

Bright Health 6T
2020
Formulary Addendum

Upcoming Changes to Bright Health’s Formulary

Bright Health may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Or, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. We may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made. Also, if the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we may immediately remove the drug from our formulary and provide notice to members who take the drug.

Before we make other changes during the year to our Drug List that affect members currently taking a drug and that require us to provide advance notice, we will notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a one-month supply of the drug.

If you are affected by a change in drug coverage or restriction, you or your prescriber can ask us to make an exception and continue to cover the drug in the way you would like. The notice we provide you will also include information on the steps to request an exception. To learn more about coverage decisions and how to ask for an exception, see your *Evidence of Coverage*, or call 1-833-665-5346 (TTY:711), 24 hours a day, 7 days a week.

**BvD – Part B vs. Part D, HRM – High Risk Medication, NF - Non-Formulary,
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 ST - Step Therapy (ST1 - all members; ST2 - new starts only),
 LA - This prescription may be available only at certain pharmacies**

2020 FORMULARY CHANGES

Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
EFFECTIVE 01/01/2020				
Avonex Kit 30 MCG Intramuscular	5 + PA1	NF	CMS Required Deletion	N/A
Bivigam Solution 10 GM/100ML Intravenous	5 + PA1	NF	CMS Required Deletion	N/A
Cefixime Capsule 400 MG Oral	NF	4	Formulary Enhancement	N/A
Corlanor Solution 5 MG/5ML Oral	NF	4 + PA1	Formulary Enhancement	N/A
Enbrel Mini Solution Cartridge 50 MG/ML Subcutaneous	NF	5 + PA1	Formulary Enhancement	N/A

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Last Updated: 11/03/2020
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Erythromycin Base Tablet Delayed Release 250 MG Oral	NF	4	Formulary Enhancement	N/A
Erythromycin Base Tablet Delayed Release 333 MG Oral	NF	4	Formulary Enhancement	N/A
Erythromycin Base Tablet Delayed Release 500 MG Oral	NF	4	Formulary Enhancement	N/A
Febuxostat Tablet 40 MG Oral	NF	2 + PA1	Formulary Enhancement	N/A
Febuxostat Tablet 80 MG Oral	NF	2 + PA1	Formulary Enhancement	N/A
Ferriprox Tablet 1000 MG Oral	NF	5 + PA1 + LA	Formulary Enhancement	N/A
Fluticasone-Salmeterol Aerosol Powder Breath Activated 250-50 MCG/DOSE Inhalation	NF	3 + QL 60	Formulary Enhancement	N/A
Fluticasone-Salmeterol Aerosol Powder Breath Activated 500-50 MCG/DOSE Inhalation	NF	3 + QL 60	Formulary Enhancement	N/A
Icatibant Acetate Solution 30 MG/3ML Subcutaneous	NF	5 + PA1	Formulary Enhancement	N/A
Inrebic Capsule 100 MG Oral	NF	5 + QL 120 + PA2	Formulary Enhancement	N/A
Jolivet Tablet 0.35 MG Oral	2	NF	CMS Required Deletion	N/A
MonoNessa Tablet 0.25-35 MG-MCG Oral	2	NF	CMS Required Deletion	N/A
Morphine Sulfate SOLUTION 2 MG/ML Injection	4 + BvD	NF	CMS Required Deletion	N/A
Morphine Sulfate SOLUTION 4 MG/ML Injection	4 + BvD	NF	CMS Required Deletion	N/A
Morphine Sulfate SOLUTION 5 MG/ML INJECTION	4 + BvD	NF	CMS Required Deletion	N/A
Nubeqa Tablet 300 MG Oral	NF	5 + QL 120 + PA2 + LA	Formulary Enhancement	N/A

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Posaconazole Tablet Delayed Release 100 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Pregabalin Capsule 150 MG Oral	NF	3 + QL 90	Formulary Enhancement	N/A
Pregabalin Capsule 200 MG Oral	NF	3 + QL 60	Formulary Enhancement	N/A
Pregabalin Capsule 225 MG Oral	NF	3 + QL 60	Formulary Enhancement	N/A
Pregabalin Capsule 25 MG Oral	NF	3 + QL 90	Formulary Enhancement	N/A
Pregabalin Capsule 300 MG Oral	NF	3 + QL 60	Formulary Enhancement	N/A
Pregabalin Capsule 50 MG Oral	NF	3 + QL 90	Formulary Enhancement	N/A
Pregabalin Capsule 75 MG Oral	NF	3 + QL 120	Formulary Enhancement	N/A
Pregabalin Solution 20 MG/ML Oral	NF	3 + QL 900	Formulary Enhancement	N/A
Rozlytrek Capsule 100 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Rozlytrek Capsule 200 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Theophylline ER Tablet Extended Release 12 Hour 200 MG Oral	2	NF	CMS Required Deletion	N/A
Turalio Capsule 200 MG Oral	NF	5 + QL 120 + PA2 + LA	Formulary Enhancement	N/A
Xpovio (100 MG Once Weekly) Tablet Therapy Pack 20 MG Oral	NF	5 + PA2 + LA	Formulary Enhancement	N/A
Xpovio (60 MG Once Weekly) Tablet Therapy Pack 20 MG Oral	NF	5 + PA2 + LA	Formulary Enhancement	N/A
Xpovio (80 MG Once Weekly) Tablet Therapy Pack 20 MG Oral	NF	5 + PA2 + LA	Formulary Enhancement	N/A
Xpovio (80 MG Twice Weekly) Tablet Therapy Pack 20 MG Oral	NF	5 + PA2 + LA	Formulary Enhancement	N/A
EFFECTIVE 02/01/2020				
Budesonide ER Tablet Extended Release 24 Hour 9 MG Oral	NF	4	Formulary Enhancement	N/A
Ciprofloxacin HCl SOLUTION 0.2 % OTIC	NF	2	Formulary Enhancement	N/A

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Ciprofloxacin-Fluocinolone PF Solution 0.3-0.025 % Otic	NF	4	Formulary Enhancement	N/A
Deferasirox Tablet 360 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Deferasirox Tablet 90 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Delyla TABLET 0.1-20 MG-MCG ORAL	2	NF	CMS Required Deletion	N/A
Dextrose-NaCl SOLUTION 5-0.33 % Intravenous	4 + BvD	NF	CMS Required Deletion	N/A
Drizalma Sprinkle Capsule Delayed Release Sprinkle 20 MG Oral	NF	4 + QL 60 + ST2	Formulary Enhancement	N/A
Drizalma Sprinkle Capsule Delayed Release Sprinkle 30 MG Oral	NF	4 + QL 60 + ST2	Formulary Enhancement	N/A
Drizalma Sprinkle Capsule Delayed Release Sprinkle 40 MG Oral	NF	4 + QL 60 + ST2	Formulary Enhancement	N/A
Drizalma Sprinkle Capsule Delayed Release Sprinkle 60 MG Oral	NF	4 + QL 60 + ST2	Formulary Enhancement	N/A
Esomeprazole Strontium CAPSULE DELAYED RELEASE 49.3 MG Oral	2	NF	CMS Required Deletion	N/A
FazaClo TABLET DISPERSIBLE 150 MG ORAL	4 + QL 120 + ST2	NF	CMS Required Deletion	N/A
FazaClo TABLET DISPERSIBLE 200 MG ORAL	4 + QL 120 + ST2	NF	CMS Required Deletion	N/A
Fiasp PenFill Solution Cartridge 100 UNIT/ML Subcutaneous	NF	3	Formulary Enhancement	N/A
GaviLyte-G SOLUTION RECONSTITUTED 236 GM ORAL	2	NF	CMS Required Deletion	N/A
Imvexxy Maintenance Pack Insert 10 MCG Vaginal	NF	4	Formulary Enhancement	N/A
Imvexxy Maintenance Pack Insert 4 MCG Vaginal	NF	4	Formulary Enhancement	N/A

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Imvexxy Starter Pack Insert 10 MCG Vaginal	NF	4	Formulary Enhancement	N/A
Imvexxy Starter Pack Insert 4 MCG Vaginal	NF	4	Formulary Enhancement	N/A
Katerzia Suspension 1 MG/ML Oral	NF	4 + ST1	Formulary Enhancement	N/A
KCl in Dextrose-NaCl Solution 20-5-0.33 MEQ/L-%-% Intravenous	4 + BvD	NF	CMS Required Deletion	N/A
Mesalamine Tablet Delayed Release 1.2 GM Oral	NF	3	Formulary Enhancement	N/A
Methyclothiazide Tablet 5 MG Oral	2	NF	CMS Required Deletion	N/A
Morphine Sulfate SOLUTION 10 MG/ML INJECTION	4 + BvD	NF	CMS Required Deletion	N/A
Nayzilam Solution 5 MG/0.1ML Nasal	NF	4	Formulary Enhancement	N/A
Norlyroc TABLET 0.35 MG ORAL	2	NF	CMS Required Deletion	N/A
Rebetol SOLUTION 40 MG/ML ORAL	5	NF	CMS Required Deletion	N/A
Ribasphere CAPSULE 200 MG ORAL	3	NF	CMS Required Deletion	N/A
Ribasphere Tablet 600 MG Oral	5	NF	CMS Required Deletion	N/A
Sotalol HCl Tablet 120 MG Oral	4	2	Formulary Enhancement	N/A
Tiadylt ER Capsule Extended Release 24 Hour 360 MG Oral	NF	2 + QL 30	Formulary Enhancement	N/A
Trelegy Ellipta Aerosol Powder Breath Activated 100-62.5-25 MCG/INH Inhalation	3 + QL 60 + ST1	3 + QL 60	Formulary Enhancement	N/A
Trikafta Tablet Therapy Pack 100-50-75 & 150 MG Oral	NF	5 + PA1 + LA	Formulary Enhancement	N/A
Vyndamax Capsule 61 MG Oral	NF	5 + QL 30 + PA1 + LA	Formulary Enhancement	N/A

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Zaleplon Capsule 10 MG Oral	2 + QL 90/365 + PA1	2 + PA1	Formulary Enhancement	N/A
Zaleplon Capsule 5 MG Oral	2 + QL 90/365	2	Formulary Enhancement	N/A
Zykadia CAPSULE 150 MG ORAL	5 + QL 150 + PA2	NF	CMS Required Deletion	N/A
EFFECTIVE 03/01/2020				
Brukinsa Capsule 80 MG Oral	NF	5 + QL 120 + PA2 + LA	Formulary Enhancement	N/A
Cetraxal SOLUTION 0.2 % OTIC	4	NF	Formulary Update	ciprofloxacin solution 2 mg/ml otic, 2
Ciprofloxacin SUSPENSION RECONSTITUTED 500 MG/5ML (10%) ORAL	4	NF	CMS Required Deletion	N/A
Doxepin HCl Tablet 3 MG Oral	NF	4 + QL 30	Formulary Enhancement	N/A
Doxepin HCl Tablet 6 MG Oral	NF	4 + QL 30	Formulary Enhancement	N/A
EluRyng Ring 0.12-0.015 MG/24HR Vaginal	NF	4	Formulary Enhancement	N/A
Ery-Tab Tablet Delayed Release 250 MG Oral	4	NF	Formulary Update	erythromycin tablet delayed release 250 mg oral, 4
Ery-Tab Tablet Delayed Release 333 MG Oral	4	NF	Formulary Update	erythromycin tablet delayed release 333 mg oral, 4

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Ery-Tab Tablet Delayed Release 500 MG Oral	4	NF	Formulary Update	erythromycin tablet delayed release 500 mg oral, 4
Esbriet Tablet 267 MG Oral	5 + PA1	NF	CMS Required Deletion	N/A
Etonogestrel-Ethinyl Estradiol Ring 0.12-0.015 MG/24HR Vaginal	NF	4	Formulary Enhancement	N/A
Everolimus Tablet 2.5 MG Oral	NF	5 + QL 30 + PA2	Formulary Enhancement	N/A
Everolimus Tablet 5 MG Oral	NF	5 + QL 30 + PA2	Formulary Enhancement	N/A
Everolimus Tablet 7.5 MG Oral	NF	5 + QL 30 + PA2	Formulary Enhancement	N/A
Firazyr Solution 30 MG/3ML Subcutaneous	5 + PA1	NF	Formulary Update	icatibant solution 10 mg/ml subcutaneous, 5 + PA1
Flovent Diskus Aerosol Powder Breath Activated 100 MCG/BLIST Inhalation	3 + QL 60	3	Formulary Enhancement	N/A
Flovent Diskus Aerosol Powder Breath Activated 250 MCG/BLIST Inhalation	3 + QL 60	3	Formulary Enhancement	N/A
Flovent Diskus Aerosol Powder Breath Activated 50 MCG/BLIST Inhalation	3 + QL 60	3	Formulary Enhancement	N/A
Flovent HFA Aerosol 110 MCG/ACT Inhalation	3 + QL 24	3	Formulary Enhancement	N/A
Flovent HFA Aerosol 220 MCG/ACT Inhalation	3 + QL 24	3	Formulary Enhancement	N/A

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Flovent HFA Aerosol 44 MCG/ACT Inhalation	3 + QL 21.2	3	Formulary Enhancement	N/A
Isosorbide Dinitrate ER Tablet Extended Release 40 MG Oral	2	NF	CMS Required Deletion	N/A
Jadenu Tablet 360 MG Oral	5 + PA1 + LA	NF	Formulary Update	deferasirox tablet 360 mg oral, 5 + PA1
Jadenu Tablet 90 MG Oral	5 + PA1 + LA	NF	Formulary Update	deferasirox tablet 90 mg oral, 5 + PA1
Lialda Tablet Delayed Release 1.2 GM Oral	3	NF	Formulary Update	mesalamine tablet delayed release 1200 mg oral, 3
Lyrica Capsule 100 MG Oral	3 + QL 90	NF	Formulary Update	pregabalin capsule 100 mg oral, 3 + QL 90
Lyrica Capsule 150 MG Oral	3 + QL 90	NF	Formulary Update	pregabalin capsule 150 mg oral, 3 + QL 90
Lyrica Capsule 200 MG Oral	3 + QL 60	NF	Formulary Update	pregabalin capsule 200 mg oral, 3 + QL 60
Lyrica Capsule 225 MG Oral	3 + QL 60	NF	Formulary Update	pregabalin capsule 225 mg oral, 3 + QL 60
Lyrica Capsule 25 MG Oral	3 + QL 90	NF	Formulary Update	pregabalin capsule 25 mg oral, 3 + QL 90
Lyrica Capsule 300 MG Oral	3 + QL 60	NF	Formulary Update	pregabalin capsule 300 mg oral, 3 + QL 60

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Lyrica Capsule 50 MG Oral	3 + QL 90	NF	Formulary Update	pregabalin capsule 50 mg oral, 3 + QL 90
Lyrica Capsule 75 MG Oral	3 + QL 120	NF	Formulary Update	pregabalin capsule 75 mg oral, 3 + QL 120
Lyrica Solution 20 MG/ML Oral	3 + QL 900	NF	Formulary Update	pregabalin solution 20 mg/ml oral, 3 + QL 900
Mesalamine ER Capsule Extended Release 24 Hour 0.375 GM Oral	NF	3	Formulary Enhancement	N/A
Noxafil Tablet Delayed Release 100 MG Oral	5 + PA1	NF	Formulary Update	posaconazole tablet delayed release 100 mg oral, 5 + PA1
Pentamidine Isethionate Solution Reconstituted 300 MG Inhalation	NF	4 + BvD	Formulary Enhancement	N/A
Pentamidine Isethionate Solution Reconstituted 300 MG Injection	NF	4 + BvD	Formulary Enhancement	N/A
Repaglinide-metFORMIN HCl Tablet 1-500 MG Oral	3	NF	CMS Required Deletion	N/A
Repaglinide-metFORMIN HCl Tablet 2-500 MG Oral	3	NF	CMS Required Deletion	N/A
Sucralfate Suspension 1 GM/10ML Oral	NF	4	Formulary Enhancement	N/A
Suprax Capsule 400 MG Oral	4	NF	Formulary Update	cefixime capsule 400 mg oral, 4
Travoprost (BAK Free) Solution 0.004 % Ophthalmic	NF	3	Formulary Enhancement	N/A

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Twinrix Suspension Prefilled Syringe 720-20 ELU-MCG/ML Intramuscular	3 + BvD	3	Formulary Enhancement	N/A
Uceris Tablet Extended Release 24 Hour 9 MG Oral	4	NF	Formulary Update	budesonide tablet extended release 9 mg oral, 4
Uloric Tablet 40 MG Oral	3 + PA1	NF	Formulary Update	febuxostat tablet 40 mg oral, 2 + PA1
Uloric Tablet 80 MG Oral	3 + PA1	NF	Formulary Update	febuxostat tablet 80 mg oral, 2 + PA1
EFFECTIVE 04/01/2020				
Afinitor Tablet 2.5 MG Oral	5 + QL 30 + PA2	NF	Formulary Update	everolimus tablet 2.5 mg oral, 5 + QL 30 + PA2
Afinitor Tablet 5 MG Oral	5 + QL 30 + PA2	NF	Formulary Update	everolimus tablet 5 mg oral, 5 + QL 30 + PA2
Afinitor Tablet 7.5 MG Oral	5 + QL 30 + PA2	NF	Formulary Update	everolimus tablet 7.5 mg oral, 5 + QL 30 + PA2
Apriso Capsule Extended Release 24 Hour 0.375 GM Oral	3	NF	Formulary Update	mesalamine capsule 375 mg oral, 3
Ayvakit Tablet 100 MG Oral	NF	5 + QL 30 + PA2 + LA	Formulary Enhancement	N/A
Ayvakit Tablet 200 MG Oral	NF	5 + QL 30 + PA2 + LA	Formulary Enhancement	N/A
Ayvakit Tablet 300 MG Oral	NF	5 + QL 30 + PA2 + LA	Formulary Enhancement	N/A

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Budesonide-Formoterol Fumarate Aerosol 160-4.5 MCG/ACT Inhalation	NF	3 + QL 10.2	Formulary Enhancement	N/A
Budesonide-Formoterol Fumarate Aerosol 80-4.5 MCG/ACT Inhalation	NF	3 + QL 10.2	Formulary Enhancement	N/A
Carafate Suspension 1 GM/10ML Oral	4	NF	Formulary Update	sucralfate suspension 100 mg/ml oral, 4
Euthyrox Tablet 100 MCG Oral	NF	1	Formulary Enhancement	N/A
Euthyrox Tablet 112 MCG Oral	NF	1	Formulary Enhancement	N/A
Euthyrox Tablet 125 MCG Oral	NF	1	Formulary Enhancement	N/A
Euthyrox Tablet 137 MCG Oral	NF	1	Formulary Enhancement	N/A
Euthyrox Tablet 150 MCG Oral	NF	1	Formulary Enhancement	N/A
Euthyrox Tablet 175 MCG Oral	NF	1	Formulary Enhancement	N/A
Euthyrox Tablet 200 MCG Oral	NF	1	Formulary Enhancement	N/A
Euthyrox Tablet 25 MCG Oral	NF	1	Formulary Enhancement	N/A
Euthyrox Tablet 50 MCG Oral	NF	1	Formulary Enhancement	N/A
Euthyrox Tablet 75 MCG Oral	NF	1	Formulary Enhancement	N/A
Euthyrox Tablet 88 MCG Oral	NF	1	Formulary Enhancement	N/A
Insulin Asp Prot & Asp FlexPen Suspension Pen-Injector (70-30) 100 UNIT/ML Subcutaneous	NF	3	Formulary Enhancement	N/A
Insulin Aspart FlexPen Solution Pen-Injector 100 UNIT/ML Subcutaneous	NF	3	Formulary Enhancement	N/A
Insulin Aspart PenFill Solution Cartridge 100 UNIT/ML Subcutaneous	NF	3	Formulary Enhancement	N/A
Insulin Aspart Prot & Aspart Suspension (70-30) 100 UNIT/ML Subcutaneous	NF	3	Formulary Enhancement	N/A

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Insulin Aspart Solution 100 UNIT/ML Subcutaneous	NF	3	Formulary Enhancement	N/A
Nebupent Solution Reconstituted 300 MG Inhalation	4 + BvD	NF	Formulary Update	pentamidine isethionate solution 50 mg/ml inhalation, 4 + BvD
NuvaRing Ring 0.12-0.015 MG/24HR Vaginal	4	NF	Formulary Update	ethinyl estradiol 0.000625 mg/hr / etonogestrel 0.005 mg/hr vaginal, 4
penicillAMINE Tablet 250 MG Oral	NF	5	Formulary Enhancement	N/A
Pentam Solution Reconstituted 300 MG Injection	4 + BvD	NF	Formulary Update	pentamidine isethionate solution 300 mg injection, 4 + BvD
Pulmozyme SOLUTION 1 MG/ML INHALATION	5 + PA1	5 + BvD	Formulary Enhancement	N/A
Rybelsus Tablet 14 MG Oral	NF	3	Formulary Enhancement	N/A
Rybelsus Tablet 3 MG Oral	NF	3	Formulary Enhancement	N/A
Rybelsus Tablet 7 MG Oral	NF	3	Formulary Enhancement	N/A
Silenor Tablet 3 MG Oral	4 + QL 30	NF	Formulary Update	doxepin tablet 3 mg oral, 4 + QL 30
Silenor Tablet 6 MG Oral	4 + QL 30	NF	Formulary Update	doxepin tablet 6 mg oral, 4 + QL 30
Travatan Z Solution 0.004 % Ophthalmic	3	NF	Formulary Update	travoprost solution 0.04 mg/ml ophthalmic, 3
Xeljanz XR Tablet Extended Release 24 Hour 22 MG Oral	NF	5 + 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
EFFECTIVE 05/01/2020				
Arnuity Ellipta Aerosol Powder Breath Activated 100 MCG/ACT Inhalation	3 + QL 30	3	Formulary Enhancement	N/A
Arnuity Ellipta Aerosol Powder Breath Activated 200 MCG/ACT Inhalation	3 + QL 30	3	Formulary Enhancement	N/A
Arnuity Ellipta Aerosol Powder Breath Activated 50 MCG/ACT Inhalation	3 + QL 30	3	Formulary Enhancement	N/A
Depen Titratabs Tablet 250 MG Oral	5	NF	Formulary Update	penicillamine tablet 250 mg oral, 5
Secuado Patch 24 Hour 3.8 MG/24HR Transdermal	NF	5 + ST2	Formulary Enhancement	N/A
Secuado Patch 24 Hour 5.7 MG/24HR Transdermal	NF	5 + ST2	Formulary Enhancement	N/A
Secuado Patch 24 Hour 7.6 MG/24HR Transdermal	NF	5 + ST2	Formulary Enhancement	N/A
Tazverik Tablet 200 MG Oral	NF	5 + QL 240 + PA2	Formulary Enhancement	N/A
Tiadyt ER Capsule Extended Release 24 Hour 120 MG Oral	NF	2 + QL 60	Formulary Enhancement	N/A
Tiadyt ER Capsule Extended Release 24 Hour 180 MG Oral	NF	2 + QL 60	Formulary Enhancement	N/A
Tiadyt ER Capsule Extended Release 24 Hour 240 MG Oral	NF	2 + QL 60	Formulary Enhancement	N/A
Tiadyt ER Capsule Extended Release 24 Hour 300 MG Oral	NF	2 + QL 30	Formulary Enhancement	N/A

Formulary ID: 20295 Version 18
Last Updated: 11/03/2020
Effective date: 12/01/2020

Bright Health 6T
2020
Formulary Addendum

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2020 FORMULARY CHANGES

Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Tiadyt ER Capsule Extended Release 24 Hour 420 MG Oral	NF	2 + QL 30	Formulary Enhancement	N/A
Valtoco 10 MG Dose Liquid 10 MG/0.1ML Nasal	NF	4	Formulary Enhancement	N/A
Valtoco 15 MG Dose Liquid Therapy Pack 7.5 MG/0.1ML Nasal	NF	4	Formulary Enhancement	N/A
Valtoco 20 MG Dose Liquid Therapy Pack 10 MG/0.1ML Nasal	NF	4	Formulary Enhancement	N/A
Valtoco 5 MG Dose Liquid 5 MG/0.1ML Nasal	NF	4	Formulary Enhancement	N/A
EFFECTIVE 06/01/2020				
Azelastine-Fluticasone Suspension 137-50 MCG/ACT Nasal	NF	4 + QL 30/25	Formulary Enhancement	N/A
Caplyta Capsule 42 MG Oral	NF	5 + ST2	Formulary Enhancement	N/A
Cimetidine HCl Solution 300 MG/5ML Oral	NF	1	Formulary Enhancement	N/A
Cimetidine Tablet 400 MG Oral	NF	1	Formulary Enhancement	N/A
Clovique Capsule 250 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Codeine Sulfate Tablet 15 MG Oral	NF	2 + QL 360	Formulary Enhancement	N/A
Everolimus Tablet 0.25 MG Oral	NF	4 + QL 60 + BvD	Formulary Enhancement	N/A
Everolimus Tablet 0.5 MG Oral	NF	5 + QL 120 + BvD	Formulary Enhancement	N/A
Everolimus Tablet 0.75 MG Oral	NF	5 + BvD	Formulary Enhancement	N/A
Ibrance Tablet 100 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Ibrance Tablet 125 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Ibrance Tablet 75 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
NovoLIN 70/30 FlexPen Suspension Pen-Injector (70-30) 100 UNIT/ML Subcutaneous	NF	3	Formulary Enhancement	N/A

Formulary ID: 20295 Version 18
Last Updated: 11/03/2020
Effective date: 12/01/2020

Bright Health 6T
2020
Formulary Addendum

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NovoLIN N FlexPen Suspension Pen-Injector 100 UNIT/ML Subcutaneous	NF	3	Formulary Enhancement	N/A
NovoLIN R FlexPen Suspension Pen-Injector 100 UNIT/ML Subcutaneous	NF	3	Formulary Enhancement	N/A
Plaquenil Tablet 200 MG Oral	NF	3	Formulary Enhancement	N/A
Ranitidine HCl Capsule 150 MG Oral	1	NF	CMS Required Deletion	N/A
Ranitidine HCl Capsule 300 MG Oral	1	NF	CMS Required Deletion	N/A
Ranitidine HCl Syrup 75 MG/5ML Oral	1	NF	CMS Required Deletion	N/A
Ranitidine HCl Tablet 150 MG Oral	1	NF	CMS Required Deletion	N/A
ranITIdine HCl Tablet 300 MG Oral	1	NF	CMS Required Deletion	N/A
EFFECTIVE 07/01/2020				
Asmanex HFA Aerosol 50 MCG/ACT Inhalation	NF	3	Formulary Enhancement	N/A
Diazoxide Suspension 50 MG/ML Oral	NF	5	Formulary Enhancement	N/A
Dymista SUSPENSION 137-50 MCG/ACT Nasal	4 + QL 30/25	NF	Formulary Update	azelastine hydrochloride 0.137 mg/actuat / fluticasone propionate 0.05 mg/actuat metered dose nasal spray, 4 + QL 30/25
Haloperidol Decanoate Solution 50 MG/ML Intramuscular(1ML)	NF	2	Formulary Enhancement	N/A
Koselugo Capsule 10 MG Oral	NF	5 + QL 240 + PA2 + LA	Formulary Enhancement	N/A
Koselugo Capsule 25 MG Oral	NF	5 + QL 120 + PA2 + LA	Formulary Enhancement	N/A

Formulary ID: 20295 Version 18
Last Updated: 11/03/2020
Effective date: 12/01/2020

Bright Health 6T
2020
Formulary Addendum

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2020 FORMULARY CHANGES

Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Pemazyre Tablet 13.5 MG Oral	NF	5 + QL 14/21 + PA2 + LA	Formulary Enhancement	N/A
Pemazyre Tablet 4.5 MG Oral	NF	5 + QL 14/21 + PA2 + LA	Formulary Enhancement	N/A
Pemazyre Tablet 9 MG Oral	NF	5 + QL 14/21 + PA2 + LA	Formulary Enhancement	N/A
Prolia Solution Prefilled Syringe 60 MG/ML Subcutaneous	4 + QL 1/180 + ST1	4 + QL 1/180	Formulary Enhancement	N/A
Promacta Packet 25 MG Oral	NF	5 + QL 180 + PA1	Formulary Enhancement	N/A
Pyrimethamine Tablet 25 MG Oral	NF	5	Formulary Enhancement	N/A
Zortress TABLET 0.25 MG ORAL	5 + QL 60 + PA2	NF	Formulary Update	everolimus 0.25 mg oral tablet, 4 + QL 60 + BvD
Zortress TABLET 0.5 MG ORAL	5 + QL 120 + PA2	NF	Formulary Update	everolimus 0.5 mg oral tablet, 5 + QL 120 + BvD
Zortress TABLET 0.75 MG ORAL	5 + BvD	NF	Formulary Update	everolimus 0.75 mg oral tablet, 5 + BvD
EFFECTIVE 08/01/2020				
Daraprim Tablet 25 MG Oral	5	NF	Formulary Update	pyrimethamine 25 mg oral tablet, 5
Deferasirox Tablet 180 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Isturisa Tablet 1 MG Oral	NF	5 + QL 240 + PA1	Formulary Enhancement	N/A
Isturisa Tablet 10 MG Oral	NF	5 + QL 60 + PA1	Formulary Enhancement	N/A
Isturisa Tablet 5 MG Oral	NF	5 + QL 180 + PA1	Formulary Enhancement	N/A

Formulary ID: 20295 Version 18
Last Updated: 11/03/2020
Effective date: 12/01/2020

Bright Health 6T
2020
Formulary Addendum

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2020 FORMULARY CHANGES

Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Micafungin Sodium Solution Reconstituted 100 MG Intravenous	NF	5	Formulary Enhancement	N/A
Micafungin Sodium Solution Reconstituted 50 MG Intravenous	NF	5	Formulary Enhancement	N/A
Nitisinone Capsule 10 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Nitisinone Capsule 2 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Nitisinone Capsule 5 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Nymalize Solution 6 MG/ML Oral	NF	5	Formulary Enhancement	N/A
Proglycem Suspension 50 MG/ML Oral	5	NF	Formulary Update	diazoxide 50 mg/ml oral suspension, 5
Qinlock Tablet 50 MG Oral	NF	5 + QL 90 + PA2 + LA	Formulary Enhancement	N/A
Retevmo Capsule 40 MG Oral	NF	5 + QL 60 + PA2 + LA	Formulary Enhancement	N/A
Retevmo Capsule 80 MG Oral	NF	5 + QL 120 + PA2 + LA	Formulary Enhancement	N/A
Tukysa Tablet 150 MG Oral	NF	5 + QL 120 + PA2 + LA	Formulary Enhancement	N/A
Tukysa Tablet 50 MG Oral	NF	5 + QL 120 + PA2 + LA	Formulary Enhancement	N/A
Xcopri (250 MG Daily Dose) Tablet Therapy Pack 50 & 200 MG Oral	NF	5 + QL 56/28 + ST2	Formulary Enhancement	N/A
Xcopri (350 MG Daily Dose) Tablet Therapy Pack 150 & 200 MG Oral	NF	5 + QL 56/28 + ST2	Formulary Enhancement	N/A
Xcopri Tablet 100 MG Oral	NF	5 + QL 30 + ST2	Formulary Enhancement	N/A
Xcopri Tablet 150 MG Oral	NF	5 + QL 60 + ST2	Formulary Enhancement	N/A

Formulary ID: 20295 Version 18
Last Updated: 11/03/2020
Effective date: 12/01/2020

Bright Health 6T
2020
Formulary Addendum

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2020 FORMULARY CHANGES

Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Xcopri Tablet 200 MG Oral	NF	5 + QL 60 + ST2	Formulary Enhancement	N/A
Xcopri Tablet 50 MG Oral	NF	5 + QL 30 + ST2	Formulary Enhancement	N/A
Xcopri Tablet Therapy Pack 14 x 12.5 MG & 14 x 25 MG Oral	NF	4 + QL 56/365 + ST2	Formulary Enhancement	N/A
Xcopri Tablet Therapy Pack 14 x 150 MG & 14 x 200 MG Oral	NF	5 + QL 56/365 + ST2	Formulary Enhancement	N/A
Xcopri Tablet Therapy Pack 14 x 50 MG & 14 x 100 MG Oral	NF	5 + QL 56/365 + ST2	Formulary Enhancement	N/A
Zemdri Solution 500 MG/10ML Intravenous	NF	5 + PA1	Formulary Enhancement	N/A
Ziprasidone Mesylate Solution Reconstituted 20 MG Intramuscular	NF	4 + QL 18	Formulary Enhancement	N/A
EFFECTIVE 09/01/2020				
Geodon Solution Reconstituted 20 MG Intramuscular	4 + QL 18 + ST2	NF	Formulary Update	ziprasidone 20 mg injection, 4 + QL 18
Jadenu Tablet 180 MG Oral	5 + PA1 + LA	NF	Formulary Update	deferasirox 180 mg oral tablet, 5 + PA1
Mycamine Solution Reconstituted 100 MG Intravenous	5	NF	Formulary Update	micafungin sodium 100 mg solr, 5
Mycamine Solution Reconstituted 50 MG Intravenous	5	NF	Formulary Update	micafungin sodium 50 mg solr, 5
Orfadin Capsule 10 MG Oral	5 + PA1 + LA	NF	Formulary Update	nitisinone 10 mg oral capsule, 5 + PA1

Formulary ID: 20295 Version 18
Last Updated: 11/03/2020
Effective date: 12/01/2020

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Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Orfadin Capsule 2 MG Oral	5 + PA1 + LA	NF	Formulary Update	nitisinone 2 mg oral capsule, 5 + PA1
Orfadin Capsule 5 MG Oral	5 + PA1 + LA	NF	Formulary Update	nitisinone 5 mg oral capsule, 5 + PA1
Tabrecta Tablet 150 MG Oral	NF	5 + QL 120 + PA2	Formulary Enhancement	N/A
Tabrecta Tablet 200 MG Oral	NF	5 + QL 120 + PA2	Formulary Enhancement	N/A
Teriparatide (Recombinant) Solution Pen-Injector 620 MCG/2.48ML Subcutaneous	NF	5 + QL 2.48/28 + PA1	Formulary Enhancement	N/A
EFFECTIVE 10/01/2020				
Dojolvi Liquid 100 % Oral	NF	5 + PA1	Formulary Enhancement	N/A
Fintepla Solution 2.2 MG/ML Oral	NF	5 + LA + ST2	Formulary Enhancement	N/A
Rukobia Tablet Extended Release 12 Hour 600 MG Oral	NF	5 + QL 60	Formulary Enhancement	N/A
Sirturo Tablet 20 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Tivicay PD Tablet Soluble 5 MG Oral	NF	4 + QL 360	Formulary Enhancement	N/A
Tolvaptan Tablet 30 MG Oral	NF	5 + QL 60	Formulary Enhancement	N/A
Xpovio (40 MG Once Weekly) Tablet Therapy Pack 20 MG Oral	NF	5 + PA2 + LA	Formulary Enhancement	N/A
Xpovio (40 MG Twice Weekly) Tablet Therapy Pack 20 MG Oral	NF	5 + PA2 + LA	Formulary Enhancement	N/A
Xpovio (60 MG Twice Weekly) Tablet Therapy Pack 20 MG Oral	NF	5 + PA2 + LA	Formulary Enhancement	N/A
EFFECTIVE 11/01/2020				
Deferasirox Granules Packet 180 MG Oral	NF	5 + 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
Deferasirox Granules Packet 360 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Deferasirox Granules Packet 90 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Enbrel Solution 25 MG/0.5ML Subcutaneous	NF	5 + PA1	Formulary Enhancement	N/A
Enspryng Solution Prefilled Syringe 120 MG/ML Subcutaneous	NF	5 + PA1	Formulary Enhancement	N/A
Evrysdi Solution Reconstituted 0.75 MG/ML Oral	NF	5 + PA1	Formulary Enhancement	N/A
Inqovi Tablet 35-100 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Kesimpta Solution Auto-Injector 20 MG/0.4ML Subcutaneous	NF	5 + PA1	Formulary Enhancement	N/A
lamoTRIGine Kit 25 & 50 & 100 MG Oral	NF	2	Formulary Enhancement	N/A
Omeprazole Capsule Delayed Release 10 MG Oral	NF	1	Formulary Enhancement	N/A
EFFECTIVE 12/01/2020				
Deferiprone Tablet 500 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Dimethyl Fumarate Capsule Delayed Release 120 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Dimethyl Fumarate Capsule Delayed Release 240 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Emtricitabine Capsule 200 MG Oral	NF	4 + QL 30	Formulary Enhancement	N/A
Gavreto Capsule 100 MG Oral	NF	5 + QL 120 + PA2 + LA	Formulary Enhancement	N/A
MenQuadfi Injectable Intramuscular	NF	3	Formulary Enhancement	N/A
Triderm Cream 0.5 % External	NF	2	Formulary Enhancement	N/A
Trulicity Solution Pen-Injector 3 MG/0.5ML Subcutaneous	NF	3	Formulary Enhancement	N/A

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Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Trulicity Solution Pen-Injector 4.5 MG/0.5ML Subcutaneous	NF	3	Formulary Enhancement	N/A