

## Medicare Part D Formulary Changes

Please note the following revisions, additions and deletions to the 2021 OSF MedAdvantage formulary. These changes apply to Medicare members in Illinois. If you have any questions about the information here, please contact Member Services at 1-877-933-8480. TTY/TDD users, please call 711. Representatives are available 8 a.m. to 8 p.m. local time. Voicemail is used on holidays and weekends from April 1 to September 30.

### HMO and HMO-POS Revisions

Drug Name	Drug Tier	Requirements/Limits
-none-		

### HMO and HMO-POS Additions

Drug Name	Drug Tier	Requirements/Limits
Abilify myci, tab 2mg, 5mg, 10mg, 15mg, 20mg, 30mg MNT	5	ST, QL 30/30
Abilify myci, tab 2mg, 5mg, 10mg, 15mg, 20mg, 30mg STR	5	ST, QL 30/30
Abiraterone, tab 500mg	5	PA
Accutane, cap 10mg, 20mg, 30mg, 40mg	4	PA
Apo-Varenicl, tab 0.5mg, 1mg	3	
Arformoterol, neb 15/2ml	4	PA
Ayvakit, tab 25mg, 50mg	5	PA
Brinzolamide, sus 1%	2	
Bupren Bucc Mis 75mcg, 150mcg, 300mcg, 450mcg, 600mcg, 750mcg, 900mcg	2	QL 60/30
Cabenuva, sus 400-600, 600-900	5	
Calcitonin, inj 200/ml	5	
Chlorpromazi, con 30mg/ml, 100mg/ml	2	
Cosentyx, inj 75mg/0.5	5	PA
Danyelza, inj 40/10ml	5	PA
Desmopressin, sol 1.5mg/ml	5	
Dificid, sus	5	ST
Di-phen, elx 12.5/5ml	2	PA
Doxorubicin, inj 10mg	1	PA
Doxorubicin, inj 20/10ml, 50/25ml	5	
Droxidopa, cap 100mg	5	
Dupixent, inj 200mg	5	PA, QL 4.56/28
Easy touch, mis 30g	3	
Elepsia XR, tab 1000mg, 1500mg	5	ST
Enalapril Sol 1mg/ml	4	
Esomepra mag, cap 20mg DR, 40mg DR	2	
Etravirine, tab 100mg, 200mg	5	
Exservan, mis 50mg	5	
Fetroja, iv sol 1gm	5	
Fotivda, cap 0.89mg, 1.34mg	5	PA

*continued on next page*

Drug Name	Drug Tier	Requirements/Limits
Gralise, mis 300/600	4	ST
Hetlioz LQ, sus 4mg/ml	5	PA
Humira pen, kit ped uc	5	PA
Hydroxychlor Tab 100mg, 300mg, 400mg	1	
Ibu/Famot, tab 800-26.6	2	
Imiquimod, cre 3.75%, 3.75% PMP	5	
Ingrezza, cap 60mg	5	PA
Invega Hafye 1092mg, 1560mg	5	ST
Isotretinoin, cap 25mg, 35mg	4	PA
Ivermectin, lot 0.5%	2	
Jemperli, sol 500/10ml	5	PA
Kimyrsa, inj 1200mg	5	
Lopin/Riton, tab 100-25mg	4	
Lopin/Riton, tab 200-50mg	5	
Lubiprostone, cap 8mcg	3	QL 60/30
Lubiprostone, cap 24mcg	4	QL 60/31
Lumakras, tab 120mg	5	PA
Lyleq, tab 0.35mg	2	
Margenza, inj 250/10ml	5	PA
Mirbetriq, sus 8mg/ml	3	
Nebivolol Tab 2.5mg, 5mg, 10mg, 20mg	2	
Nexviazyme, inj 100mg	5	PA
Nicardipine, inj 25/10ml	2	
Nitazoxanide, tab 500mg	5	
Nymyo, tab 0.25-35	2	
Nyvepria, inj 6/0.6ml	5	
Opdivo Inj 120mg/12	5	PA
Pancreaze, cap 2600 unit, 37000	3	
Paroxetine Sus 10mg/5ml	5	PA
Pepaxto, inj 20mg	5	PA
Plegridy, inj	5	
Pot cl micro ER, tab 15meq	2	
Rufinamide, tab 200mg, 400mg	5	
Rybrevant, sol 350/7ml	5	PA
Rylaze, inj 10/0.5ml	5	
Sajazir inj 30mg/3ml	5	PA
Skyrizi, inj 105mg/ml	5	PA
Sunitinib Cap 12.5mg, 25mg, 37.5mg 50mg	5	PA
Tepmetko, tab 225mg	5	PA
Tiopronin, tab 100mg	5	
Trikafta, tab	5	PA
Truseltiq, cap 50mg, 75mg, 100mg, 125mg	5	PA

*continued on next page*

Drug Name	Drug Tier	Requirements/Limits
Ukoniq, tab 200mg	5	PA
Uptravi Inj 1800mcg	5	PA; QL60/30
Vocabria, tab 30mg	5	
Vixelis, inj	4	
Welireg Tab 40mg	5	PA
Xcopri, tab	5	
Xeljanz, sol 1mg/ml	5	PA
Xofluza, tab 40mg, 80mg	4	QL 2/365
Xpovio, tab 40mg, 50mg, 60mg	5	PA
Xtandi, tab 40mg, 80mg	5	PA
Zafemy, dis 150/35	2	
Zynlonta, sol 10mg	5	PA

## HMO and HMO-POS Deletions

Drug Name
-none-

- + This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Member Services at the number on your member ID card.
- ^ We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information.
- \* This prescription drug will be provided at zero cost-sharing the first time you fill it.

**PA** This means the drug needs **Prior Authorization** from OSF MedAdvantage before a prescription can be filled.

**ST** This means the drug is subject to **Step Therapy** requirements.

**QL** This means the drug has a **Quantity Limit** per prescription.