

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

2021

## Formulary Addendum

(1 Tier)

Below is a list formulary changes for the benefit year 2021. This is not a complete list of drugs covered by the Part D plan. The formulary changes are reflected in the 2021 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](http://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 1<sup>st</sup> to March 31<sup>st</sup> and Monday to Friday from April 1<sup>st</sup> through September 30<sup>th</sup>. TTY/TDD users should call 711.

**BvD – Part B vs. Part D, NF - Non-Formulary, PA1 - Prior Authorization (PA2 - new starts only),  
QL – Quantity Limit per 30 days, ST - Step Therapy (ST2 - new starts only),  
LA - This prescription may be available only at certain pharmacies**

### 2021 FORMULARY CHANGES

Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
<b>EFFECTIVE 01/01/2021</b>				
Aminosyn II Solution 10 % Intravenous	1 + BvD	NF	CMS Required Deletion	N/A
Clindamycin Phos-Benzoyl Perox Gel 1-5 % External	NF	1	Formulary Enhancement	N/A
Deferasirox Granules Packet 180 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Deferasirox Granules Packet 360 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Deferasirox Granules Packet 90 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Desogestrel-Ethinyl Estradiol Tablet 0.15-30 MG-MCG Oral	1	NF	CMS Required Deletion	N/A
Dexamethasone Intensol Concentrate 1 MG/ML Oral	1	NF	CMS Required Deletion	N/A
Dexamethasone Sodium Phosphate Inj 10 MG/ML	NF	1	Formulary Enhancement	N/A
Dextrose-NaCl Solution 5-0.225 % Intravenous	1	NF	CMS Required Deletion	N/A
Dojolvi Liquid 100 % Oral	NF	1 + PA1	Formulary Enhancement	N/A

**Formulary ID: 21338, Version 14  
Last Updated: 08/26/2021  
Effective date: 09/01/2021  
H4490\_FormularyChange00121\_C**

**American Health Advantage of Missouri (HMO I-SNP)**  
**2021**  
**Formulary Addendum**

**(1 Tier)**

Below is a list formulary changes for the benefit year 2021. This is not a complete list of drugs covered by the Part D plan. The formulary changes are reflected in the 2021 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](http://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 1<sup>st</sup> to March 31<sup>st</sup> and Monday to Friday from April 1<sup>st</sup> through September 30<sup>th</sup>. TTY/TDD users should call 711.

**BvD – Part B vs. Part D, NF - Non-Formulary, PA1 - Prior Authorization (PA2 - new starts only),  
 QL – Quantity Limit per 30 days, ST - Step Therapy (ST2 - new starts only),  
 LA - This prescription may be available only at certain pharmacies**

**2021 FORMULARY CHANGES**

<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>
Dupixent Solution Pen-Injector 300 MG/2ML Subcutaneous	NF	1 + PA1	Formulary Enhancement	N/A
Duramorph SOLUTION 0.5 MG/ML Injection	1	NF	CMS Required Deletion	N/A
Duramorph SOLUTION 1 MG/ML Injection	1	NF	CMS Required Deletion	N/A
Enbrel Solution 25 MG/0.5ML Subcutaneous	NF	1 + PA2	Formulary Enhancement	N/A
Enspryng Solution Prefilled Syringe 120 MG/ML Subcutaneous	NF	1 + PA2	Formulary Enhancement	N/A
Evrysdi Solution Reconstituted 0.75 MG/ML Oral	NF	1 + PA1	Formulary Enhancement	N/A
Fintepla Solution 2.2 MG/ML Oral	NF	1 + PA2	Formulary Enhancement	N/A
Inqovi Tablet 35-100 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Kesimpta Solution Auto-Injector 20 MG/0.4ML Subcutaneous	NF	1 + PA2	Formulary Enhancement	N/A
Lactated Ringer's Solution	1 + BvD	1	Formulary Enhancement	N/A
lamoTRIGine Kit 25 & 50 & 100 MG Oral	NF	1	Formulary Enhancement	N/A
Normosol-R SOLUTION Intravenous	1 + BvD	NF	CMS Required Deletion	N/A

**Formulary ID: 21338, Version 14**  
**Last Updated: 08/26/2021**  
**Effective date: 09/01/2021**  
**H4490\_FormularyChange00121\_C**

**American Health Advantage of Missouri (HMO I-SNP)**  
**2021**  
**Formulary Addendum**

**(1 Tier)**

Below is a list formulary changes for the benefit year 2021. This is not a complete list of drugs covered by the Part D plan. The formulary changes are reflected in the 2021 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](http://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 1<sup>st</sup> to March 31<sup>st</sup> and Monday to Friday from April 1<sup>st</sup> through September 30<sup>th</sup>. TTY/TDD users should call 711.

**BvD – Part B vs. Part D, NF - Non-Formulary, PA1 - Prior Authorization (PA2 - new starts only),  
 QL – Quantity Limit per 30 days, ST - Step Therapy (ST2 - new starts only),  
 LA - This prescription may be available only at certain pharmacies**

**2021 FORMULARY CHANGES**

Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Pantoprazole Sodium Packet 40 MG Oral	NF	1	Formulary Enhancement	N/A
Rukobia Tablet Extended Release 12 Hour 600 MG Oral	NF	1	Formulary Enhancement	N/A
Sirturo Tablet 20 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Sylatron KIT 200 MCG Subcutaneous	1 + PA2	NF	CMS Required Deletion	N/A
Sylatron KIT 300 MCG Subcutaneous	1 + PA2	NF	CMS Required Deletion	N/A
Tivicay PD Tablet Soluble 5 MG Oral	NF	1	Formulary Enhancement	N/A
Tobramycin Nebulization Solution 300 MG/5ML Inhalation	1 + PA1	1 + BvD	Formulary Enhancement	N/A
Tolvaptan Tablet 30 MG Oral	NF	1 + PA	Formulary Enhancement	N/A
Vancomycin HCl For IV Soln 1.5 GM (Base Equivalent)	NF	1	Formulary Enhancement	N/A
Xpovio (40 MG Once Weekly) Tablet Therapy Pack 20 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Xpovio (40 MG Twice Weekly) Tablet Therapy Pack 20 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Xpovio (60 MG Twice Weekly) Tablet Therapy Pack 20 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A

**Formulary ID: 21338, Version 14**  
**Last Updated: 08/26/2021**  
**Effective date: 09/01/2021**  
**H4490\_FormularyChange00121\_C**

**American Health Advantage of Missouri (HMO I-SNP)**  
**2021**  
**Formulary Addendum**

**(1 Tier)**

Below is a list formulary changes for the benefit year 2021. This is not a complete list of drugs covered by the Part D plan. The formulary changes are reflected in the 2021 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](http://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 1<sup>st</sup> to March 31<sup>st</sup> and Monday to Friday from April 1<sup>st</sup> through September 30<sup>th</sup>. TTY/TDD users should call 711.

**BvD – Part B vs. Part D, NF - Non-Formulary, PA1 - Prior Authorization (PA2 - new starts only),  
 QL – Quantity Limit per 30 days, ST - Step Therapy (ST2 - new starts only),  
 LA - This prescription may be available only at certain pharmacies**

**2021 FORMULARY CHANGES**

Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Zostavax SUSPENSION RECONSTITUTED 19400 UNT/0.65ML Subcutaneous	1	NF	CMS Required Deletion	N/A
Deferiprone Tablet 500 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Dimethyl Fumarate Capsule Delayed Release 120 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Dimethyl Fumarate Capsule Delayed Release 240 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Emtricitabine Capsule 200 MG Oral	NF	1	Formulary Enhancement	N/A
Gavreto Capsule 100 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Lidocaine HCl Local Inj 2%	NF	1	Formulary Enhancement	N/A
MenQuadfi Injectable Intramuscular	NF	1	Formulary Enhancement	N/A
Triamcinolone Acetonide Inj Susp 40 MG/ML	NF	1	Formulary Enhancement	N/A
Trulicity Solution Pen-Injector 3 MG/0.5ML Subcutaneous	NF	1	Formulary Enhancement	N/A
Trulicity Solution Pen-Injector 4.5 MG/0.5ML Subcutaneous	NF	1	Formulary Enhancement	N/A
Xylocaine INJ 1%	NF	1	Formulary Enhancement	N/A
<b>EFFECTIVE 02/01/2021</b>				

**Formulary ID: 21338, Version 14**  
**Last Updated: 08/26/2021**  
**Effective date: 09/01/2021**  
**H4490\_FormularyChange00121\_C**

**American Health Advantage of Missouri (HMO I-SNP)**  
**2021**  
**Formulary Addendum**

**(1 Tier)**

Below is a list formulary changes for the benefit year 2021. This is not a complete list of drugs covered by the Part D plan. The formulary changes are reflected in the 2021 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](http://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 1<sup>st</sup> to March 31<sup>st</sup> and Monday to Friday from April 1<sup>st</sup> through September 30<sup>th</sup>. TTY/TDD users should call 711.

**BvD – Part B vs. Part D, NF - Non-Formulary, PA1 - Prior Authorization (PA2 - new starts only),  
 QL – Quantity Limit per 30 days, ST - Step Therapy (ST2 - new starts only),  
 LA - This prescription may be available only at certain pharmacies**

**2021 FORMULARY CHANGES**

<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>
Alkindi Sprinkle Capsule Sprinkle 0.5 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Alkindi Sprinkle Capsule Sprinkle 1 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Alkindi Sprinkle Capsule Sprinkle 2 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Alkindi Sprinkle Capsule Sprinkle 5 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Atrovent HFA Aerosol Solution 17 MCG/ACT Inhalation	NF	1	Formulary Enhancement	N/A
Depo-Provera Suspension 400 MG/ML Intramuscular	1	NF	CMS Required Deletion	N/A
Diacomit Capsule 250 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Diacomit Capsule 500 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Diacomit Packet 250 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Diacomit Packet 500 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Disulfiram Tablet 500 MG Oral	1	NF	CMS Required Deletion	N/A
Efavirenz-Emtricitab-Tenofovir Tablet 600-200-300 MG Oral	NF	1	Formulary Enhancement	N/A

**Formulary ID: 21338, Version 14**  
**Last Updated: 08/26/2021**  
**Effective date: 09/01/2021**  
**H4490\_FormularyChange00121\_C**

**American Health Advantage of Missouri (HMO I-SNP)**  
**2021**  
**Formulary Addendum**

**(1 Tier)**

Below is a list formulary changes for the benefit year 2021. This is not a complete list of drugs covered by the Part D plan. The formulary changes are reflected in the 2021 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](http://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 1<sup>st</sup> to March 31<sup>st</sup> and Monday to Friday from April 1<sup>st</sup> through September 30<sup>th</sup>. TTY/TDD users should call 711.

**BvD – Part B vs. Part D, NF - Non-Formulary, PA1 - Prior Authorization (PA2 - new starts only),  
 QL – Quantity Limit per 30 days, ST - Step Therapy (ST2 - new starts only),  
 LA - This prescription may be available only at certain pharmacies**

**2021 FORMULARY CHANGES**

<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>
Efavirenz-lamiVUDine-Tenofovir Tablet 400-300-300 MG Oral	NF	1	Formulary Enhancement	N/A
Efavirenz-lamiVUDine-Tenofovir Tablet 600-300-300 MG Oral	NF	1	Formulary Enhancement	N/A
Emtricitabine-Tenofovir DF Tablet 200-300 MG Oral	NF	1	Formulary Enhancement	N/A
Esbriet Tablet 267 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Farydak Capsule 15 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Fosfomycin Tromethamine Packet 3 GM Oral	NF	1	Formulary Enhancement	N/A
FreAmine HBC SOLUTION 6.9 % Intravenous	1 + BvD	NF	CMS Required Deletion	N/A
Golytely SOLUTION RECONSTITUTED 227.1 GM ORAL	1	NF	CMS Required Deletion	N/A
Juxtapid CAPSULE 40 MG ORAL	1 + PA1	NF	CMS Required Deletion	N/A
Juxtapid CAPSULE 60 MG ORAL	1 + PA1	NF	CMS Required Deletion	N/A
Ketorolac Tromethamine Solution 15 MG/ML Injection	NF	1	Formulary Enhancement	N/A
Kionex SUSPENSION 15 GM/60ML ORAL	1	NF	CMS Required Deletion	N/A

**Formulary ID: 21338, Version 14**  
**Last Updated: 08/26/2021**  
**Effective date: 09/01/2021**  
**H4490\_FormularyChange00121\_C**

**American Health Advantage of Missouri (HMO I-SNP)**  
**2021**  
**Formulary Addendum**

**(1 Tier)**

Below is a list formulary changes for the benefit year 2021. This is not a complete list of drugs covered by the Part D plan. The formulary changes are reflected in the 2021 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](http://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 1<sup>st</sup> to March 31<sup>st</sup> and Monday to Friday from April 1<sup>st</sup> through September 30<sup>th</sup>. TTY/TDD users should call 711.

**BvD – Part B vs. Part D, NF - Non-Formulary, PA1 - Prior Authorization (PA2 - new starts only),  
 QL – Quantity Limit per 30 days, ST - Step Therapy (ST2 - new starts only),  
 LA - This prescription may be available only at certain pharmacies**

**2021 FORMULARY CHANGES**

Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Lampit Tablet 120 MG Oral	NF	1	Formulary Enhancement	N/A
Lampit Tablet 30 MG Oral	NF	1	Formulary Enhancement	N/A
Lapatinib Ditosylate Tablet 250 MG Oral	NF	1 + QL 150 + PA2	Formulary Enhancement	N/A
metyroSINE Capsule 250 MG Oral	NF	1	Formulary Enhancement	N/A
OLANzapine Tablet 2.5 MG Oral	1 + QL 60	1 + QL 90	Formulary Enhancement	N/A
OLANzapine Tablet 5 MG Oral	1 + QL 60	1 + QL 90	Formulary Enhancement	N/A
Peganone TABLET 250 MG Oral	1	NF	CMS Required Deletion	N/A
Pegasys ProClick SOLUTION 180 MCG/0.5ML Subcutaneous	1 + PA1	NF	CMS Required Deletion	N/A
Roweepra TABLET 1000 MG Oral	1	NF	CMS Required Deletion	N/A
Roweepra Tablet 500 MG Oral	1	NF	CMS Required Deletion	N/A
Roweepra TABLET 750 MG Oral	1	NF	CMS Required Deletion	N/A
Roweepra XR Tablet Extended Release 24 Hour 500 MG Oral	1	NF	CMS Required Deletion	N/A
Roweepra XR Tablet Extended Release 24 Hour 750 MG Oral	1	NF	CMS Required Deletion	N/A
Sapropterin Dihydrochloride Packet 100 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A

**Formulary ID: 21338, Version 14**  
**Last Updated: 08/26/2021**  
**Effective date: 09/01/2021**  
**H4490\_FormularyChange00121\_C**

**American Health Advantage of Missouri (HMO I-SNP)  
2021  
Formulary Addendum**

**(1 Tier)**

Below is a list formulary changes for the benefit year 2021. This is not a complete list of drugs covered by the Part D plan. The formulary changes are reflected in the 2021 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](http://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 1<sup>st</sup> to March 31<sup>st</sup> and Monday to Friday from April 1<sup>st</sup> through September 30<sup>th</sup>. TTY/TDD users should call 711.

**BvD – Part B vs. Part D, NF - Non-Formulary, PA1 - Prior Authorization (PA2 - new starts only),  
QL – Quantity Limit per 30 days, ST - Step Therapy (ST2 - new starts only),  
LA - This prescription may be available only at certain pharmacies**

**2021 FORMULARY CHANGES**

Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Sapropterin Dihydrochloride Packet 500 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Sapropterin Dihydrochloride Tablet Soluble 100 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Sodium Polystyrene Sulfonate SUSPENSION 15 GM/60ML ORAL	1	NF	CMS Required Deletion	N/A
Theo-24 Capsule Extended Release 24 Hour 400 MG Oral	NF	1	Formulary Enhancement	N/A
Tolvaptan Tablet 15 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Trelegy Ellipta Aerosol Powder Breath Activated 200-62.5-25 MCG/INH Inhalation	NF	1	Formulary Enhancement	N/A
<b>EFFECTIVE 03/01/2021</b>				
Albuterol Sulfate HFA Aerosol Solution 108 (90 Base) MCG/ACT Inhalation (NDA020503)	NF	1	Formulary Enhancement	N/A
Albuterol Sulfate HFA Aerosol Solution 108 (90 Base) MCG/ACT Inhalation (NDA020983)	NF	1	Formulary Enhancement	N/A

**Formulary ID: 21338, Version 14  
Last Updated: 08/26/2021  
Effective date: 09/01/2021  
H4490\_FormularyChange00121\_C**



**American Health Advantage of Missouri (HMO I-SNP)**  
**2021**  
**Formulary Addendum**

**(1 Tier)**

Below is a list formulary changes for the benefit year 2021. This is not a complete list of drugs covered by the Part D plan. The formulary changes are reflected in the 2021 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](http://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 1<sup>st</sup> to March 31<sup>st</sup> and Monday to Friday from April 1<sup>st</sup> through September 30<sup>th</sup>. TTY/TDD users should call 711.

**BvD – Part B vs. Part D, NF - Non-Formulary, PA1 - Prior Authorization (PA2 - new starts only),  
 QL – Quantity Limit per 30 days, ST - Step Therapy (ST2 - new starts only),  
 LA - This prescription may be available only at certain pharmacies**

**2021 FORMULARY CHANGES**

Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Atripla Tablet 600-200-300 MG Oral	1	NF	Formulary Update	efavirenz 600 mg / emtricitabine 200 mg / tenofovir disoproxil fumarate 300 mg oral tablet, 1
Crixivan Capsule 400 MG Oral	1	NF	CMS Required Deletion	N/A
Demser Capsule 250 MG Oral	1	NF	Formulary Update	metyrosine 250 mg oral capsule, 1
Dimethyl Fumarate Starter Pack 120 & 240 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Emtriva Capsule 200 MG Oral	1	NF	Formulary Update	emtricitabine 200 mg oral capsule, 1
Fenofibrate Micronized Capsule 130 MG Oral	NF	1	Formulary Enhancement	N/A
Fenofibrate Micronized Capsule 43 MG Oral	NF	1	Formulary Enhancement	N/A
Ferriprox Tablet 500 MG Oral	1 + PA1 + LA	NF	Formulary Update	deferiprone 500 mg oral tablet, 1 + PA1

**Formulary ID: 21338, Version 14**  
**Last Updated: 08/26/2021**  
**Effective date: 09/01/2021**  
**H4490\_FormularyChange00121\_C**

**American Health Advantage of Missouri (HMO I-SNP)**  
**2021**  
**Formulary Addendum**

**(1 Tier)**

Below is a list formulary changes for the benefit year 2021. This is not a complete list of drugs covered by the Part D plan. The formulary changes are reflected in the 2021 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](http://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 1<sup>st</sup> to March 31<sup>st</sup> and Monday to Friday from April 1<sup>st</sup> through September 30<sup>th</sup>. TTY/TDD users should call 711.

**BvD – Part B vs. Part D, NF - Non-Formulary, PA1 - Prior Authorization (PA2 - new starts only),  
 QL – Quantity Limit per 30 days, ST - Step Therapy (ST2 - new starts only),  
 LA - This prescription may be available only at certain pharmacies**

**2021 FORMULARY CHANGES**

<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 Pen Pen-Injector Kit 80 MG/0.8ML Subcutaneous	NF	1 + PA2	Formulary Enhancement	N/A
Humira Prefilled Syringe Kit 10 MG/0.2ML Subcutaneous	1 + PA2	NF	CMS Required Deletion	N/A
Humira Prefilled Syringe Kit 20 MG/0.4ML Subcutaneous	1 + PA2	NF	CMS Required Deletion	N/A
Iclevia Tablet 0.15-0.03 MG Oral	NF	1	Formulary Enhancement	N/A
Invega Sustenna Suspension Prefilled Syringe 117 MG/0.75ML Intramuscular	1 + QL 1/30	1 + QL 1/25	Formulary Enhancement	N/A
Invega Sustenna Suspension Prefilled Syringe 156 MG/ML Intramuscular	1 + QL 1/30	1 + QL 1/25	Formulary Enhancement	N/A
Invega Sustenna Suspension Prefilled Syringe 234 MG/1.5ML Intramuscular	1 + QL 1.5/30	1 + QL 1.5/25	Formulary Enhancement	N/A
Invega Sustenna Suspension Prefilled Syringe 39 MG/0.25ML Intramuscular	1 + QL 1/30	1 + QL 1/25	Formulary Enhancement	N/A
Invega Sustenna Suspension Prefilled Syringe 78 MG/0.5ML Intramuscular	1 + QL 1/30	1 + QL 1/25	Formulary Enhancement	N/A

**Formulary ID: 21338, Version 14**  
**Last Updated: 08/26/2021**  
**Effective date: 09/01/2021**  
**H4490\_FormularyChange00121\_C**

**American Health Advantage of Missouri (HMO I-SNP)**  
**2021**  
**Formulary Addendum**

**(1 Tier)**

Below is a list formulary changes for the benefit year 2021. This is not a complete list of drugs covered by the Part D plan. The formulary changes are reflected in the 2021 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](http://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 1<sup>st</sup> to March 31<sup>st</sup> and Monday to Friday from April 1<sup>st</sup> through September 30<sup>th</sup>. TTY/TDD users should call 711.

**BvD – Part B vs. Part D, NF - Non-Formulary, PA1 - Prior Authorization (PA2 - new starts only),  
 QL – Quantity Limit per 30 days, ST - Step Therapy (ST2 - new starts only),  
 LA - This prescription may be available only at certain pharmacies**

**2021 FORMULARY CHANGES**

Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Invega Trinza Suspension Prefilled Syringe 273 MG/0.875ML Intramuscular	1 + QL 0.875/90	1 + QL 0.875/70	Formulary Enhancement	N/A
Invega Trinza Suspension Prefilled Syringe 410 MG/1.315ML Intramuscular	1 + QL 1.315/90	1 + QL 1.315/70	Formulary Enhancement	N/A
Invega Trinza Suspension Prefilled Syringe 546 MG/1.75ML Intramuscular	1 + QL 1.75/90	1 + QL 1.75/70	Formulary Enhancement	N/A
Invega Trinza Suspension Prefilled Syringe 819 MG/2.625ML Intramuscular	1 + QL 2.625/90	1 + QL 2.625/70	Formulary Enhancement	N/A
Jadenu Sprinkle Packet 180 MG Oral	1 + PA1	NF	Formulary Update	deferasirox 180 mg oral granules, 1 + PA1
Jadenu Sprinkle Packet 360 MG Oral	1 + PA1	NF	Formulary Update	deferasirox 360 mg oral granules, 1 + PA1

**Formulary ID: 21338, Version 14**  
**Last Updated: 08/26/2021**  
**Effective date: 09/01/2021**  
**H4490\_FormularyChange00121\_C**

**American Health Advantage of Missouri (HMO I-SNP)**  
**2021**  
**Formulary Addendum**

**(1 Tier)**

Below is a list formulary changes for the benefit year 2021. This is not a complete list of drugs covered by the Part D plan. The formulary changes are reflected in the 2021 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](http://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 1<sup>st</sup> to March 31<sup>st</sup> and Monday to Friday from April 1<sup>st</sup> through September 30<sup>th</sup>. TTY/TDD users should call 711.

**BvD – Part B vs. Part D, NF - Non-Formulary, PA1 - Prior Authorization (PA2 - new starts only),  
 QL – Quantity Limit per 30 days, ST - Step Therapy (ST2 - new starts only),  
 LA - This prescription may be available only at certain pharmacies**

**2021 FORMULARY CHANGES**

Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Jadenu Sprinkle Packet 90 MG Oral	1 + PA1	NF	Formulary Update	deferasirox 90 mg oral granules, 1 + PA1
Kuvan Packet 100 MG Oral	1 + PA1 + LA	NF	Formulary Update	sapropterin dihydrochloride 100 mg powder for oral solution, 1 + PA1
Kuvan Packet 500 MG Oral	1 + PA1 + LA	NF	Formulary Update	sapropterin dihydrochloride 500 mg powder for oral solution, 1 + PA1
Kuvan Tablet Soluble 100 MG Oral	1 + PA1 + LA	NF	Formulary Update	sapropterin dihydrochloride 100 mg oral tablet, 1 + PA1
Lopreeza Tablet 1-0.5 MG Oral	1	NF	CMS Required Deletion	N/A

**Formulary ID: 21338, Version 14**  
**Last Updated: 08/26/2021**  
**Effective date: 09/01/2021**  
**H4490\_FormularyChange00121\_C**

**American Health Advantage of Missouri (HMO I-SNP)**  
**2021**  
**Formulary Addendum**

**(1 Tier)**

Below is a list formulary changes for the benefit year 2021. This is not a complete list of drugs covered by the Part D plan. The formulary changes are reflected in the 2021 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](http://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 1<sup>st</sup> to March 31<sup>st</sup> and Monday to Friday from April 1<sup>st</sup> through September 30<sup>th</sup>. TTY/TDD users should call 711.

**BvD – Part B vs. Part D, NF - Non-Formulary, PA1 - Prior Authorization (PA2 - new starts only),  
 QL – Quantity Limit per 30 days, ST - Step Therapy (ST2 - new starts only),  
 LA - This prescription may be available only at certain pharmacies**

**2021 FORMULARY CHANGES**

Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Monurol Packet 3 GM Oral	1	NF	Formulary Update	fosfomycin 3000 mg powder for oral solution, 1
Onureg Tablet 200 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Onureg Tablet 300 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Pazeo Solution 0.7 % Ophthalmic	1	NF	CMS Required Deletion	N/A
Retacrit Solution 10000 UNIT/ML Injection(1ML)	NF	1 + PA1	Formulary Enhancement	N/A
Retacrit Solution 20000 UNIT/ML Injection	NF	1 + PA1	Formulary Enhancement	N/A
Riomet ER Suspension Reconstituted ER 500 MG/5ML Oral	1	NF	CMS Required Deletion	N/A
Rufinamide Suspension 40 MG/ML Oral	NF	1 + QL 2400	Formulary Enhancement	N/A
Samsca Tablet 15 MG Oral	1 + PA1	NF	Formulary Update	tolvaptan 15 mg oral tablet, 1 + PA1
Samsca Tablet 30 MG Oral	1 + PA1	NF	Formulary Update	tolvaptan 30 mg oral tablet, 1 + PA1

**Formulary ID: 21338, Version 14**  
**Last Updated: 08/26/2021**  
**Effective date: 09/01/2021**  
**H4490\_FormularyChange00121\_C**

**American Health Advantage of Missouri (HMO I-SNP)**  
**2021**  
**Formulary Addendum**

**(1 Tier)**

Below is a list formulary changes for the benefit year 2021. This is not a complete list of drugs covered by the Part D plan. The formulary changes are reflected in the 2021 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](http://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 1<sup>st</sup> to March 31<sup>st</sup> and Monday to Friday from April 1<sup>st</sup> through September 30<sup>th</sup>. TTY/TDD users should call 711.

**BvD – Part B vs. Part D, NF - Non-Formulary, PA1 - Prior Authorization (PA2 - new starts only),  
 QL – Quantity Limit per 30 days, ST - Step Therapy (ST2 - new starts only),  
 LA - This prescription may be available only at certain pharmacies**

**2021 FORMULARY CHANGES**

Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Sutab Tablet 1479-225-188 MG Oral	NF	1	Formulary Enhancement	N/A
Symfi Lo Tablet 400-300-300 MG Oral	1	NF	Formulary Update	efavirenz 400 mg / lamivudine 300 mg / tenofovir disoproxil fumarate 300 mg oral tablet, 1
Symfi Tablet 600-300-300 MG Oral	1	NF	Formulary Update	efavirenz 600 mg / lamivudine 300 mg / tenofovir disoproxil fumarate 300 mg oral tablet, 1
Tecfidera Capsule Delayed Release 120 MG Oral	1 + PA2	NF	Formulary Update	dimethyl fumarate 120 mg delayed release oral capsule, 1 + PA2

**Formulary ID: 21338, Version 14**  
**Last Updated: 08/26/2021**  
**Effective date: 09/01/2021**  
**H4490\_FormularyChange00121\_C**

**American Health Advantage of Missouri (HMO I-SNP)**  
**2021**  
**Formulary Addendum**

**(1 Tier)**

Below is a list formulary changes for the benefit year 2021. This is not a complete list of drugs covered by the Part D plan. The formulary changes are reflected in the 2021 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](http://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 1<sup>st</sup> to March 31<sup>st</sup> and Monday to Friday from April 1<sup>st</sup> through September 30<sup>th</sup>. TTY/TDD users should call 711.

**BvD – Part B vs. Part D, NF - Non-Formulary, PA1 - Prior Authorization (PA2 - new starts only),  
 QL – Quantity Limit per 30 days, ST - Step Therapy (ST2 - new starts only),  
 LA - This prescription may be available only at certain pharmacies**

**2021 FORMULARY CHANGES**

Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Tecfidera Capsule Delayed Release 240 MG Oral	1 + PA2	NF	Formulary Update	dimethyl fumarate 240 mg delayed release oral capsule, 1 + PA2
Truvada Tablet 200-300 MG Oral	1	NF	Formulary Update	emtricitabine 200 mg / tenofovir disoproxil fumarate 300 mg oral tablet, 1
Tykerb Tablet 250 MG Oral	1 + QL 150 + PA2	NF	Formulary Update	lapatinib 250 mg oral tablet, 1 + QL 150 + PA2
Vancomycin HCl IV Soln 1250 MG/250ML (Base Equivalent)	NF	1	Formulary Enhancement	N/A
Xywav Solution 500 MG/ML Oral	NF	1 + QL 540 + PA1	Formulary Enhancement	N/A
<b>EFFECTIVE 04/01/2021</b>				
Abiraterone Acetate Tablet 500 MG Oral	NF	1 + QL 120 + PA2	Formulary Enhancement	N/A

**Formulary ID: 21338, Version 14**  
**Last Updated: 08/26/2021**  
**Effective date: 09/01/2021**  
**H4490\_FormularyChange00121\_C**

**American Health Advantage of Missouri (HMO I-SNP)  
2021  
Formulary Addendum**

**(1 Tier)**

Below is a list formulary changes for the benefit year 2021. This is not a complete list of drugs covered by the Part D plan. The formulary changes are reflected in the 2021 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](http://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 1<sup>st</sup> to March 31<sup>st</sup> and Monday to Friday from April 1<sup>st</sup> through September 30<sup>th</sup>. TTY/TDD users should call 711.

**BvD – Part B vs. Part D, NF - Non-Formulary, PA1 - Prior Authorization (PA2 - new starts only),  
QL – Quantity Limit per 30 days, ST - Step Therapy (ST2 - new starts only),  
LA - This prescription may be available only at certain pharmacies**

**2021 FORMULARY CHANGES**

<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>
Asenapine Maleate Tablet Sublingual 10 MG Sublingual	NF	1 + QL 60	Formulary Enhancement	N/A
Asenapine Maleate Tablet Sublingual 2.5 MG Sublingual	NF	1 + QL 60	Formulary Enhancement	N/A
Asenapine Maleate Tablet Sublingual 5 MG Sublingual	NF	1 + QL 60	Formulary Enhancement	N/A
Banzel Suspension 40 MG/ML Oral	1 + QL 2400	NF	Formulary Update	rufinamide 40 mg/ml oral suspension, 1 + QL 2400
Cortisone Acetate Tablet 25 MG Oral	1	NF	CMS Required Deletion	N/A
Cystadrops Solution 0.37 % Ophthalmic	NF	1 + QL 20/28 + PA1	Formulary Enhancement	N/A
Didanosine Capsule Delayed Release 250 MG Oral	1	NF	CMS Required Deletion	N/A
Didanosine Capsule Delayed Release 400 MG Oral	1	NF	CMS Required Deletion	N/A
Dificid Suspension Reconstituted 40 MG/ML Oral	NF	1	Formulary Enhancement	N/A
Enoxaparin Sodium Inj 300 MG/3ML	NF	1	Formulary Enhancement	N/A

**Formulary ID: 21338, Version 14  
Last Updated: 08/26/2021  
Effective date: 09/01/2021  
H4490\_FormularyChange00121\_C**



**American Health Advantage of Missouri (HMO I-SNP)**  
**2021**  
**Formulary Addendum**

**(1 Tier)**

Below is a list formulary changes for the benefit year 2021. This is not a complete list of drugs covered by the Part D plan. The formulary changes are reflected in the 2021 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](http://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 1<sup>st</sup> to March 31<sup>st</sup> and Monday to Friday from April 1<sup>st</sup> through September 30<sup>th</sup>. TTY/TDD users should call 711.

**BvD – Part B vs. Part D, NF - Non-Formulary, PA1 - Prior Authorization (PA2 - new starts only),  
 QL – Quantity Limit per 30 days, ST - Step Therapy (ST2 - new starts only),  
 LA - This prescription may be available only at certain pharmacies**

**2021 FORMULARY CHANGES**

<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>
Fluocinonide Cream 0.1 % External	NF	1	Formulary Enhancement	N/A
Hemady Tablet 20 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Iclusig Tablet 10 MG Oral	NF	1 + QL 60 + PA2	Formulary Enhancement	N/A
Iclusig Tablet 30 MG Oral	NF	1 + QL 30 + PA2	Formulary Enhancement	N/A
Lyleq Tablet 0.35 MG Oral	NF	1	Formulary Enhancement	N/A
Nitazoxanide Tablet 500 MG Oral	NF	1	Formulary Enhancement	N/A
Normosol-M in D5W Solution Intravenous	1 + BvD	NF	CMS Required Deletion	N/A
Nylia 7/7/7 Tablet 0.5/0.75/1-35 MG-MCG Oral	NF	1	Formulary Enhancement	N/A
Orgovyx Tablet 120 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Stavudine Capsule 15 MG Oral	1	NF	CMS Required Deletion	N/A
Stavudine Capsule 20 MG Oral	1	NF	CMS Required Deletion	N/A
Stavudine Capsule 30 MG Oral	1	NF	CMS Required Deletion	N/A
Stavudine Capsule 40 MG Oral	1	NF	CMS Required Deletion	N/A

**Formulary ID: 21338, Version 14**  
**Last Updated: 08/26/2021**  
**Effective date: 09/01/2021**  
**H4490\_FormularyChange00121\_C**

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

2021

## Formulary Addendum

(1 Tier)

Below is a list formulary changes for the benefit year 2021. This is not a complete list of drugs covered by the Part D plan. The formulary changes are reflected in the 2021 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](http://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 1<sup>st</sup> to March 31<sup>st</sup> and Monday to Friday from April 1<sup>st</sup> through September 30<sup>th</sup>. TTY/TDD users should call 711.

**BvD – Part B vs. Part D, NF - Non-Formulary, PA1 - Prior Authorization (PA2 - new starts only),  
QL – Quantity Limit per 30 days, ST - Step Therapy (ST2 - new starts only),  
LA - This prescription may be available only at certain pharmacies**

### 2021 FORMULARY CHANGES

Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Tecfidera 120 & 240 MG Oral	1 + PA2	NF	Formulary Update	dimethyl fumarate 120 mg / dimethyl fumarate 240 mg pack, 1 + PA2
Vancomycin HCl IV Soln 1750 MG/350ML	NF	1	Formulary Enhancement	N/A
Xalkori CAPSULE 200 MG ORAL	1 + QL 60 + PA2	1 + QL 120 + PA2	Formulary Enhancement	N/A
Xalkori CAPSULE 250 MG ORAL	1 + QL 60 + PA2	1 + QL 120 + PA2	Formulary Enhancement	N/A
<b>EFFECTIVE 05/01/2021</b>				
Abilify Maintena Prefilled Syringe 300 MG Intramuscular	1 + QL 1/26	1	Formulary Enhancement	N/A
Abilify Maintena Prefilled Syringe 400 MG Intramuscular	1 + QL 1/26	1	Formulary Enhancement	N/A
Abilify Maintena Suspension Reconstituted ER 300 MG Intramuscular	1 + QL 1/26	1	Formulary Enhancement	N/A

**Formulary ID: 21338, Version 14**  
**Last Updated: 08/26/2021**  
**Effective date: 09/01/2021**  
**H4490\_FormularyChange00121\_C**

**American Health Advantage of Missouri (HMO I-SNP)**  
**2021**  
**Formulary Addendum**

**(1 Tier)**

Below is a list formulary changes for the benefit year 2021. This is not a complete list of drugs covered by the Part D plan. The formulary changes are reflected in the 2021 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](http://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 1<sup>st</sup> to March 31<sup>st</sup> and Monday to Friday from April 1<sup>st</sup> through September 30<sup>th</sup>. TTY/TDD users should call 711.

**BvD – Part B vs. Part D, NF - Non-Formulary, PA1 - Prior Authorization (PA2 - new starts only),  
 QL – Quantity Limit per 30 days, ST - Step Therapy (ST2 - new starts only),  
 LA - This prescription may be available only at certain pharmacies**

**2021 FORMULARY CHANGES**

<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>
Abilify Maintena Suspension Reconstituted ER 400 MG Intramuscular	1 + QL 1/26	1	Formulary Enhancement	N/A
Alinia Tablet 500 MG Oral	1	NF	Formulary Update	nitazoxanide 500 mg oral tablet, 1
Anadrol-50 TABLET 50 MG Oral	1	NF	CMS Required Deletion	N/A
Breztri Aerosphere Aerosol 160-9-4.8 MCG/ACT Inhalation	NF	1	Formulary Enhancement	N/A
Budesonide-Formoterol Fumarate Aerosol 160-4.5 MCG/ACT Inhalation	NF	1	Formulary Enhancement	N/A
Budesonide-Formoterol Fumarate Aerosol 80-4.5 MCG/ACT Inhalation	NF	1	Formulary Enhancement	N/A
Caplyta Capsule 42 MG Oral	1 + QL 30	1	Formulary Enhancement	N/A
Corlanor TABLET 5 MG Oral	1 + QL 60 + PA2	1 + QL 60	Formulary Enhancement	N/A
Corlanor TABLET 7.5 MG Oral	1 + QL 60 + PA2	1 + QL 60	Formulary Enhancement	N/A
Diphenhydramine HCl Inj 50 MG/ML	NF	1	Formulary Enhancement	N/A
Emtricitabine-Tenofovir DF Tablet 100-150 MG Oral	NF	1	Formulary Enhancement	N/A

**Formulary ID: 21338, Version 14**  
**Last Updated: 08/26/2021**  
**Effective date: 09/01/2021**  
**H4490\_FormularyChange00121\_C**

**American Health Advantage of Missouri (HMO I-SNP)**  
**2021**  
**Formulary Addendum**

**(1 Tier)**

Below is a list formulary changes for the benefit year 2021. This is not a complete list of drugs covered by the Part D plan. The formulary changes are reflected in the 2021 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](http://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 1<sup>st</sup> to March 31<sup>st</sup> and Monday to Friday from April 1<sup>st</sup> through September 30<sup>th</sup>. TTY/TDD users should call 711.

**BvD – Part B vs. Part D, NF - Non-Formulary, PA1 - Prior Authorization (PA2 - new starts only),  
 QL – Quantity Limit per 30 days, ST - Step Therapy (ST2 - new starts only),  
 LA - This prescription may be available only at certain pharmacies**

**2021 FORMULARY CHANGES**

Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Emtricitabine-Tenofovir DF Tablet 133-200 MG Oral	NF	1	Formulary Enhancement	N/A
Emtricitabine-Tenofovir DF Tablet 167-250 MG Oral	NF	1	Formulary Enhancement	N/A
Entresto Tablet 24-26 MG Oral	1 + QL 60 + PA2	1 + QL 60	Formulary Enhancement	N/A
Entresto Tablet 49-51 MG Oral	1 + QL 60 + PA2	1 + QL 60	Formulary Enhancement	N/A
Entresto Tablet 97-103 MG Oral	1 + QL 60 + PA2	1 + QL 60	Formulary Enhancement	N/A
Golytely SOLUTION RECONSTITUTED 236 GM ORAL	NF	1	Formulary Enhancement	N/A
Invega Sustenna Suspension Prefilled Syringe 117 MG/0.75ML Intramuscular	1 + QL 1/25	1	Formulary Enhancement	N/A
Invega Sustenna Suspension Prefilled Syringe 156 MG/ML Intramuscular	1 + QL 1/25	1	Formulary Enhancement	N/A
Invega Sustenna Suspension Prefilled Syringe 234 MG/1.5ML Intramuscular	1 + QL 1.5/25	1	Formulary Enhancement	N/A

**Formulary ID: 21338, Version 14**  
**Last Updated: 08/26/2021**  
**Effective date: 09/01/2021**  
**H4490\_FormularyChange00121\_C**

**American Health Advantage of Missouri (HMO I-SNP)**  
**2021**  
**Formulary Addendum**

**(1 Tier)**

Below is a list formulary changes for the benefit year 2021. This is not a complete list of drugs covered by the Part D plan. The formulary changes are reflected in the 2021 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](http://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 1<sup>st</sup> to March 31<sup>st</sup> and Monday to Friday from April 1<sup>st</sup> through September 30<sup>th</sup>. TTY/TDD users should call 711.

**BvD – Part B vs. Part D, NF - Non-Formulary, PA1 - Prior Authorization (PA2 - new starts only),  
 QL – Quantity Limit per 30 days, ST - Step Therapy (ST2 - new starts only),  
 LA - This prescription may be available only at certain pharmacies**

**2021 FORMULARY CHANGES**

<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>
Invega Sustenna Suspension Prefilled Syringe 39 MG/0.25ML Intramuscular	1 + QL 1/25	1	Formulary Enhancement	N/A
Invega Sustenna Suspension Prefilled Syringe 78 MG/0.5ML Intramuscular	1 + QL 1/25	1	Formulary Enhancement	N/A
Invega Trinza Suspension Prefilled Syringe 273 MG/0.875ML Intramuscular	1 + QL 0.875/70	1	Formulary Enhancement	N/A
Invega Trinza Suspension Prefilled Syringe 410 MG/1.315ML Intramuscular	1 + QL 1.315/70	1	Formulary Enhancement	N/A
Invega Trinza Suspension Prefilled Syringe 546 MG/1.75ML Intramuscular	1 + QL 1.75/70	1	Formulary Enhancement	N/A
Invega Trinza Suspension Prefilled Syringe 819 MG/2.625ML Intramuscular	1 + QL 2.625/70	1	Formulary Enhancement	N/A
Latuda TABLET 120 MG ORAL	1 + QL 30	1	Formulary Enhancement	N/A
Latuda TABLET 20 MG ORAL	1 + QL 30	1	Formulary Enhancement	N/A
Latuda TABLET 40 MG ORAL	1 + QL 30	1	Formulary Enhancement	N/A
Latuda Tablet 60 MG Oral	1 + QL 60	1	Formulary Enhancement	N/A

**Formulary ID: 21338, Version 14**  
**Last Updated: 08/26/2021**  
**Effective date: 09/01/2021**  
**H4490\_FormularyChange00121\_C**

***American Health Advantage of Missouri (HMO I-SNP)***  
**2021**  
***Formulary Addendum***

***(1 Tier)***

Below is a list formulary changes for the benefit year 2021. This is not a complete list of drugs covered by the Part D plan. The formulary changes are reflected in the 2021 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](http://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 1<sup>st</sup> to March 31<sup>st</sup> and Monday to Friday from April 1<sup>st</sup> through September 30<sup>th</sup>. TTY/TDD users should call 711.

**BvD – Part B vs. Part D, NF - Non-Formulary, PA1 - Prior Authorization (PA2 - new starts only),  
 QL – Quantity Limit per 30 days, ST - Step Therapy (ST2 - new starts only),  
 LA - This prescription may be available only at certain pharmacies**

**2021 FORMULARY CHANGES**

<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>
Latuda TABLET 80 MG ORAL	1 + QL 60	1	Formulary Enhancement	N/A
Lidocaine HCl Urethral/Mucosal Gel 2 % External	1 + QL 30 + PA1	NF	CMS Required Deletion	N/A
Lubiprostone Capsule 24 MCG Oral	NF	1	Formulary Enhancement	N/A
Lubiprostone Capsule 8 MCG Oral	NF	1	Formulary Enhancement	N/A
Lupkynis Capsule 7.9 MG Oral	NF	1 + QL 180 + PA1	Formulary Enhancement	N/A
Mayzent Starter Pack Tablet Therapy Pack 0.25 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Metaproterenol Sulfate Syrup 10 MG/5ML Oral	1	NF	CMS Required Deletion	N/A
Nulytely with Flavor Packs SOLUTION RECONSTITUTED 420 GM ORAL	NF	1	Formulary Enhancement	N/A
Nymyo Tablet 0.25-35 MG-MCG Oral	NF	1	Formulary Enhancement	N/A
Ozempic (1 MG/DOSE) Solution Pen-Injector 4 MG/3ML Subcutaneous	NF	1	Formulary Enhancement	N/A
Periogard Solution 0.12 % Mouth/Throat	NF	1	Formulary Enhancement	N/A

**Formulary ID: 21338, Version 14**  
**Last Updated: 08/26/2021**  
**Effective date: 09/01/2021**  
**H4490\_FormularyChange00121\_C**

**American Health Advantage of Missouri (HMO I-SNP)**  
**2021**  
**Formulary Addendum**

**(1 Tier)**

Below is a list formulary changes for the benefit year 2021. This is not a complete list of drugs covered by the Part D plan. The formulary changes are reflected in the 2021 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](http://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 1<sup>st</sup> to March 31<sup>st</sup> and Monday to Friday from April 1<sup>st</sup> through September 30<sup>th</sup>. TTY/TDD users should call 711.

**BvD – Part B vs. Part D, NF - Non-Formulary, PA1 - Prior Authorization (PA2 - new starts only),  
 QL – Quantity Limit per 30 days, ST - Step Therapy (ST2 - new starts only),  
 LA - This prescription may be available only at certain pharmacies**

**2021 FORMULARY CHANGES**

<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>
Perseris Prefilled Syringe 120 MG Subcutaneous	1 + QL 1/30	1	Formulary Enhancement	N/A
Perseris Prefilled Syringe 90 MG Subcutaneous	1 + QL 1/30	1	Formulary Enhancement	N/A
Rexulti TABLET 0.25 MG ORAL	1 + QL 30	1	Formulary Enhancement	N/A
Rexulti TABLET 0.5 MG ORAL	1 + QL 30	1	Formulary Enhancement	N/A
Rexulti TABLET 1 MG ORAL	1 + QL 30	1	Formulary Enhancement	N/A
Rexulti TABLET 2 MG ORAL	1 + QL 30	1	Formulary Enhancement	N/A
Rexulti TABLET 3 MG ORAL	1 + QL 30	1	Formulary Enhancement	N/A
Rexulti TABLET 4 MG ORAL	1 + QL 30	1	Formulary Enhancement	N/A
RisperDAL Consta Suspension Reconstituted ER 12.5 MG Intramuscular	1 + QL 2/28	1	Formulary Enhancement	N/A
RisperDAL Consta Suspension Reconstituted ER 25 MG Intramuscular	1 + QL 2/28	1	Formulary Enhancement	N/A
RisperDAL Consta Suspension Reconstituted ER 37.5 MG Intramuscular	1 + QL 2/28	1	Formulary Enhancement	N/A

**Formulary ID: 21338, Version 14**  
**Last Updated: 08/26/2021**  
**Effective date: 09/01/2021**  
**H4490\_FormularyChange00121\_C**

**American Health Advantage of Missouri (HMO I-SNP)**  
**2021**  
**Formulary Addendum**

**(1 Tier)**

Below is a list formulary changes for the benefit year 2021. This is not a complete list of drugs covered by the Part D plan. The formulary changes are reflected in the 2021 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](http://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 1<sup>st</sup> to March 31<sup>st</sup> and Monday to Friday from April 1<sup>st</sup> through September 30<sup>th</sup>. TTY/TDD users should call 711.

**BvD – Part B vs. Part D, NF - Non-Formulary, PA1 - Prior Authorization (PA2 - new starts only),  
 QL – Quantity Limit per 30 days, ST - Step Therapy (ST2 - new starts only),  
 LA - This prescription may be available only at certain pharmacies**

**2021 FORMULARY CHANGES**

<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>
RisperDAL Consta Suspension Reconstituted ER 50 MG Intramuscular	1 + QL 2/28	1	Formulary Enhancement	N/A
Saphris Tablet Sublingual 10 MG Sublingual	1 + QL 60	NF	Formulary Update	asenapine 10 mg sublingual tablet, 1 + QL 60
Saphris Tablet Sublingual 2.5 MG Sublingual	1 + QL 60	NF	Formulary Update	asenapine 2.5 mg sublingual tablet, 1 + QL 60
Saphris Tablet Sublingual 5 MG Sublingual	1 + QL 60	NF	Formulary Update	asenapine 5 mg sublingual tablet, 1 + QL 60
Sevelamer HCl Tablet 400 MG Oral	NF	1	Formulary Enhancement	N/A
Sevelamer HCl Tablet 800 MG Oral	NF	1	Formulary Enhancement	N/A
Somatuline Depot Solution 120 MG/0.5ML Subcutaneous	1 + PA2	NF	CMS Required Deletion	N/A
Somatuline Depot Solution 60 MG/0.2ML Subcutaneous	1 + PA2	NF	CMS Required Deletion	N/A
Somatuline Depot Solution 90 MG/0.3ML Subcutaneous	1 + PA2	NF	CMS Required Deletion	N/A

**Formulary ID: 21338, Version 14**  
**Last Updated: 08/26/2021**  
**Effective date: 09/01/2021**  
**H4490\_FormularyChange00121\_C**



**American Health Advantage of Missouri (HMO I-SNP)**  
**2021**  
**Formulary Addendum**

**(1 Tier)**

Below is a list formulary changes for the benefit year 2021. This is not a complete list of drugs covered by the Part D plan. The formulary changes are reflected in the 2021 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](http://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 1<sup>st</sup> to March 31<sup>st</sup> and Monday to Friday from April 1<sup>st</sup> through September 30<sup>th</sup>. TTY/TDD users should call 711.

**BvD – Part B vs. Part D, NF - Non-Formulary, PA1 - Prior Authorization (PA2 - new starts only),  
 QL – Quantity Limit per 30 days, ST - Step Therapy (ST2 - new starts only),  
 LA - This prescription may be available only at certain pharmacies**

**2021 FORMULARY CHANGES**

Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Symjepi Solution Prefilled Syringe 0.15 MG/0.3ML Injection	1	NF	CMS Required Deletion	N/A
Symjepi Solution Prefilled Syringe 0.3 MG/0.3ML Injection	1	NF	CMS Required Deletion	N/A
Temixys Tablet 300-300 MG Oral	NF	1	Formulary Enhancement	N/A
Tepmetko Tablet 225 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Tri-Nymyo Tablet 0.18/0.215/0.25 MG-35 MCG Oral	NF	1	Formulary Enhancement	N/A
Verquvo Tablet 10 MG Oral	NF	1 + QL 30	Formulary Enhancement	N/A
Verquvo Tablet 2.5 MG Oral	NF	1 + QL 30	Formulary Enhancement	N/A
Verquvo Tablet 5 MG Oral	NF	1 + QL 30	Formulary Enhancement	N/A
Xeljanz Solution 1 MG/ML Oral	NF	1 + PA2	Formulary Enhancement	N/A
Xtandi Tablet 40 MG Oral	NF	1 + QL 120 + PA2	Formulary Enhancement	N/A
Xtandi Tablet 80 MG Oral	NF	1 + QL 60 + PA2	Formulary Enhancement	N/A
Zytiga Tablet 500 MG Oral	1 + QL 120/30 + PA2	NF	Formulary Update	abiraterone acetate 500 mg oral tablet, 1 + QL 120 + PA2
<b>EFFECTIVE 06/01/2021</b>				

**Formulary ID: 21338, Version 14**  
**Last Updated: 08/26/2021**  
**Effective date: 09/01/2021**  
**H4490\_FormularyChange00121\_C**

**American Health Advantage of Missouri (HMO I-SNP)**  
**2021**  
**Formulary Addendum**

**(1 Tier)**

Below is a list formulary changes for the benefit year 2021. This is not a complete list of drugs covered by the Part D plan. The formulary changes are reflected in the 2021 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](http://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 1<sup>st</sup> to March 31<sup>st</sup> and Monday to Friday from April 1<sup>st</sup> through September 30<sup>th</sup>. TTY/TDD users should call 711.

**BvD – Part B vs. Part D, NF - Non-Formulary, PA1 - Prior Authorization (PA2 - new starts only),  
 QL – Quantity Limit per 30 days, ST - Step Therapy (ST2 - new starts only),  
 LA - This prescription may be available only at certain pharmacies**

**2021 FORMULARY CHANGES**

Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Accutane Capsule 20 MG Oral	NF	1	Formulary Enhancement	N/A
Accutane Capsule 30 MG Oral	NF	1	Formulary Enhancement	N/A
Accutane Capsule 40 MG Oral	NF	1	Formulary Enhancement	N/A
Crixivan CAPSULE 200 MG ORAL	1	NF	CMS Required Deletion	N/A
Cyclophosphamide Tablet 25 MG Oral	NF	1 + BvD	Formulary Enhancement	N/A
Cyclophosphamide Tablet 50 MG Oral	NF	1 + BvD	Formulary Enhancement	N/A
Droxidopa Capsule 100 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Droxidopa Capsule 200 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Droxidopa Capsule 300 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Gianvi Tablet 3-0.02 MG Oral	1	NF	CMS Required Deletion	N/A
NephrAmine SOLUTION 5.4 % Intravenous	1 + BvD	NF	CMS Required Deletion	N/A
SUMatriptan Succinate Solution Prefilled Syringe 6 MG/0.5ML Subcutaneous	1	NF	CMS Required Deletion	N/A

**Formulary ID: 21338, Version 14**  
**Last Updated: 08/26/2021**  
**Effective date: 09/01/2021**  
**H4490\_FormularyChange00121\_C**

**American Health Advantage of Missouri (HMO I-SNP)**  
**2021**  
**Formulary Addendum**

**(1 Tier)**

Below is a list formulary changes for the benefit year 2021. This is not a complete list of drugs covered by the Part D plan. The formulary changes are reflected in the 2021 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](http://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 1<sup>st</sup> to March 31<sup>st</sup> and Monday to Friday from April 1<sup>st</sup> through September 30<sup>th</sup>. TTY/TDD users should call 711.

**BvD – Part B vs. Part D, NF - Non-Formulary, PA1 - Prior Authorization (PA2 - new starts only),  
 QL – Quantity Limit per 30 days, ST - Step Therapy (ST2 - new starts only),  
 LA - This prescription may be available only at certain pharmacies**

**2021 FORMULARY CHANGES**

Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Truvada Tablet 100-150 MG Oral	1	NF	Formulary Update	emtricitabine 100 mg / tenofovir disoproxil fumarate 150 mg oral tablet, 1
Truvada Tablet 133-200 MG Oral	1	NF	Formulary Update	emtricitabine 133 mg / tenofovir disoproxil fumarate 200 mg oral tablet, 1
Truvada Tablet 167-250 MG Oral	1	NF	Formulary Update	emtricitabine 167 mg / tenofovir disoproxil fumarate 250 mg oral tablet, 1
Ukoniq Tablet 200 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
<b>EFFECTIVE 07/01/2021</b>				
Avandia Tablet 2 MG Oral	1	NF	CMS Required Deletion	N/A
Avandia Tablet 4 MG Oral	1	NF	CMS Required Deletion	N/A

**Formulary ID: 21338, Version 14**  
**Last Updated: 08/26/2021**  
**Effective date: 09/01/2021**  
**H4490\_FormularyChange00121\_C**

**American Health Advantage of Missouri (HMO I-SNP)**  
**2021**  
**Formulary Addendum**

**(1 Tier)**

Below is a list formulary changes for the benefit year 2021. This is not a complete list of drugs covered by the Part D plan. The formulary changes are reflected in the 2021 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](http://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 1<sup>st</sup> to March 31<sup>st</sup> and Monday to Friday from April 1<sup>st</sup> through September 30<sup>th</sup>. TTY/TDD users should call 711.

**BvD – Part B vs. Part D, NF - Non-Formulary, PA1 - Prior Authorization (PA2 - new starts only),  
 QL – Quantity Limit per 30 days, ST - Step Therapy (ST2 - new starts only),  
 LA - This prescription may be available only at certain pharmacies**

**2021 FORMULARY CHANGES**

Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
FLUoxetine HCl (PMDD) Tablet 10 MG Oral	NF	1	Formulary Enhancement	N/A
FLUoxetine HCl (PMDD) Tablet 20 MG Oral	NF	1	Formulary Enhancement	N/A
Fotivda Capsule 0.89 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Fotivda Capsule 1.34 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Humira Pen-Pediatric UC Start Pen-Injector Kit 80 MG/0.8ML Subcutaneous	NF	1 + PA2	Formulary Enhancement	N/A
Ingrezza Capsule 40 MG Oral	NF	1 + QL 30 + PA1	Formulary Enhancement	N/A
Ingrezza CAPSULE 80 MG Oral	NF	1 + QL 30 + PA1	Formulary Enhancement	N/A
Ingrezza Capsule Therapy Pack 40 & 80 MG Oral	NF	1 + QL 28 + PA1	Formulary Enhancement	N/A
Lidocaine HCl Solution 4 % External	1 + QL 50 + PA1	1 + QL 50	Formulary Enhancement	N/A
Lidocaine Ointment 5 % External	1 + QL 50 + PA1	1 + QL 50	Formulary Enhancement	N/A

**Formulary ID: 21338, Version 14**  
**Last Updated: 08/26/2021**  
**Effective date: 09/01/2021**  
**H4490\_FormularyChange00121\_C**

**American Health Advantage of Missouri (HMO I-SNP)**  
**2021**  
**Formulary Addendum**

**(1 Tier)**

Below is a list formulary changes for the benefit year 2021. This is not a complete list of drugs covered by the Part D plan. The formulary changes are reflected in the 2021 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](http://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 1<sup>st</sup> to March 31<sup>st</sup> and Monday to Friday from April 1<sup>st</sup> through September 30<sup>th</sup>. TTY/TDD users should call 711.

**BvD – Part B vs. Part D, NF - Non-Formulary, PA1 - Prior Authorization (PA2 - new starts only),  
 QL – Quantity Limit per 30 days, ST - Step Therapy (ST2 - new starts only),  
 LA - This prescription may be available only at certain pharmacies**

**2021 FORMULARY CHANGES**

<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>
Lidocaine-Prilocaine Cream 2.5-2.5 % External	1 + QL 30 + PA1	1 + QL 30	Formulary Enhancement	N/A
Northera Capsule 100 MG Oral	1 + PA1 + LA	NF	Formulary Update	droxidopa 100 mg oral capsule, 1 + PA1
Northera Capsule 200 MG Oral	1 + PA1 + LA	NF	Formulary Update	droxidopa 200 mg oral capsule, 1 + PA1
Northera Capsule 300 MG Oral	1 + PA1 + LA	NF	Formulary Update	droxidopa 300 mg oral capsule, 1 + PA1
Perforomist NEBULIZATION SOLUTION 20 MCG/2ML INHALATION	NF	1 + BvD	Formulary Enhancement	N/A
Royaldee Capsule Extended Release 30 MCG Oral	NF	1	Formulary Enhancement	N/A
Unithroid Tablet 137 MCG Oral	NF	1	Formulary Enhancement	N/A
Vestura Tablet 3-0.02 MG Oral	NF	1	Formulary Enhancement	N/A
<b>EFFECTIVE 08/01/2021</b>				

**Formulary ID: 21338, Version 14**  
**Last Updated: 08/26/2021**  
**Effective date: 09/01/2021**  
**H4490\_FormularyChange00121\_C**

***American Health Advantage of Missouri (HMO I-SNP)***  
**2021**  
***Formulary Addendum***

***(1 Tier)***

Below is a list formulary changes for the benefit year 2021. This is not a complete list of drugs covered by the Part D plan. The formulary changes are reflected in the 2021 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](http://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 1<sup>st</sup> to March 31<sup>st</sup> and Monday to Friday from April 1<sup>st</sup> through September 30<sup>th</sup>. TTY/TDD users should call 711.

**BvD – Part B vs. Part D, NF - Non-Formulary, PA1 - Prior Authorization (PA2 - new starts only),  
 QL – Quantity Limit per 30 days, ST - Step Therapy (ST2 - new starts only),  
 LA - This prescription may be available only at certain pharmacies**

**2021 FORMULARY CHANGES**

<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>
Albuterol Sulfate ER Tablet Extended Release 12 Hour 4 MG Oral	1	NF	CMS Required Deletion	N/A
Albuterol Sulfate ER Tablet Extended Release 12 Hour 8 MG Oral	1	NF	CMS Required Deletion	N/A
Captopril-Hydrochlorothiazide TABLET 25-15 MG ORAL	1	NF	CMS Required Deletion	N/A
Captopril-hydroCHLOROthiazide Tablet 25-25 MG Oral	1	NF	CMS Required Deletion	N/A
Captopril-Hydrochlorothiazide TABLET 50-15 MG ORAL	1	NF	CMS Required Deletion	N/A
Captopril-hydroCHLOROthiazide Tablet 50-25 MG Oral	1	NF	CMS Required Deletion	N/A
Esomeprazole Magnesium Packet 10 MG Oral	NF	1	Formulary Enhancement	N/A
Esomeprazole Magnesium Packet 20 MG Oral	NF	1	Formulary Enhancement	N/A
Esomeprazole Magnesium Packet 40 MG Oral	NF	1	Formulary Enhancement	N/A

**Formulary ID: 21338, Version 14**  
**Last Updated: 08/26/2021**  
**Effective date: 09/01/2021**  
**H4490\_FormularyChange00121\_C**

**American Health Advantage of Missouri (HMO I-SNP)**  
**2021**  
**Formulary Addendum**

**(1 Tier)**

Below is a list formulary changes for the benefit year 2021. This is not a complete list of drugs covered by the Part D plan. The formulary changes are reflected in the 2021 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](http://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 1<sup>st</sup> to March 31<sup>st</sup> and Monday to Friday from April 1<sup>st</sup> through September 30<sup>th</sup>. TTY/TDD users should call 711.

**BvD – Part B vs. Part D, NF - Non-Formulary, PA1 - Prior Authorization (PA2 - new starts only),  
 QL – Quantity Limit per 30 days, ST - Step Therapy (ST2 - new starts only),  
 LA - This prescription may be available only at certain pharmacies**

**2021 FORMULARY CHANGES**

Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Phospholine Iodide SOLUTION RECONSTITUTED 0.125 % OPHTHALMIC	1	NF	CMS Required Deletion	N/A
Prednicarbate Cream 0.1 % External	1	NF	CMS Required Deletion	N/A
Xcopri (250 MG Daily Dose) Tablet Therapy Pack 100 & 150 MG Oral	NF	1 + QL 56/28	Formulary Enhancement	N/A
Xpovio (100 MG Once Weekly) Tablet Therapy Pack 50 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Xpovio (40 MG Once Weekly) Tablet Therapy Pack 40 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Xpovio (40 MG Twice Weekly) Tablet Therapy Pack 40 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Xpovio (60 MG Once Weekly) Tablet Therapy Pack 60 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Xpovio (80 MG Once Weekly) Tablet Therapy Pack 40 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
<b>EFFECTIVE 09/01/2021</b>				
Aptivus SOLUTION 100 MG/ML Oral	1	NF	CMS Required Deletion	N/A
Guanidine HCl Tablet 125 MG Oral	1	NF	CMS Required Deletion	N/A

**Formulary ID: 21338, Version 14**  
**Last Updated: 08/26/2021**  
**Effective date: 09/01/2021**  
**H4490\_FormularyChange00121\_C**

**American Health Advantage of Missouri (HMO I-SNP)**  
**2021**  
**Formulary Addendum**

**(1 Tier)**

Below is a list formulary changes for the benefit year 2021. This is not a complete list of drugs covered by the Part D plan. The formulary changes are reflected in the 2021 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](http://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 1<sup>st</sup> to March 31<sup>st</sup> and Monday to Friday from April 1<sup>st</sup> through September 30<sup>th</sup>. TTY/TDD users should call 711.

**BvD – Part B vs. Part D, NF - Non-Formulary, PA1 - Prior Authorization (PA2 - new starts only),  
 QL – Quantity Limit per 30 days, ST - Step Therapy (ST2 - new starts only),  
 LA - This prescription may be available only at certain pharmacies**

**2021 FORMULARY CHANGES**

<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>
Lidocaine HCl Local Preservative Free (PF) Inj 2%	NF	1	Formulary Enhancement	N/A
Loteprednol Etabonate Gel 0.5 % Ophthalmic	NF	1	Formulary Enhancement	N/A
Maprotiline HCl Tablet 25 MG ORAL	1	NF	CMS Required Deletion	N/A
Maprotiline HCl Tablet 50 MG ORAL	1	NF	CMS Required Deletion	N/A
Maprotiline HCl Tabket 75 MG Oral	1	NF	CMS Required Deletion	N/A
Methyl dopa-Hydrochlorothiazide Tablet 250-15 MG Oral	1	NF	CMS Required Deletion	N/A
Methyl dopa-Hydrochlorothiazide Tablet 250-25 MG Oral	1	NF	CMS Required Deletion	N/A
Norethin Ace-Eth Estrad-FE Tablet 1-20 MG-MCG Oral	NF	1	Formulary Enhancement	N/A
Oxycodone-Aspirin Tablet 4.8355-325 MG Oral	1	NF	CMS Required Deletion	N/A
Propranolol-HCTZ Tablet 40-25 MG Oral	1	NF	CMS Required Deletion	N/A
Propranolol-HCTZ Tablet 80-25 MG Oral	1	NF	CMS Required Deletion	N/A
Rufinamide Tablet 200 MG Oral	NF	1 + QL 240	Formulary Enhancement	N/A

**Formulary ID: 21338, Version 14**  
**Last Updated: 08/26/2021**  
**Effective date: 09/01/2021**  
**H4490\_FormularyChange00121\_C**



***American Health Advantage of Missouri (HMO I-SNP)***  
**2021**  
***Formulary Addendum***

***(1 Tier)***

Below is a list formulary changes for the benefit year 2021. This is not a complete list of drugs covered by the Part D plan. The formulary changes are reflected in the 2021 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](http://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 1<sup>st</sup> to March 31<sup>st</sup> and Monday to Friday from April 1<sup>st</sup> through September 30<sup>th</sup>. TTY/TDD users should call 711.

**BvD – Part B vs. Part D, NF - Non-Formulary, PA1 - Prior Authorization (PA2 - new starts only),  
 QL – Quantity Limit per 30 days, ST - Step Therapy (ST2 - new starts only),  
 LA - This prescription may be available only at certain pharmacies**

**2021 FORMULARY CHANGES**

Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Rufinamide Tablet 400 MG Oral	NF	1 + QL 240	Formulary Enhancement	N/A
Skyrizi Pen Solution Auto-Injector 150 MG/ML Subcutaneous	NF	1 + PA2	Formulary Enhancement	N/A
Skyrizi Solution Prefilled Syringe 150 MG/ML Subcutaneous	NF	1 + PA2	Formulary Enhancement	N/A
Tolmetin Sodium Capsule 400 MG Oral	1	NF	CMS Required Deletion	N/A
Tolmetin Sodium Tablet 600 MG Oral	1	NF	CMS Required Deletion	N/A

**Formulary ID: 21338, Version 14**  
**Last Updated: 08/26/2021**  
**Effective date: 09/01/2021**  
**H4490\_FormularyChange00121\_C**