement	NA	02/01/2020
<i>minocycline tab 100mg</i>	2	1	Formulary Enhancement	NA	02/01/2020
<i>minocycline tab 50mg</i>	2	1	Formulary Enhancement	NA	02/01/2020
<i>minocycline tab 75mg</i>	2	1	Formulary Enhancement	NA	02/01/2020
<i>morphine sul cap 40mg er</i>	NF	4	Formulary Enhancement	NA	02/01/2020
MYCAMINE INJ100MG	5	NF	Removal of Brand Drug	<i>micafungin inj100mg; tier 5</i>	08/01/2020
<i>nafcillin inj 2gm</i>	NF	1	Formulary Enhancement	NA	07/01/2020
NAYZILAM SPR 5MG	NF	4	Formulary Enhancement	NA	02/01/2020
NEBUPENT INH300MG	4	NF	Removal of Brand Drug	<i>pentamidine inh300mg; tier 2</i>	04/01/2020
<i>nefazodone tab100mg</i>	2	1	Formulary Enhancement	NA	08/01/2020
<i>nefazodone tab200mg</i>	2	1	Formulary Enhancement	NA	08/01/2020
<i>nefazodone tab250mg</i>	2	1	Formulary Enhancement	NA	08/01/2020
<i>nefazodone tab50mg</i>	2	1	Formulary Enhancement	NA	08/01/2020
NEXIUM GRA10MG DR	3	NF	Removal of Brand Drug	<i>esomeprazole gra10mg dr; tier 2</i>	08/01/2020
NEXIUM GRA20MG DR	3	NF	Removal of Brand Drug	<i>esomeprazole gra20mg dr; tier 2</i>	08/01/2020
NEXIUM GRA40MG DR	3	NF	Removal of Brand Drug	<i>esomeprazole gra40mg dr; tier 2</i>	08/01/2020
NEXLETOL TAB180MG	NF	4	Formulary Enhancement	NA	08/01/2020

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DRUG NAME	CURRENT DRUG TIER	NEW DRUG TIER	REASON FOR FORMULARY CHANGE	ALTERNATIVE DRUG, ALTERNATIVE DRUG TIER	EFFECTIVE DATE
NEXLIZET TAB180/10MG	NF	4	Formulary Enhancement	NA	09/01/2020
<i>nitisinone cap10mg</i>	NF	5	Formulary Enhancement	NA	09/01/2020
<i>nitisinone cap2mg</i>	NF	5	Formulary Enhancement	NA	09/01/2020
<i>nitisinone cap5mg</i>	NF	5	Formulary Enhancement	NA	09/01/2020
NOURIANZ TAB20MG	NF	5	Formulary Enhancement	NA	04/01/2020
NOURIANZ TAB40MG	NF	5	Formulary Enhancement	NA	04/01/2020
NOVOLIN INJ 70/30	3	6	Formulary Enhancement	NA	01/01/2020
NOVOLIN INJ FLEXPEN	NF	6	Formulary Enhancement	NA	07/01/2020
NOVOLIN N INJ 100 UNIT	NF	6	Formulary Enhancement	NA	07/01/2020
NOVOLIN N INJ U-100	3	6	Formulary Enhancement	NA	01/01/2020
NOVOLIN R INJ 100 UNIT	NF	6	Formulary Enhancement	NA	07/01/2020
NOVOLIN R INJ U-100	3	6	Formulary Enhancement	NA	01/01/2020
NOVOLOG INJ 100/ML	3	6	Formulary Enhancement	NA	01/01/2020
NOVOLOG INJ FLEXPEN	3	6	Formulary Enhancement	NA	01/01/2020
NOVOLOG INJ PENFILL	3	6	Formulary Enhancement	NA	01/01/2020
NOVOLOG MIX INJ 70/30	3	6	Formulary Enhancement	NA	01/01/2020
NOVOLOG MIX INJ FLEXPEN	3	6	Formulary Enhancement	NA	01/01/2020
NURTEC TAB75MG ODT	NF	5	Formulary Enhancement	NA	09/01/2020
NUVARING MIS	4	NF	Removal of Brand Drug	<i>eluryng mis, etonogesteremisethy est; tier 2</i>	04/01/2020
OXBRYTA TAB500MG	NF	5	Formulary Enhancement	NA	05/01/2020
PEMAZYRE TAB 13.5MG	NF	5	Formulary Enhancement	NA	07/01/2020
PEMAZYRE TAB 4.5MG	NF	5	Formulary Enhancement	NA	07/01/2020
PEMAZYRE TAB 9MG	NF	5	Formulary Enhancement	NA	07/01/2020
<i>penicillamintab250mg</i>	NF	5	Formulary Enhancement	NA	04/01/2020

2020 FORMULARY CHANGES					
DRUG NAME	CURRENT DRUG TIER	NEW DRUG TIER	REASON FOR FORMULARY CHANGE	ALTERNATIVE DRUG, ALTERNATIVE DRUG TIER	EFFECTIVE DATE
<i>pentamidine inh300mg</i>	NF	2	Formulary Enhancement	NA	04/01/2020
<i>piper/tazoba inj 2-0.25mg</i>	NF	1	Formulary Enhancement	NA	07/01/2020
<i>posaconazole tab 100mg dr</i>	NF	5	Formulary Enhancement	NA	02/01/2020
PRETOMANID TAB 200MG	NF	4	Formulary Enhancement	NA	06/01/2020
PROGLYCEM SUS50MG/ML	5	NF	Removal of Brand Drug	<i>diazoxide sus50mg/ml; tier 5</i>	08/01/2020
<i>prolate tab 10-300mg</i>	NF	4	Formulary Enhancement	NA	07/01/2020
<i>prolate tab 5-300mg</i>	NF	4	Formulary Enhancement	NA	07/01/2020
<i>prolate tab 7.5-300mg</i>	NF	4	Formulary Enhancement	NA	07/01/2020
PROLIA SOL60MG/ML	4	3	Formulary Enhancement	NA	05/01/2020
PROMACTA PAK 25MG	NF	5	Formulary Enhancement	NA	07/01/2020
PROMACTA POW 12.5MG	NF	5	Formulary Enhancement	NA	02/01/2020
<i>pyrimethamintab25mg</i>	NF	5	Formulary Enhancement	NA	08/01/2020
QINLOCK TAB50MG	NF	5	Formulary Enhancement	NA	08/01/2020
<i>ramelteon tab8mg</i>	NF	2	Formulary Enhancement	NA	04/01/2020
<i>ranitidine cap 150mg</i>	2	NF	Removal due to Market Withdrawal	NA	06/01/2020
<i>ranitidine cap 300mg</i>	2	NF	Removal due to Market Withdrawal	NA	06/01/2020
<i>ranitidine syp 75mg/5ml</i>	1	NF	Removal due to Market Withdrawal	NA	06/01/2020
<i>ranitidine tab 150mg</i>	1	NF	Removal due to Market Withdrawal	NA	06/01/2020
<i>ranitidine tab 300mg</i>	1	NF	Removal due to Market Withdrawal	NA	06/01/2020
RETEVMO CAP40MG	NF	5	Formulary Enhancement	NA	08/01/2020
RETEVMO CAP80MG	NF	5	Formulary Enhancement	NA	08/01/2020
REVATIO SUS10MG/ML	5	NF	Removal of Brand Drug	<i>sildenafil sus10mg/ml; tier 5</i>	04/01/2020
REYVOW TAB 100MG	NF	4	Formulary Enhancement	NA	06/01/2020
REYVOW TAB 50MG	NF	4	Formulary Enhancement	NA	06/01/2020

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DRUG NAME	CURRENT DRUG TIER	NEW DRUG TIER	REASON FOR FORMULARY CHANGE	ALTERNATIVE DRUG, ALTERNATIVE DRUG TIER	EFFECTIVE DATE
RINVOQ TAB 15MG ER	NF	5	Formulary Enhancement	NA	02/01/2020
ROCKLATAN DROP	NF	4	Formulary Enhancement	NA	02/01/2020
ROZEREM TAB8MG	4	NF	Removal of Brand Drug	<i>ramelteon tab8mg; tier 2</i>	04/01/2020
ROZLYTREK CAP 100MG	NF	5	Formulary Enhancement	NA	02/01/2020
ROZLYTREK CAP 200MG	NF	5	Formulary Enhancement	NA	02/01/2020
RUZURGI TAB10MG	NF	5	Formulary Enhancement	NA	04/01/2020
SECUADO DIS3.8MG	NF	5	Formulary Enhancement	NA	05/01/2020
SECUADO DIS5.7MG	NF	5	Formulary Enhancement	NA	05/01/2020
SECUADO DIS7.6MG	NF	5	Formulary Enhancement	NA	05/01/2020
<i>sildenafil sus10mg/ml</i>	NF	5	Formulary Enhancement	NA	04/01/2020
SILENOR TAB3MG	3	NF	Removal of Brand Drug	<i>doxepin tab3mg; tier 3</i>	04/01/2020
SILENOR TAB6MG	3	NF	Removal of Brand Drug	<i>doxepin tab6mg; tier 3</i>	04/01/2020
SKYRIZI INJ 150 DOSE	NF	5	Formulary Enhancement	NA	02/01/2020
<i>solifenacin tab 10mg</i>	NF	3	Formulary Enhancement	NA	02/01/2020
<i>solifenacin tab 5mg</i>	NF	3	Formulary Enhancement	NA	02/01/2020
SOVALDI PAK150MG	NF	5	Formulary Enhancement	NA	08/01/2020
SOVALDI PAK200MG	NF	5	Formulary Enhancement	NA	08/01/2020
<i>sucralfate sus1gm/10ml</i>	NF	2	Formulary Enhancement	NA	04/01/2020
<i>sumatriptan inj 6mg/0.5</i>	NF	4	Formulary Enhancement	NA	02/01/2020
SUNOSI TAB150MG	NF	4	Formulary Enhancement	NA	05/01/2020
SUNOSI TAB75MG	NF	4	Formulary Enhancement	NA	05/01/2020
TABRECTA TAB150MG	NF	5	Formulary Enhancement	NA	09/01/2020
TABRECTA TAB200MG	NF	5	Formulary Enhancement	NA	09/01/2020
<i>tadalafil tab 20mg</i>	NF	5	Formulary Enhancement	NA	02/01/2020
TALICIA CAP	NF	4	Formulary Enhancement	NA	07/01/2020

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<i>tarina 24 fe tab</i>	NF	2	Formulary Enhancement	NA	02/01/2020
TAZVERIK TAB200MG	NF	5	Formulary Enhancement	NA	05/01/2020
TERIPARATIDE INJ	NF	5	Formulary Enhancement	NA	09/01/2020
TOUJEO MAX INJ 300IU/ML	3	6	Formulary Enhancement	NA	01/01/2020
TOUJEO SOLO INJ 300IU/ML	3	6	Formulary Enhancement	NA	01/01/2020
<i>tramadol hcl tab100mg</i>	NF	1	Formulary Enhancement	NA	08/01/2020
TRAVATAN Z DRO0.004%	3	NF	Removal of Brand Drug	<i>travoprost dro0.004%; tier 2</i>	04/01/2020
<i>travoprost dro0.004%</i>	NF	2	Formulary Enhancement	NA	04/01/2020
TREMFYA INJ 100MG/ML	NF	5	Formulary Enhancement	NA	02/01/2020
<i>triamterene cap100mg</i>	NF	2	Formulary Enhancement	NA	04/01/2020
<i>triamterene cap50mg</i>	NF	2	Formulary Enhancement	NA	04/01/2020
TRIKAFTA TAB	NF	5	Formulary Enhancement	NA	04/01/2020
<i>tri-vylibra tab lo</i>	NF	2	Formulary Enhancement	NA	02/01/2020
TUKYSA TAB150MG	NF	5	Formulary Enhancement	NA	08/01/2020
TUKYSA TAB50MG	NF	5	Formulary Enhancement	NA	08/01/2020
UBRELVY TAB 100MG	NF	4	Formulary Enhancement	NA	06/01/2020
UBRELVY TAB 50MG	NF	4	Formulary Enhancement	NA	06/01/2020
UDENYCA INJ 6MG/.6ML	NF	5	Formulary Enhancement	NA	02/01/2020
VALTOCO LIQ15MG	NF	4	Formulary Enhancement	NA	05/01/2020
VALTOCO LIQ20MG	NF	4	Formulary Enhancement	NA	05/01/2020
VALTOCO SPR10MG	NF	4	Formulary Enhancement	NA	05/01/2020
VALTOCO SPR5MG	NF	4	Formulary Enhancement	NA	05/01/2020
VUMERITY CAP231MG	NF	5	Formulary Enhancement	NA	05/01/2020
VYNDAMAX CAP61MG	NF	5	Formulary Enhancement	NA	04/01/2020
VYNDAQEL CAP 20MG	NF	5	Formulary Enhancement	NA	02/01/2020

2020 FORMULARY CHANGES					
DRUG NAME	CURRENT DRUG TIER	NEW DRUG TIER	REASON FOR FORMULARY CHANGE	ALTERNATIVE DRUG, ALTERNATIVE DRUG TIER	EFFECTIVE DATE
WAKIX TAB17.8MG	NF	5	Formulary Enhancement	NA	04/01/2020
WAKIX TAB4.45MG	NF	5	Formulary Enhancement	NA	04/01/2020
XCOPRI PAK12.5-25	NF	4	Formulary Enhancement	NA	08/01/2020
XCOPRI PAK150-200	NF	5	Formulary Enhancement	NA	08/01/2020
XCOPRI PAK50-100	NF	5	Formulary Enhancement	NA	08/01/2020
XCOPRI TAB100MG	NF	4	Formulary Enhancement	NA	08/01/2020
XCOPRI TAB150MG	NF	4	Formulary Enhancement	NA	08/01/2020
XCOPRI TAB200MG	NF	5	Formulary Enhancement	NA	08/01/2020
XCOPRI TAB50-200MG	NF	5	Formulary Enhancement	NA	08/01/2020
XCOPRI TAB50MG	NF	4	Formulary Enhancement	NA	08/01/2020
XELJANZ XR TAB22MG	NF	5	Formulary Enhancement	NA	04/01/2020
YUPELRI SOL	NF	5	Formulary Enhancement	NA	02/01/2020
ZIEXTENZO INJ 6/0.6ML	NF	5	Formulary Enhancement	NA	02/01/2020
<i>ziprasidone inj20mg</i>	NF	3	Formulary Enhancement	NA	08/01/2020
ZORTRESS TAB 0.25MG	4	NF	Removal of Brand Drug	<i>everolimus tab 0.25mg; tier 4</i>	06/01/2020
ZORTRESS TAB 0.5MG	5	NF	Removal of Brand Drug	<i>everolimus tab 0.5mg; tier 5</i>	06/01/2020
ZORTRESS TAB 0.75MG	5	NF	Removal of Brand Drug	<i>everolimus tab 0.75mg; tier 5</i>	06/01/2020

What Happens If Coverage Changes for a Drug You Are Taking?

Generally, if you are taking a drug on our 2020 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2020 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released.

In some cases, you will be affected by the coverage change before January 1:

- If a brand name drug you are taking is replaced by a new generic drug, the plan must give you at least 60 days' notice or give you a 60-day refill of your brand name drug at a network pharmacy.
 - During this 60-day period, you should be working with your provider to switch to the generic or to a different drug that we cover.
 - Or you and your provider can ask the plan to make an exception and continue to cover the brand name drug for you. For information on how to ask for an exception, see Chapter 9 of your Evidence of Coverage (What to do if you have a problem or complaint (coverage decisions, appeals, complaints)). You may also call a tiering or utilization restriction exception, please contact Member Services at 1-888-657-4170, Monday through Friday 8:00 a.m. To 8:00 p.m. (EST). TTY/TDD users should call 711.

- If a drug is suddenly recalled because it's been found to be unsafe or for other reasons, the plan will immediately remove the drug from the Drug List. We will let you know of this change right away. Your provider will also know about this change, and can work with you to find another drug for your condition.