

American Health Advantage of Missouri (HMO I-SNP)
2022
Formulary Addendum

(1 Tier)

Below is a list of formulary changes for the benefit year 2022. This is not a complete list of drugs covered by the Part D plan. The formulary changes are reflected in the 2022 downloadable formulary on the **American Health Advantage of Missouri** website.

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**BvD – Part B vs. Part D, NF - Non-Formulary, PA1 - Prior Authorization for All Members,
 PA2 – Prior Authorization for New Starts Only, QL – Quantity Limit per 30 Days, ST - Step Therapy**

2022 FORMULARY CHANGES

Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
EFFECTIVE 01/01/2022				
Ampicillin Sodium For Inj 2 GM	NF	1	Formulary Enhancement	N/A
Ayvakit Tablet 25 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Ayvakit Tablet 50 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Bicalutamide Tablet 50 MG Oral	1 + QL 30	1	Formulary Enhancement	N/A
Chlorpromazine HCl Concentrate 100 MG/ML Oral	NF	1	Formulary Enhancement	N/A
Chlorpromazine HCl Concentrate 30 MG/ML Oral	NF	1	Formulary Enhancement	N/A
Clovique Capsule 250 MG Oral	1 + PA1	NF	CMS Required Deletion	N/A
Dextrose Inj 50%	NF	1	Formulary Enhancement	N/A
Dupixent Solution Pen-Injector 200 MG/1.14ML Subcutaneous	NF	1 + PA1	Formulary Enhancement	N/A
Etravirine Tablet 100 MG Oral	NF	1	Formulary Enhancement	N/A
Etravirine Tablet 200 MG Oral	NF	1	Formulary Enhancement	N/A
Famotidine Inj 20 MG/2ML	NF	1	Formulary Enhancement	N/A
Formoterol Fumarate Nebulization Solution 20 MCG/2ML Inhalation	NF	1 + BvD	Formulary Enhancement	N/A
Ingrezza Capsule 60 MG Oral	NF	1 + QL 30 + PA1	Formulary Enhancement	N/A

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Intelence Tablet 100 MG Oral	1	NF	Formulary Update	etravirine 100 mg oral tablet, 1
Intelence Tablet 200 MG Oral	1	NF	Formulary Update	etravirine 200 mg oral tablet, 1
Kaletra Tablet 100-25 MG Oral	1	NF	Formulary Update	lopinavir-ritonavir 100-25 mg oral tablet, 1
Kaletra Tablet 200-50 MG Oral	1	NF	Formulary Update	lopinavir-ritonavir 200-50 mg oral tablet, 1
Kloxxado Liquid 8 MG/0.1ML Nasal	NF	1	Formulary Enhancement	N/A
Lopinavir-Ritonavir Tablet 100-25 MG Oral	NF	1	Formulary Enhancement	N/A
Lopinavir-Ritonavir Tablet 200-50 MG Oral	NF	1	Formulary Enhancement	N/A
Lumakras Tablet 120 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A

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Perforomist Nebulization Solution 20 MCG/2ML Inhalation	1 + BvD	NF	Formulary Update	formoterol fumarate nebulization solution 20 mcg/2ml inhalation
Potassium Chloride Crys ER Tablet Extended Release 15 MEQ Oral	NF	1	Formulary Enhancement	N/A
Rezurock Tablet 200 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Sunitinib Malate Capsule 12.5 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Sunitinib Malate Capsule 25 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Sunitinib Malate Capsule 37.5 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Sunitinib Malate Capsule 50 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Sutent Capsule 12.5 MG Oral	1 + PA2	NF	Formulary Update	sunitinib malate 12.5 mg oral capsule, 1 + PA2
Sutent Capsule 25 MG Oral	1 + PA2	NF	Formulary Update	sunitinib malate 25 mg oral capsule, 1 + PA2

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Sutent Capsule 37.5 MG Oral	1 + PA2	NF	Formulary Update	sunitinib malate 37.5 mg oral capsule, 1 + PA2
Sutent Capsule 50 MG Oral	1 + PA2	NF	Formulary Update	sunitinib malate 50 mg oral capsule, 1 + PA2
Theophylline ER Tablet Extended Release 12 Hour 450 MG Oral	NF	1	Formulary Enhancement	N/A
Trikafta Tablet Therapy Pack 50-25-37.5 & 75 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
TriLyte Solution Reconstituted 420 GM Oral	1	NF	CMS Required Deletion	N/A
Vancomycin HCl IV Soln 1500 MG/300ML (Base Equivalent)	NF	1	Formulary Enhancement	N/A
Xcopri (250 MG Daily Dose) Tablet Therapy Pack 50 & 200 MG Oral	1 + QL 56/28	NF	CMS Required Deletion	N/A
Xofluza (40 MG Dose) Tablet Therapy Pack 1 x 40 MG Oral	NF	1	Formulary Enhancement	N/A
Xofluza (40 MG Dose) Tablet Therapy Pack 2 x 20 MG Oral	1	NF	CMS Required Deletion	N/A

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Xofluza (80 MG Dose) Tablet Therapy Pack 2 x 40 MG Oral	1	NF	CMS Required Deletion	N/A
EFFECTIVE 02/01/2022				
Afinitor Disperz TABLET SOLUBLE 2 MG ORAL	1 + QL 30 + PA2	NF	Formulary Update	everolimus 2 mg oral tablet soluble, 1 + QL 30 + PA2
Afinitor Disperz TABLET SOLUBLE 3 MG ORAL	1 + QL 30 + PA2	NF	Formulary Update	everolimus 3 mg oral tablet soluble, 1 + QL 30 + PA2
Afinitor Disperz TABLET SOLUBLE 5 MG ORAL	1 + QL 60 + PA2	NF	Formulary Update	everolimus 5 mg oral tablet soluble, 1 + QL 60 + PA2
Afinitor TABLET 10 MG ORAL	1 + QL 30 + PA2	NF	Formulary Update	everolimus 10 mg oral tablet, 1 + QL 30 + PA2
Amoxicillin-Pot Clavulanate ER Tablet Extended Release 12 Hour 1000-62.5 MG Oral	NF	1	Formulary Enhancement	N/A
Arformoterol Tartrate Nebulization Solution 15 MCG/2ML Inhalation	NF	1 + BvD	Formulary Enhancement	N/A

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azaTHIOprine Tablet 100 MG Oral	NF	1 + BvD	Formulary Enhancement	N/A
azaTHIOprine Tablet 75 MG Oral	NF	1 + BvD	Formulary Enhancement	N/A
Bystolic Tablet 10 MG Oral	1	NF	Formulary Update	nebivolol hcl 10 mg oral tablet, 1
Bystolic Tablet 2.5 MG Oral	1	NF	Formulary Update	nebivolol hcl 2.5 mg oral tablet, 1
Bystolic Tablet 20 MG Oral	1	NF	Formulary Update	nebivolol hcl 20 mg oral tablet, 1
Bystolic Tablet 5 MG Oral	1	NF	Formulary Update	nebivolol hcl 5 mg oral tablet, 1
Chantix Tablet 0.5 MG Oral	1	NF	Formulary Update	varenicline tartrate 0.5 mg oral tablet, 1
Chantix Tablet 1 MG Oral	1	NF	Formulary Update	varenicline tartrate 1 mg oral tablet, 1
Cosentyx Solution Prefilled Syringe 75 MG/0.5ML Subcutaneous	NF	1 + PA2	Formulary Enhancement	N/A
Cyclafem 1/35 Tablet 1-35 MG-MCG Oral	1	NF	CMS Required Deletion	N/A

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Cyclafem 7/7/7 Tablet 0.5/0.75/1-35 MG-MCG Oral	1	NF	CMS Required Deletion	N/A
Dextroamphetamine Sulfate Tablet 15 MG Oral	NF	1	Formulary Enhancement	N/A
Dextroamphetamine Sulfate Tablet 20 MG Oral	NF	1	Formulary Enhancement	N/A
Dextroamphetamine Sulfate Tablet 30 MG Oral	NF	1	Formulary Enhancement	N/A
Eszopiclone Tablet 1 MG Oral	NF	1 + QL 30	Formulary Enhancement	N/A
Eszopiclone Tablet 2 MG Oral	NF	1 + QL 30	Formulary Enhancement	N/A
Eszopiclone Tablet 3 MG Oral	NF	1 + QL 30	Formulary Enhancement	N/A
Everolimus Tablet 10 MG Oral	NF	1 + QL 30 + PA2	Formulary Enhancement	N/A
Everolimus Tablet Soluble 2 MG Oral	NF	1 + QL 30 + PA2	Formulary Enhancement	N/A
Everolimus Tablet Soluble 3 MG Oral	NF	1 + QL 30 + PA2	Formulary Enhancement	N/A
Everolimus Tablet Soluble 5 MG Oral	NF	1 + QL 60 + PA2	Formulary Enhancement	N/A

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Invega Hafyera Suspension Prefilled Syringe 1092 MG/3.5ML Intramuscular	NF	1	Formulary Enhancement	N/A
Invega Hafyera Suspension Prefilled Syringe 1560 MG/5ML Intramuscular	NF	1	Formulary Enhancement	N/A
Levofloxacin in D5W IV Soln 250 MG/50ML	NF	1	Formulary Enhancement	N/A
Linezolid Solution 600 MG/300ML Intravenous	1 + PA1	1	Formulary Enhancement	N/A
Linezolid SUSPENSION RECONSTITUTED 100 MG/5ML ORAL	1 + PA1	1	Formulary Enhancement	N/A
Linezolid Tablet 600 MG Oral	1 + PA1	1	Formulary Enhancement	N/A
Lybalvi Tablet 10-10 MG Oral	NF	1 + ST2	Formulary Enhancement	N/A
Lybalvi Tablet 15-10 MG Oral	NF	1 + ST2	Formulary Enhancement	N/A
Lybalvi Tablet 20-10 MG Oral	NF	1 + ST2	Formulary Enhancement	N/A
Lybalvi Tablet 5-10 MG Oral	NF	1 + ST2	Formulary Enhancement	N/A
Myrbetriq Suspension Reconstituted ER 8 MG/ML Oral	NF	1	Formulary Enhancement	N/A
Nebivolol HCl Tablet 10 MG Oral	NF	1	Formulary Enhancement	N/A

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Nebivolol HCl Tablet 2.5 MG Oral	NF	1	Formulary Enhancement	N/A
Nebivolol HCl Tablet 20 MG Oral	NF	1	Formulary Enhancement	N/A
Nebivolol HCl Tablet 5 MG Oral	NF	1	Formulary Enhancement	N/A
Ondansetron HCl Solution 4 MG/2ML Injection	1 + QL 360 + BvD	1 + BvD	Formulary Enhancement	N/A
Ondansetron HCl Solution 4 MG/5ML Oral	1 + QL 450 + BvD	1 + BvD	Formulary Enhancement	N/A
Ondansetron HCl Solution 40 MG/20ML Injection	1 + QL 360 + BvD	1 + BvD	Formulary Enhancement	N/A
Ondansetron HCl Tablet 24 MG Oral	1 + QL 30 + BvD	1 + BvD	Formulary Enhancement	N/A
Ondansetron HCl Tablet 4 MG Oral	1 + QL 90 + BvD	1 + BvD	Formulary Enhancement	N/A
Ondansetron HCl Tablet 8 MG Oral	1 + QL 90 + BvD	1 + BvD	Formulary Enhancement	N/A
Ondansetron Tablet Dispersible 4 MG Oral	1 + QL 90 + BvD	1 + BvD	Formulary Enhancement	N/A
Ondansetron Tablet Dispersible 8 MG Oral	1 + QL 90 + BvD	1 + BvD	Formulary Enhancement	N/A
Panretin Gel 0.1 % External	NF	1 + PA2	Formulary Enhancement	N/A

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PARoxetine HCl Suspension 10 MG/5ML Oral	NF	1 + QL 900	Formulary Enhancement	N/A
Paxil SUSPENSION 10 MG/5ML ORAL	1 + QL 900	NF	Formulary Update	paroxetine hcl 10 mg/5 ml oral suspension, 1 + QL 900
Pentacel Suspension Reconstituted Intramuscular	NF	1	Formulary Enhancement	N/A
Proparacaine HCl Solution 0.5 % Ophthalmic	1	NF	CMS Required Deletion	N/A
Sertraline HCl Capsule 150 MG Oral	NF	1	Formulary Enhancement	N/A
Sertraline HCl Capsule 200 MG Oral	NF	1	Formulary Enhancement	N/A
Tavneos Capsule 10 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Truseltiq (100MG Daily Dose) Capsule Therapy Pack 100 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Truseltiq (125MG Daily Dose) Capsule Therapy Pack 100 & 25 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Truseltiq (50MG Daily Dose) Capsule Therapy Pack 25 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A

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Truseltiq (75MG Daily Dose) Capsule Therapy Pack 25 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Varenicline Tartrate Tablet 0.5 MG Oral	NF	1	Formulary Enhancement	N/A
Varenicline Tartrate Tablet 1 MG Oral	NF	1	Formulary Enhancement	N/A
Welireg Tablet 40 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Xofluza (80 MG Dose) Tablet Therapy Pack 1 x 80 MG Oral	NF	1	Formulary Enhancement	N/A
Xpovio (100 MG Once Weekly) Tablet Therapy Pack 20 MG Oral	1 + PA2	NF	CMS Required Deletion	N/A
Xpovio (40 MG Once Weekly) Tablet Therapy Pack 20 MG Oral	1 + PA2	NF	CMS Required Deletion	N/A
Xpovio (40 MG Twice Weekly) Tablet Therapy Pack 20 MG Oral	1 + PA2	NF	CMS Required Deletion	N/A
Xpovio (60 MG Once Weekly) Tablet Therapy Pack 20 MG Oral	1 + PA2	NF	CMS Required Deletion	N/A
Xpovio (80 MG Once Weekly) Tablet Therapy Pack 20 MG Oral	1 + PA2	NF	CMS Required Deletion	N/A
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Besremi Solution Prefilled Syringe 500 MCG/ML Subcutaneous	NF	1 + PA2	Formulary Enhancement	N/A
Breztri Aerosphere Aerosol 160-9-4.8 MCG/ACT Inhalation	NF	1	Formulary Enhancement	N/A
Dupixent Solution Prefilled Syringe 100 MG/0.67ML Subcutaneous	NF	1 + PA1	Formulary Enhancement	N/A
Eprontia Solution 25 MG/ML Oral	NF	1	Formulary Enhancement	N/A
Everolimus Tablet 1 MG Oral	NF	1 + BvD	Formulary Enhancement	N/A
Exkivity Capsule 40 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Hydroxychloroquine Sulfate Tablet 100 MG Oral	NF	1	Formulary Enhancement	N/A
Hydroxychloroquine Sulfate Tablet 300 MG Oral	NF	1	Formulary Enhancement	N/A
Hydroxychloroquine Sulfate Tablet 400 MG Oral	NF	1	Formulary Enhancement	N/A
Ivermectin TABLET 3 MG ORAL	1	1 + PA2	Formulary Update	N/A
Livmarli Solution 9.5 MG/ML Oral	NF	1 + PA1	Formulary Enhancement	N/A
Livtency Tablet 200 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A

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2022 FORMULARY CHANGES

Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Morphine Sulfate ER Capsule Extended Release 24 Hour 40 MG Oral	1	NF	CMS Required Deletion	N/A
Naloxone HCl Liquid 4 MG/0.1ML Nasal	NF	1	Formulary Enhancement	N/A
Nylia 1/35 Tablet 1-35 MG-MCG Oral	NF	1	Formulary Enhancement	N/A
Scemblix Tablet 20 MG Oral	NF	1 + QL 60 + PA2	Formulary Enhancement	N/A
Scemblix Tablet 40 MG Oral	NF	1 + QL 300 + PA2	Formulary Enhancement	N/A
Ticovac Suspension Prefilled Syringe 2.4 MCG/0.5ML Intramuscular	NF	1	Formulary Enhancement	N/A
Vancomycin HCl Solution Reconstituted 250 MG Intravenous	1	NF	CMS Required Deletion	N/A
Zarah Tablet 3-0.03 MG Oral	1	NF	CMS Required Deletion	N/A
Zortress Tablet 1 MG Oral	1 + BvD	NF	Formulary Update	everolimus 1 mg oral tablet, 1 + BvD
EFFECTIVE 04/01/2022				

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Accutane Capsule 10 MG Oral	NF	1	Formulary Enhancement	N/A
Biktarvy Tablet 30-120-15 MG Oral	NF	1	Formulary Enhancement	N/A
Brimonidine Tartrate-Timolol Solution 0.2-0.5 % Ophthalmic	NF	1	Formulary Enhancement	N/A
Bupivacaine HCl Inj 0.25%	NF	1	Formulary Enhancement	N/A
Bylvay (Pellets) Capsule Sprinkle 200 MCG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Bylvay Capsule 1200 MCG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Bylvay Capsule 400 MCG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Desogestrel-Ethinyl Estradiol Tablet 0.15-30 MG-MCG Oral	NF	1	Formulary Enhancement	N/A
Hepatamine Solution 8 % Intravenous	1 + BvD	NF	CMS Required Deletion	N/A
Ibandronate Sodium IV Soln 3 MG/3ML (Base Equivalent)	NF	1	Formulary Enhancement	N/A
Intron A Solution 10000000 UNIT/ML Injection	1 + PA2	NF	CMS Required Deletion	N/A
Intron A Solution 6000000 UNIT/ML Injection	1 + PA2	NF	CMS Required Deletion	N/A
K-Tab Tablet Extended Release 8 MEQ Oral	1	NF	CMS Required Deletion	N/A

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Metoclopramide HCl Inj 5 MG/ML (Base Equivalent)	NF	1	Formulary Enhancement	N/A
Tri-Previfem Tablet 0.18/0.215/0.25 MG-35 MCG Oral	1	NF	CMS Required Deletion	N/A
VariZIG Solution 125 UNIT/1.2ML Intramuscular	1 + PA1	NF	CMS Required Deletion	N/A
EFFECTIVE 05/01/2022				
Adapalene Gel 0.1 % External	1 + PA1	NF	CMS Required Deletion	N/A
Aminosyn-PF Solution 7 % Intravenous	1 + BvD	NF	CMS Required Deletion	N/A
amLODIPine-Valsartan-HCTZ Tablet 10-160-12.5 MG Oral	1	NF	CMS Required Deletion	N/A
amLODIPine-Valsartan-HCTZ Tablet 10-160-25 MG Oral	1	NF	CMS Required Deletion	N/A
amLODIPine-Valsartan-HCTZ Tablet 10-320-25 MG Oral	1	NF	CMS Required Deletion	N/A
amLODIPine-Valsartan-HCTZ Tablet 5-160-12.5 MG Oral	1	NF	CMS Required Deletion	N/A
amLODIPine-Valsartan-HCTZ Tablet 5-160-25 MG Oral	1	NF	CMS Required Deletion	N/A

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Carbaglu Tablet 200 MG Oral	1 + PA1	NF	Formulary Update	carglumic acid 200 mg oral tablet, 1 + PA1
Carglumic Acid Tablet 200 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Cefazolin Sodium for IV Soln 2 GM and Dextrose 3% (50 ML)	NF	1	Formulary Enhancement	N/A
Cefuroxime Sodium Solution Reconstituted 7.5 GM Injection	1	NF	CMS Required Deletion	N/A
Citalopram Hydrobromide Capsule 30 MG Oral	NF	1	Formulary Enhancement	N/A
Glycopyrrolate Solution 1 MG/5ML Oral	NF	1	Formulary Enhancement	N/A
Maraviroc Tablet 150 MG Oral	NF	1	Formulary Enhancement	N/A
Maraviroc Tablet 300 MG Oral	NF	1	Formulary Enhancement	N/A
Mavyret Packet 50-20 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Moxeza Solution 0.5 % Ophthalmic	1	NF	CMS Required Deletion	N/A
Rinvoq Tablet Extended Release 24 Hour 30 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Selzentry Tablet 150 MG Oral	1	NF	Formulary Update	maraviroc 150 mg oral tablet, 1

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Selzentry Tablet 300 MG Oral	1	NF	Formulary Update	maraviroc 300 mg oral tablet, 1
Talzenna Capsule 0.5 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Talzenna Capsule 0.75 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Xarelto Suspension Reconstituted 1 MG/ML Oral	NF	1	Formulary Enhancement	N/A
EFFECTIVE 06/01/2022				
Aztreonam Solution Reconstituted 2 GM Injection	NF	1	Formulary Enhancement	N/A
Betaine Powder Oral	NF	1	Formulary Enhancement	N/A
Betamethasone Sod Phosphate & Acetate Inj Susp 6 (3-3) MG/ML	NF	1	Formulary Enhancement	N/A
Cystadane Powder Oral	1	NF	Formulary Update	betaine powder oral, 1
Farydak Capsule 10 MG Oral	1 + PA2	NF	CMS Required Deletion	N/A
Farydak Capsule 15 MG Oral	1 + PA2	NF	CMS Required Deletion	N/A
Farydak Capsule 20 MG Oral	1 + PA2	NF	CMS Required Deletion	N/A
Febuxostat Tablet 40 MG Oral	1 + PA1	1	Formulary Enhancement	N/A
Febuxostat Tablet 80 MG Oral	1 + PA1	1	Formulary Enhancement	N/A
Fluoroplex Cream 1 % External	1	NF	CMS Required Deletion	N/A

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GaviLyte-N with Flavor Pack SOLUTION RECONSTITUTED 420 GM ORAL	1	NF	CMS Required Deletion	N/A
Gvoke Kit Solution 1 MG/0.2ML Subcutaneous	NF	1	Formulary Enhancement	N/A
Invirase Tablet 500 MG Oral	1	NF	CMS Required Deletion	N/A
Kinrix Suspension Intramuscular	1	NF	CMS Required Deletion	N/A
Lacosamide Tablet 100 MG Oral	NF	1 + QL 60	Formulary Enhancement	N/A
Lacosamide Tablet 150 MG Oral	NF	1 + QL 60	Formulary Enhancement	N/A
Lacosamide Tablet 200 MG Oral	NF	1 + QL 60	Formulary Enhancement	N/A
Lacosamide Tablet 50 MG Oral	NF	1 + QL 60	Formulary Enhancement	N/A
Lenalidomide Capsule 10 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Lenalidomide Capsule 15 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Lenalidomide Capsule 25 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Lenalidomide Capsule 5 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Otrexup Solution Auto-injector 10 MG/0.4ML Subcutaneous	NF	1	Formulary Enhancement	N/A
Otrexup Solution Auto-Injector 12.5 MG/0.4ML Subcutaneous	NF	1	Formulary Enhancement	N/A

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Otrexup Solution Auto-injector 15 MG/0.4ML Subcutaneous	NF	1	Formulary Enhancement	N/A
Otrexup Solution Auto-Injector 17.5 MG/0.4ML Subcutaneous	NF	1	Formulary Enhancement	N/A
Otrexup Solution Auto-injector 20 MG/0.4ML Subcutaneous	NF	1	Formulary Enhancement	N/A
Otrexup Solution Auto-Injector 22.5 MG/0.4ML Subcutaneous	NF	1	Formulary Enhancement	N/A
Otrexup Solution Auto-injector 25 MG/0.4ML Subcutaneous	NF	1	Formulary Enhancement	N/A
Phexxi Gel 1.8-1-0.4 % Vaginal	NF	1	Formulary Enhancement	N/A
Pyrukynd Tablet 20 MG Oral	NF	1 + QL 56/28 + PA1	Formulary Enhancement	N/A
Pyrukynd Tablet 5 MG Oral	NF	1 + QL 56/28 + PA1	Formulary Enhancement	N/A
Pyrukynd Tablet 50 MG Oral	NF	1 + QL 56/28 + PA1	Formulary Enhancement	N/A
Pyrukynd Taper Pack Tablet Therapy Pack 5 MG Oral	NF	1 + QL 7/7 + PA1	Formulary Enhancement	N/A

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Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Pyrukynd Taper Pack Tablet Therapy Pack 7 x 20 MG & 7 x 5 MG Oral	NF	1 + QL 14/14 + PA1	Formulary Enhancement	N/A
Pyrukynd Taper Pack Tablet Therapy Pack 7 x 50 MG & 7 x 20 MG Oral	NF	1 + QL 14/14 + PA1	Formulary Enhancement	N/A
Quadracel Suspension Intramuscular (58 UNT/ML)	NF	1	Formulary Enhancement	N/A
Revlimid Capsule 10 MG Oral	1 + PA2	NF	Formulary Update	lenalidomide capsule 10 mg oral, 1 + PA2
Revlimid Capsule 15 MG Oral	1 + PA2	NF	Formulary Update	lenalidomide capsule 15 mg oral, 1 + PA2
Revlimid Capsule 25 MG Oral	1 + PA2	NF	Formulary Update	lenalidomide capsule 25 mg oral, 1 + PA2
Revlimid Capsule 5 MG Oral	1 + PA2	NF	Formulary Update	lenalidomide capsule 5 mg oral, 1 + PA2
Tekturna HCT Tablet 150-12.5 MG Oral	1	NF	CMS Required Deletion	N/A

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Tekturna HCT Tablet 150-25 MG Oral	1	NF	CMS Required Deletion	N/A
Temixys Tablet 300-300 MG Oral	1	NF	CMS Required Deletion	N/A
Vimpat Tablet 100 MG Oral	1 + QL 60	NF	Formulary Update	lacosamide tablet 100 mg oral, 1 + QL 60
Vimpat Tablet 150 MG Oral	1 + QL 60	NF	Formulary Update	lacosamide tablet 150 mg oral, 1 + QL 60
Vimpat Tablet 200 MG Oral	1 + QL 60	NF	Formulary Update	lacosamide tablet 200 mg oral, 1 + QL 60
Vimpat Tablet 50 MG Oral	1 + QL 60	NF	Formulary Update	lacosamide tablet 50 mg oral, 1 + QL 60
EFFECTIVE 07/01/2022				
Chantix Starting Month Pak Tablet 0.5 MG X 11 & 1 MG X 42 Oral	1	NF	Formulary Update	varenicline tartrate 0.5 mg x 11 & 1 mb x 42 oral tablet, 1

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cycloSPORINE Emulsion 0.05 % Ophthalmic	NF	1 + QL 60	Formulary Enhancement	N/A
Dantrolene Sodium Capsule 100 MG Oral	NF	1	Formulary Enhancement	N/A
Dantrolene Sodium Capsule 25 MG Oral	NF	1	Formulary Enhancement	N/A
Dantrolene Sodium Capsule 50 MG Oral	NF	1	Formulary Enhancement	N/A
Deferiprone Tablet 1000 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Lidocaine Patch 5 % External	1 + QL 90 + PA1	1 + QL 90	Formulary Enhancement	N/A
Lithium Solution 8 MEQ/5ML Oral	1	NF	CMS Required Deletion	N/A
Mometasone Furoate Suspension 50 MCG/ACT Nasal	NF	1	Formulary Enhancement	N/A
Ozempic (1 MG/DOSE) Solution Pen-Injector 2 MG/1.5ML Subcutaneous	1	NF	CMS Required Deletion	N/A
Ozempic (2 MG/DOSE) Solution Pen-Injector 8 MG/3ML Subcutaneous	NF	1	Formulary Enhancement	N/A
PreHevbrio Suspension 10 MCG/ML Intramuscular	NF	1 + BvD	Formulary Enhancement	N/A

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Previfem Tablet 0.25-35 MG-MCG Oral	1	NF	CMS Required Deletion	N/A
Promethazine HCl Inj 50 MG/ML	NF	1	Formulary Enhancement	N/A
Rinvoq Tablet Extended Release 24 Hour 45 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Takhzyro Solution Prefilled Syringe 300 MG/2ML Subcutaneous	NF	1 + PA2	Formulary Enhancement	N/A
Triumeq PD Tablet Soluble 60-5-30 MG Oral	NF	1	Formulary Enhancement	N/A
Varenicline Tartrate 0.5 MG X 11 & 1 MG X 42 Oral	NF	1	Formulary Enhancement	N/A
Zimhi Solution Prefilled Syringe 5 MG/0.5ML Injection	NF	1	Formulary Enhancement	N/A
EFFECTIVE 08/01/2022				
Abacavir-lamiVUDine-Zidovudine Tablet 300-150-300 MG Oral	1	NF	CMS Required Deletion	N/A
BiDil Tablet 20-37.5 MG Oral	1	NF	CMS Required Deletion	isosorb dinitrate-hydralazine tablet 20-37.5 mg oral, 1

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Chantix Continuing Month Pak Tablet 1 MG Oral	1	NF	CMS Required Deletion	N/A
Copiktra Capsule 15 MG Oral	1 + QL 60 + PA2	NF	CMS Required Deletion	N/A
Copiktra Capsule 25 MG Oral	1 + QL 60 + PA2	NF	CMS Required Deletion	N/A
Esbriet Tablet 267 MG Oral	1 + PA1	NF	Formulary Update	pirfenidone tablet 267 mg oral, 1 + PA1
Esbriet Tablet 801 MG Oral	1 + PA1	NF	Formulary Update	pirfenidone tablet 801 mg oral, 1 + PA1
Isosorb Dinitrate-hydrALAZINE Tablet 20-37.5 MG Oral	NF	1	Formulary Enhancement	N/A
Lacosamide Solution 10 MG/ML Oral	NF	1 + QL 1200	Formulary Enhancement	N/A
Nizatidine Solution 15 MG/ML Oral	1	NF	CMS Required Deletion	N/A
Ondansetron HCl Tablet 24 MG Oral	1 + BvD	NF	CMS Required Deletion	N/A
oxyCODONE-Acetaminophen Solution 5-325 MG/5ML Oral	NF	1	Formulary Enhancement	N/A
Pirfenidone Tablet 267 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A

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Formulary Addendum

(1 Tier)

Below is a list formulary changes for the benefit year 2022. This is not a complete list of drugs covered by the Part D plan. The formulary changes are reflected in the 2022 downloadable formulary on the *American Health Advantage of Missouri* website.

For a complete list of drugs covered by *American Health Advantage of Missouri*, please visit our website at mo.amhealthplans.com, or call Member Services at 1-844-228-7934, 8:00 am to 8:00 pm, 7 days a week from October 1st to March 31st and Monday to Friday from April 1st through September 30th. TTY/TDD users should call 711.

BvD – Part B vs. Part D, NF - Non-Formulary, PA1 - Prior Authorization for All Members, PA2 – Prior Authorization for New Starts Only, QL – Quantity Limit per 30 Days, ST - Step Therapy

2022 FORMULARY CHANGES

Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Pirfenidone Tablet 801 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Procrit SOLUTION 10000 UNIT/ML INJECTION	NF	1 + PA1	Formulary Enhancement	N/A
Procrit SOLUTION 2000 UNIT/ML INJECTION	NF	1 + PA1	Formulary Enhancement	N/A
Procrit SOLUTION 20000 UNIT/ML INJECTION	NF	1 + PA1	Formulary Enhancement	N/A
Procrit SOLUTION 3000 UNIT/ML INJECTION	NF	1 + PA1	Formulary Enhancement	N/A
Procrit SOLUTION 4000 UNIT/ML INJECTION	NF	1 + PA1	Formulary Enhancement	N/A
Procrit SOLUTION 40000 UNIT/ML INJECTION	NF	1 + PA1	Formulary Enhancement	N/A
Trizivir Tablet 300-150-300 MG Oral	NF	1	Formulary Enhancement	N/A
Ukoniq Tablet 200 MG Oral	1 + PA2	NF	CMS Required Deletion	N/A
Vimpat Solution 10 MG/ML Oral	1 + QL 1200	NF	Formulary Update	lacosamide solution 10 mg/ml oral, 1 + QL 1200
Vonjo Capsule 100 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Xylocaine INJ -MPF 1%	NF	1	Formulary Enhancement	N/A

Formulary ID: 22393, Version 15

Last Updated: 07/22/2022

Effective date: 08/01/2022

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American Health Advantage of Missouri (HMO I-SNP)
2022
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