



Bright HealthCare™

Upcoming Changes to Bright HealthCare's Formulary

Bright HealthCare 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 1-833-726-0667 (TTY:711), 24 hours a day, 7 days a week.

Bright Health 6T
2022
Formulary Addendum

**BvD – Part B vs. Part D, NF - Non-Formulary, PA - Prior Authorization (PA2 - new starts only),
 QL – Quantity Limit per 30 days, ST - Step Therapy (ST2 - new starts only),**

2022 FORMULARY CHANGES

Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
EFFECTIVE 02/01/2022				
ABIRATERONE ACETATE 500 MG TABLET ORAL	NF	5, QL 120/30, PA NSO	Formulary Enhancement	
ACTHAR 80 UNIT/ML VIAL INJECTION	NF	5, QL 35/28, PA	Formulary Enhancement	
ACTHAR 80 UNIT/ML VIAL INJECTION	NF	5, QL 35/28, PA	Formulary Enhancement	
AFINITOR 10 MG TABLET ORAL	5, QL 56/28, PA NSO	NF	Formulary Update	EVEROLIMUS 10 MG ORAL TABLET-5
AFINITOR DISPERZ 2 MG TAB SUSP ORAL	5, QL 112/28, PA NSO	NF	Formulary Update	EVEROLIMUS 2 MG ORAL TAB SUSP-5
AFINITOR DISPERZ 3 MG TAB SUSP ORAL	5, QL 112/28, PA NSO	NF	Formulary Update	EVEROLIMUS 3 MG ORAL TAB SUSP-5
AFINITOR DISPERZ 5 MG TAB SUSP ORAL	5, QL 112/28, PA NSO	NF	Formulary Update	EVEROLIMUS 5 MG ORAL TAB SUSP-5
AJOVY AUTOINJECTOR 225 MG/1.5 AUTO INJECT SUBCUTANE.	NF	3, QL 1.5/30, PA	Formulary Enhancement	
AJOVY SYRINGE 225 MG/1.5 SYRINGE SUBCUTANE.	NF	3, QL 1.5/30, PA	Formulary Enhancement	
ALBUTEROL SULFATE HFA 90 MCG HFA AER AD INHALATION	4, QL 36/30	2, QL 36/30	Formulary Enhancement	
APRETUDE 600 MG/3ML SUSER VIAL INTRAMUSC.	NF	5, QL BY TIME 21/365, PA BVD	Formulary Enhancement	
ASENAPINE MALEATE 10 MG TAB SUBL SUBLINGUAL	2, QL 60/30, ST	2, QL 60/30	Formulary Enhancement	

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Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
ASENAPINE MALEATE 2.5 MG TAB SUBL SUBLINGUAL	2, QL 60/30, ST	2, QL 60/30	Formulary Enhancement	
ASENAPINE MALEATE 5 MG TAB SUBL SUBLINGUAL	2, QL 60/30, ST	2, QL 60/30	Formulary Enhancement	
BIKTARVY 30-120-15 TABLET ORAL	NF	5	Formulary Enhancement	
BYSTOLIC 10 MG TABLET ORAL	3	NF	Formulary Update	NEBIVOLOL HCL 10 MG ORAL TABLET-2
BYSTOLIC 2.5 MG TABLET ORAL	3	NF	Formulary Update	NEBIVOLOL HCL 2.5 MG ORAL TABLET-2
BYSTOLIC 20 MG TABLET ORAL	3	NF	Formulary Update	NEBIVOLOL HCL 20 MG ORAL TABLET-2
BYSTOLIC 5 MG TABLET ORAL	3	NF	Formulary Update	NEBIVOLOL HCL 5 MG ORAL TABLET-2
CARGLUMIC ACID 200 MG TAB DISPER ORAL	NF	5	Formulary Enhancement	
CHANTIX 0.5 MG TABLET ORAL	3, QL BY TIME 336/365	NF	Formulary Update	VARENICLINE TARTRATE 0.5 MG ORAL TABLET-2
CHANTIX 1 MG TABLET ORAL	3, QL BY TIME 336/365	NF	Formulary Update	VARENICLINE TARTRATE 1 MG ORAL TABLET-2
CORTROPHIN 80 UNIT/ML VIAL INJECTION	NF	5, QL 35/28, PA	Formulary Enhancement	
DUPIXENT PEN 200MG/1.14 PEN INJCTR SUBCUTANE.	NF	5, PA	Formulary Enhancement	

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Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
DUPIXENT PEN 300 MG/2ML PEN INJCTR SUBCUTANE.	NF	5, PA	Formulary Enhancement	
DUPIXENT SYRINGE 200MG/1.14 SYRINGE SUBCUTANE.	NF	5, PA	Formulary Enhancement	
DUPIXENT SYRINGE 300 MG/2ML SYRINGE SUBCUTANE.	NF	5, PA	Formulary Enhancement	
DUREZOL 0.0005 DROPS OPTHALMIC	3	NF	Formulary Update	DIFLUPREDNAT E 0.05 % OPTHALMIC DROPS-3
EPINEPHRINE 0.3MG/0.3 AUTO INJCT INJECTION	4, QL 4/30	2, QL 4/30	Formulary Enhancement	
EVEROLIMUS 1 MG TABLET ORAL	NF	5, PA BVD	Formulary Enhancement	
GLYXAMBI 10 MG-5 MG TABLET ORAL	NF	3, QL 30/30	Formulary Enhancement	
GLYXAMBI 25 MG-5 MG TABLET ORAL	NF	3, QL 30/30	Formulary Enhancement	
GVOKE 1 MG/0.2ML VIAL SUBCUTANE.	NF	3	Formulary Enhancement	
HAVRIX 1440/ML VIAL INTRAMUSC.	3	NF	CMS deletion	
LEVOFLOXACIN 0.015 DROPS OPTHALMIC	NF	4	Formulary Enhancement	
NURTEC ODT 75 MG TAB RAPDIS ORAL	NF	3, QL 18/30, PA	Formulary Enhancement	
NYLIA 1 MG-35MCG TABLET ORAL	NF	2	Formulary Enhancement	
PAXIL 10 MG/5 ML ORAL SUSP ORAL	4	NF	Formulary Update	PAROXETINE HCL 10 MG/5 ML ORAL ORAL SUSP-4

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Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
PENTACEL 15-48-5-62 KIT INTRAMUSC.	NF	3	Formulary Enhancement	
PRILOHEAL PLUS 30 2.5 %-2.5% KIT TOPICAL	NF	4, QL 30/30, PA	Formulary Enhancement	
STRIVERDI RESPIMAT 2.5 MCG MIST INHAL INHALATION	NF	3, QL 4/28	Formulary Enhancement	
TRIJARDY XR 10-5-1000 TAB BP 24H ORAL	NF	3, QL 30/30	Formulary Enhancement	
TRIJARDY XR 12.5-2.5MG TAB BP 24H ORAL	NF	3, QL 60/30	Formulary Enhancement	
TRIJARDY XR 25-5-1000 TAB BP 24H ORAL	NF	3, QL 30/30	Formulary Enhancement	
TRIJARDY XR 5-2.5-1000 TAB BP 24H ORAL	NF	3, QL 60/30	Formulary Enhancement	
UNIFINE ULTRA PEN NEEDLE 31 G X1/4" DIS NEEDLE MISCELL.	NF	2	Formulary Enhancement	
UNIFINE ULTRA PEN NEEDLE 31 GX3/16" DIS NEEDLE MISCELL.	NF	2	Formulary Enhancement	
UNIFINE ULTRA PEN NEEDLE 31 GX5/16" DIS NEEDLE MISCELL.	NF	2	Formulary Enhancement	
UNIFINE ULTRA PEN NEEDLE 32GX 5/32" DIS NEEDLE MISCELL.	NF	2	Formulary Enhancement	
EFFECTIVE 03/01/2022				
APRETUDE 600 MG/3ML INTRAMUSC. SUSER VIAL	5, QL BY TIME 21/365, PA BVD	5, QL BY TIME 24/365	Formulary Enhancement	
BESREMI 500 MCG/ML SUBCUTANE. SYRINGE	NF	5, QL 2/28, PA NSO	Formulary Enhancement	
BRIMONIDINE TARTRATE-TIMOLOL 0.2%-0.5% OPHTHALMIC DROPS	NF	3	Formulary Enhancement	

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CIPROFLOXACIN HCL 750 MG ORAL TABLET	1	NF	Formulary Update	
EPCLUSA 200MG-50MG ORAL PELET PACK	5, QL 28/28, PA	5, QL 56/28, PA	Formulary Enhancement	
EPRONTIA 25 MG/ML ORAL SOLUTION	NF	4, QL 480/30	Formulary Enhancement	
INPEN (FOR HUMALOG) SUBCUTANE. INSULN PEN	NF	3	Formulary Enhancement	
INPEN (FOR NOVOLOG OR FIASP) SUBCUTANE. INSULN PEN	NF	3	Formulary Enhancement	
INVEGA TRINZA 273MG/0.88 INTRAMUSC. SYRINGE	5, QL BY TIME 0.875/84	5, QL BY TIME 0.88/84	Formulary Enhancement	
INVEGA TRINZA 410MG/1.32 INTRAMUSC. SYRINGE	5, QL BY TIME 1.315/84	5, QL BY TIME 1.32/84	Formulary Enhancement	
INVEGA TRINZA 819MG/2.63 INTRAMUSC. SYRINGE	5, QL BY TIME 2.625/84	5, QL BY TIME 2.63/84	Formulary Enhancement	
MOLNUPIRAVIR (EUA) 200 MG ORAL CAPSULE	NF	4, QL 40/5	Formulary Enhancement	
NALOXONE HCL 4 MG NASAL SPRAY	NF	3, QL 4/30	Formulary Enhancement	
PAXLOVID (EUA) 300-100 MG ORAL TABLET	NF	4, QL 30/5	Formulary Enhancement	
PEG 3350-ELECTROLYTE 420G ORAL SOLN RECON	NF	2	Formulary Enhancement	
PEG-3350 AND ELECTROLYTES 236-22.74G ORAL SOLN RECON	NF	2	Formulary Enhancement	
SUTAB 1.479 G ORAL TABLET	NF	3	Formulary Enhancement	

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ZEGALOGUE AUTOINJECTOR 0.6 MG/0.6 SUBCUTANE. AUTO INJCT	NF	3	Formulary Enhancement	
ZEGALOGUE SYRINGE 0.6 MG/0.6 SUBCUTANE. SYRINGE	NF	3	Formulary Enhancement	
ZORTRESS 1 MG ORAL TABLET	5, PA BVD	NF	Formulary Enhancement	EVEROLIMUS 1 MG ORAL TABLET-5
ZOSTAVAX 19400 UNIT SUBCUTANE. VIAL	3, QL BY TIME 1/365	NF	Formulary Update	
EFFECTIVE 04/01/2022				
AMPHOTERICIN B LIPOSOME 50 MG VIAL	NF	5, PA BvD	Formulary Enhancement	
BETAINE 1G/SCOOP POWDER	NF	5	Formulary Enhancement	
DEFERIPRONE 1000 MG TABLET	NF	5, PA	Formulary Enhancement	
KIMMTRAK 100MCG/0.5 VIAL	NF	5, QL BY RATIO 2/28, PA NSO	Formulary Enhancement	
LANREOTIDE ACETATE 120MG/0.5 SYRINGE	NF	5, QL BY RATIO 0.5/28, PA	Formulary Enhancement	
MARAVIROC 150 MG TABLET	NF	5	Formulary Enhancement	
MARAVIROC 300 MG TABLET	NF	5	Formulary Enhancement	
MARGENZA 250MG/10ML VIAL	NF	5, PA NSO	Formulary Enhancement	
PREHEVBRIO 10 MCG/ML VIAL	NF	3, PA BVD	Formulary Enhancement	
QUADRACEL DTAP-IPV 15-48-5-62 SYRINGE	NF	3	Formulary Enhancement	
QUADRACEL DTAP-IPV 15-48-5-62 VIAL	NF	3	Formulary Enhancement	
RINVOQ 30 MG TAB ER 24H	NF	5, PA	Formulary Enhancement	
TICOVAC 2.4MCG/0.5 SYRINGE	NF	3, QL BY TIME 1.5/365	Formulary Enhancement	

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XARELTO 1 MG/ML SUSP RECON	NF	3, QL BY RATIO 600/30	Formulary Enhancement	
ZYTIGA 250 MG TABLET	5, QL BY RATIO 120/30, PA NSO	NF	Formulary Update	ABIRATERONE ACETATE 250 MG ORAL TABLET-5
ZYTIGA 500 MG TABLET	5, QL BY RATIO 120/30, PA NSO	NF	Formulary Update	ABIRATERONE ACETATE 500 MG ORAL TABLET-5
TRANEXAMIC ACID 650 MG TABLET	2, QL BY RATIO 30/30	2	Formulary Update	
EFFECTIVE 05/01/2022				
CITALOPRAM HBR 10 MG TABLET	Tier 1, QL BY RATIO 30/30	Tier 1, QL BY RATIO 120/30	Formulary Enhancement	
COLISTIMETHATE 150 MG VIAL	Tier 5, PA BVD	Tier 5	Formulary Enhancement	
FLUCONAZOLE-NACL 100MG/50ML PIGGYBACK	Tier 2, PA BVD	Tier 2	Formulary Enhancement	
FLUCONAZOLE IN DEXTROSE 400MG/0.2L PIGGYBACK	Tier 2, PA BVD	Tier 2	Formulary Enhancement	
FLUCONAZOLE IN DEXTROSE 200MG/0.1L PIGGYBACK	Tier 2, PA BVD	Tier 2	Formulary Enhancement	
CARBAGLU 200 MG TAB DISPER	5	NF	Formulary Update	CARGLUMIC ACID 200 MG ORAL TAB DISPER - 5
SELZENTRY 300 MG TABLET	5	NF	Formulary Update	MARAVIROC 300 MG ORAL TABLET - 5

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2022 FORMULARY CHANGES

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SELZENTRY 150 MG TABLET	5	NF	Formulary Update	MARAVIROC 150 MG ORAL TABLET - 5
ZYTIGA 250 MG TABLET	NF	Tier 5, QL BY RATIO 120/30, PA NSO	Formulary Enhancement	
CABOTEGRAVIR 600 MG/3ML SUSER VIAL	NF	Tier 5, QL BY TIME 24/365	Formulary Enhancement	
CABOTEGRAVIR 400 MG/2ML SUSER VIAL	NF	Tier 5, QL BY TIME 24/365	Formulary Enhancement	
CEFAZOLIN SODIUM 2 G VIAL	NF	Tier 2	Formulary Enhancement	
CYCLOSPORINE 0.0005 DROPERETTE	NF	Tier 2, QL BY RATIO 60/30	Formulary Enhancement	
DESCOVY 120MG-15MG TABLET	NF	Tier 5	Formulary Enhancement	
TAKHZYRO 300 MG/2ML SYRINGE	NF	Tier 5, QL BY RATIO 4/28, PA	Formulary Enhancement	
LENALIDOMIDE 5 MG CAPSULE	NF	Tier 5, QL BY RATIO 28/28, PA NSO	Formulary Enhancement	
LENALIDOMIDE 10 MG CAPSULE	NF	Tier 5, QL BY RATIO 28/28, PA NSO	Formulary Enhancement	
LENALIDOMIDE 15 MG CAPSULE	NF	Tier 5, QL BY RATIO 28/28, PA NSO	Formulary Enhancement	
LENALIDOMIDE 25 MG CAPSULE	NF	Tier 5, QL BY RATIO 28/28, PA NSO	Formulary Enhancement	

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2022 FORMULARY CHANGES

Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
MODAFINIL 100 MG TABLET	NF	Tier 2, QL BY RATIO 30/30, PA	Formulary Enhancement	
MODAFINIL 200 MG TABLET	NF	Tier 2, QL BY RATIO 60/30, PA	Formulary Enhancement	
OPDUALAG 240-80/20 VIAL	NF	Tier 5, PA NSO	Formulary Enhancement	
VONJO 100 MG CAPSULE	NF	Tier 5, QL BY RATIO 120/30, PA NSO	Formulary Enhancement	
RILPIVIRINE 900 MG/3ML SUSER VIAL	NF	Tier 5	Formulary Enhancement	
RILPIVIRINE 600 MG/2ML SUSER VIAL	NF	Tier 5	Formulary Enhancement	
MAYZENT 0.25 MG(7) TAB DS PK	NF	Tier 4, PA	Formulary Enhancement	
MAYZENT 1 MG TABLET	NF	Tier 5, QL BY RATIO 30/30, PA	Formulary Enhancement	
TALZENNA 0.5 MG CAPSULE	NF	Tier 5, QL BY RATIO 30/30, PA NSO	Formulary Enhancement	
TALZENNA 0.75 MG CAPSULE	NF	Tier 5, QL BY RATIO 30/30, PA NSO	Formulary Enhancement	
RINVOQ 45 MG TAB ER 24H	NF	Tier 5, PA	Formulary Enhancement	
EFFECTIVE 06/01/2022				
ISOSORBIDE DINIT-HYDRALAZINE 20-37.5MG TABLET ORAL	NF	Tier 2	Formulary Enhancement	

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Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
OMNIPOD 5 G6 PODS (GEN 5) CARTRIDGE SUBCUTANE.	NF	Tier 3	Formulary Enhancement	
PACLITAXEL PROTEIN-BOUND 100 MG VIAL INTRAVEN.	NF	Tier 5, PA BVD	Formulary Enhancement	
RELEUKO 300MCG/0.5 SYRINGE SUBCUTANE.	NF	Tier 5, PA	Formulary Enhancement	
RELEUKO 300 MCG/ML VIAL INJECTION	NF	Tier 5, PA	Formulary Enhancement	
RELEUKO 480MCG/0.8 SYRINGE SUBCUTANE.	NF	Tier 5, PA	Formulary Enhancement	
RELEUKO 480MCG/1.6 VIAL INJECTION	NF	Tier 5, PA	Formulary Enhancement	
TRIUMEQ PD 60-5-30 MG TAB SUSP ORAL	NF	Tier 5	Formulary Enhancement	
APOMORPHINE HCL 10 MG/ML CARTRIDGE SUBCUTANE.	NF	Tier 5, QL BY RATIO 60/30, PA	Formulary Enhancement	
FORTEO 20MCG/DOSE PEN INJCTR SUBCUTANE.	NF	Tier 3, QL BY RATIO 2.4/28, PA	Formulary Enhancement	
LACOSAMIDE 200MG/20ML VIAL INTRAVEN.	NF	Tier 2, QL BY RATIO 200/5	Formulary Enhancement	
LACOSAMIDE 50 MG TABLET ORAL	NF	Tier 2, QL BY RATIO 60/30	Formulary Enhancement	
LACOSAMIDE 100 MG TABLET ORAL	NF	Tier 2, QL BY RATIO 60/30	Formulary Enhancement	
LACOSAMIDE 150 MG TABLET ORAL	NF	Tier 2, QL BY RATIO 60/30	Formulary Enhancement	
LACOSAMIDE 200 MG TABLET ORAL	NF	Tier 2, QL BY RATIO 60/30	Formulary Enhancement	
OZEMPIC 2MG/0.75ML PEN INJCTR SUBCUTANE.	NF	Tier 3, QL BY RATIO 3/28	Formulary Enhancement	

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PAXLOVID (EUA) 150-100 MG TABLET ORAL	NF	Tier 4, QL BY RATIO 20/5	Formulary Enhancement	
OMNIPOD 5 G6 INTRO KIT (GEN 5) EACH SUBCUTANE.	NF	Tier 3, QL BY TIME 1/365	Formulary Enhancement	
OMNIPOD DASH INTRO KIT (GEN 4) EACH SUBCUTANE.	NF	Tier 3, QL BY TIME 1/365	Formulary Enhancement	
CYSTADANE 1G/SCOOP ORAL POWDER	Tier 5	NF	Formulary Update	BETAINE ANHYDROUS 1G/SCOOP ORAL POWDER-5
APOKYN 10 MG/ML SUBCUTANE. CARTRIDGE	Tier 5, QL BY RATIO 60/30, PA	NF	Formulary Update	APOMORPHINE HCL 10 MG/ML SUBCUTANE. CARTRIDGE-5
REVLIMID 10 MG ORAL CAPSULE	Tier 5, QL BY RATIO 28/28, PA NSO, LA	NF	Formulary Update	LENALIDOMIDE 10 MG ORAL CAPSULE-5
REVLIMID 5 MG ORAL CAPSULE	Tier 5, QL BY RATIO 28/28, PA NSO, LA	NF	Formulary Update	LENALIDOMIDE 5 MG ORAL CAPSULE-5
REVLIMID 15 MG ORAL CAPSULE	Tier 5, QL BY RATIO 28/28, PA NSO, LA	NF	Formulary Update	LENALIDOMIDE 15 MG ORAL CAPSULE-5
REVLIMID 25 MG ORAL CAPSULE	Tier 5, QL BY RATIO 28/28, PA NSO, LA	NF	Formulary Update	LENALIDOMIDE 25 MG ORAL CAPSULE-5
VIMPAT 100 MG ORAL TABLET	Tier 3, QL BY RATIO 60/30	NF	Formulary Update	LACOSAMIDE 100 MG ORAL TABLET-2
VIMPAT 150 MG ORAL TABLET	Tier 3, QL BY RATIO 60/30	NF	Formulary Update	LACOSAMIDE 150 MG ORAL TABLET-2

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VIMPAT 50 MG ORAL TABLET	Tier 3, QL BY RATIO 60/30	NF	Formulary Update	LACOSAMIDE 50 MG ORAL TABLET-2
VIMPAT 200 MG ORAL TABLET	Tier 3, QL BY RATIO 60/30	NF	Formulary Update	LACOSAMIDE 200 MG ORAL TABLET-2
EFFECTIVE 07/01/2022				
CLOBAZAM 2.5 MG/ML ORAL SUSP	Tier 4, QL BY RATIO 480/30, PA NSO	Tier 4, QL BY RATIO 480/30	Formulary Enhancement	
CLOBAZAM 10 MG ORAL TABLET	Tier 4, QL BY RATIO 60/30, PA NSO	Tier 4, QL BY RATIO 60/30	Formulary Enhancement	
CLOBAZAM 20 MG ORAL TABLET	Tier 4, QL BY RATIO 60/30, PA NSO	Tier 4, QL BY RATIO 60/30	Formulary Enhancement	
QULIPTA 60 MG ORAL TABLET	NF	Tier 3, QL BY RATIO 30/30, PA	Formulary Enhancement	
QULIPTA 10 MG ORAL TABLET	NF	Tier 3, QL BY RATIO 30/30, PA	Formulary Enhancement	
QULIPTA 30 MG ORAL TABLET	NF	Tier 3, QL RATIO 30/30, PA	Formulary Enhancement	
HYDROXYZINE HCL 50 MG/25ML ORAL SOLUTION	NF	Tier 2	Formulary Enhancement	
BORTEZOMIB 2.5 MG INJECTION VIAL	NF	Tier 5, PA NSO	Formulary Enhancement	
BORTEZOMIB 1 MG INJECTION VIAL	NF	Tier 4, PA NSO	Formulary Enhancement	

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**BvD – Part B vs. Part D, NF - Non-Formulary, PA - Prior Authorization (PA2 - new starts only),
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2022 FORMULARY CHANGES

Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
PIRFENIDONE 267 MG ORAL TABLET	NF	Tier 5, QL BY RATIO 270/30, PA	Formulary Enhancement	
PIRFENIDONE 801 MG ORAL TABLET	NF	Tier 5, QL BY RATIO 90/30, PA	Formulary Enhancement	
KLISYRI 0.01 TOPICAL OINT PACK	NF	Tier 3, QL BY TIME 5/5	Formulary Enhancement	
VARENICLINE 0.5 (11)-1 ORAL TAB DS PK	NF	Tier 2	Formulary Enhancement	
DICLOFENAC SODIUM 20MG/G(2%) TOPICAL SOL MD PMP	NF	Tier 5, QL BY RATIO 224/28, PA	Formulary Enhancement	
BORTEZOMIB 3.5 MG INJECTION VIAL	NF	Tier 5, PA NSO	Formulary Enhancement	
CHANTIX 0.5 (11)-1 ORAL TAB DS PK	Tier 3	NF	Formulary Update	VARENICLINE 0.5 (11)-1 ORAL TAB DS PK- 5
EGRIFTA 2 MG SUBCUTANE. VIAL	Tier 5, QL BY RATIO 30/30, PA	NF	Formulary Deletion	
ZYTIGA 250 MG ORAL TABLET	Tier 5, QL BY RATIO 120/30, PA NSO	NF	Formulary Update	ABIRATERONE ACETATE 250 MG ORAL TABLET-5
EFFECTIVE 09/01/2022				
ALYMSYS 25 MG/ML INTRAVEN. VIAL	NF	Tier 5, PA NSO	Formulary Enhancement	
ALYMSYS 25 MG/ML INTRAVEN. VIAL	NF	Tier 5, PA NSO	Formulary Enhancement	
BEXAROTENE 1 % TOPICAL GEL (GRAM)	NF	Tier 5, PA NSO	Formulary Enhancement	

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2022 FORMULARY CHANGES

Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
FESOTERODINE FUMARATE ER 4 MG ORAL TAB ER 24H	NF	Tier 2	Formulary Enhancement	
FESOTERODINE FUMARATE ER 8 MG ORAL TAB ER 24H	NF	Tier 2	Formulary Enhancement	
LACOSAMIDE 10 MG/ML ORAL SOLUTION	NF	Tier 2, QL BY RATIO 1200/30	Formulary Enhancement	
LAGEVRIO (EUA) 200 MG ORAL CAPSULE	NF	Tier 4, QL BY RATIO 40/5	Formulary Enhancement	
NUCALA 40MG/0.4ML SUBCUTANE. SYRINGE	NF	Tier 5, QL BY RATIO 0.4/28, PA, LA	Formulary Enhancement	
OCREVUS 300MG/10ML INTRAVEN. VIAL	NF	Tier 5, QL BY TIME 20/180	Formulary Enhancement	
PEMETREXED DISODIUM 100 MG INTRAVEN. VIAL	NF	Tier 5	Formulary Enhancement	
PEMETREXED DISODIUM 1000 MG INTRAVEN. VIAL	NF	Tier 5	Formulary Enhancement	
PEMETREXED DISODIUM 25 MG/ML INTRAVEN. VIAL	NF	Tier 5	Formulary Enhancement	
PEMETREXED DISODIUM 25 MG/ML INTRAVEN. VIAL	NF	Tier 5	Formulary Enhancement	
PEMETREXED DISODIUM 25 MG/ML INTRAVEN. VIAL	NF	Tier 5	Formulary Enhancement	
PEMETREXED DISODIUM 25 MG/ML INTRAVEN. VIAL	NF	Tier 5	Formulary Enhancement	
PEMETREXED DISODIUM 25 MG/ML INTRAVEN. VIAL	NF	Tier 5	Formulary Enhancement	
PEMETREXED DISODIUM 25 MG/ML INTRAVEN. VIAL	NF	Tier 5	Formulary Enhancement	
PEMETREXED DISODIUM 25 MG/ML INTRAVEN. VIAL	NF	Tier 5	Formulary Enhancement	

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2022 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
PEMETREXED DISODIUM 25 MG/ML INTRAVEN. VIAL	NF	Tier 5	Formulary Enhancement	
PEMETREXED DISODIUM 25 MG/ML INTRAVEN. VIAL	NF	Tier 5	Formulary Enhancement	
PEMETREXED DISODIUM 25 MG/ML INTRAVEN. VIAL	NF	Tier 5	Formulary Enhancement	
PEMETREXED DISODIUM 500 MG INTRAVEN. VIAL	NF	Tier 5	Formulary Enhancement	
PEMETREXED DISODIUM 750 MG INTRAVEN. VIAL	NF	Tier 5	Formulary Enhancement	
PEMETREXED25 MG/ML INTRAVEN. VIAL	NF	Tier 5	Formulary Enhancement	
PRIORIX 3.4-4.2 SUBCUTANE. VIAL	NF	Tier 3	Formulary Enhancement	
SKYRIZI ON-BODY 360 MG/2.4 SUBCUTANE. WEAR INJCT	NF	Tier 5, PA	Formulary Enhancement	
SKYRIZI 600MG/10ML INTRAVEN. VIAL	NF	Tier 5, PA	Formulary Enhancement	
SOD SULF-POTASS SULF-MAG SULF 17.5-3.13G ORAL SOLN RECON	NF	Tier 3	Formulary Enhancement	
SORAFENIB 200 MG ORAL TABLET	NF	Tier 5, QL BY RATIO 120/30, PA, NSO	Formulary Enhancement	
TICOVAC 1.2/0.25ML INTRAMUSC. SYRINGE	NF	Tier 3, QL BY TIME 0.75/365	Formulary Enhancement	
TRIZIVIR 150-300 MG ORAL TABLET	NF	Tier 5	Formulary Enhancement	
VILAZODONE HCL 10 MG ORAL TABLET	NF	Tier 2, QL BY RATIO 30/30	Formulary Enhancement	

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2022 FORMULARY CHANGES

Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
VILAZODONE HCL 20 MG ORAL TABLET	NF	Tier 2, QL BY RATIO 30/30	Formulary Enhancement	
VILAZODONE HCL 40 MG ORAL TABLET	NF	Tier 2, QL BY RATIO 30/30	Formulary Enhancement	
BIDIL 20-37.5MG ORAL TABLET	Tier 3	NF	Formulary Update	ISOSORBIDE DINIT-HYDRALAZINE 20-37.5MG ORAL TABLET-2
BIDIL 20-37.5MG ORAL TABLET	Tier 3	NF	Formulary Update	ISOSORBIDE DINIT-HYDRALAZINE 20-37.5MG ORAL TABLET-2
TOVIAZ 4 MG ORAL TAB ER 24H	Tier 3	NF	Formulary Update	FESOTERODINE FUMARATE ER 4 MG ORAL TAB ER 24H-2
TOVIAZ 8 MG ORAL TAB ER 24H	Tier 3	NF	Formulary Update	FESOTERODINE FUMARATE ER 8 MG ORAL TAB ER 24H-2
VIMPAT 10 MG/ML ORAL SOLUTION	Tier 3, QL BY RATIO 1200/30	NF	Formulary Update	LACOSAMIDE 10 MG/ML ORAL SOLUTION-2
VIIBRYD 10 MG ORAL TABLET	Tier 3, QL BY RATIO 30/30	NF	Formulary Update	VILAZODONE HCL 10 MG ORAL TABLET-2
VIIBRYD 20 MG ORAL TABLET	Tier 3, QL BY RATIO 30/30	NF	Formulary Update	VILAZODONE HCL 20 MG ORAL TABLET-2

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2022 FORMULARY CHANGES

Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
VIIBRYD 40 MG ORAL TABLET	Tier 3, QL BY RATIO 30/30	NF	Formulary Update	VILAZODONE HCL 40 MG ORAL TABLET-2
RESTASIS 0.0005 OPHTHALMIC DROPERETTE	Tier 3, QL BY RATIO 60/30	Tier 2, QL BY RATIO 60/30	Formulary Enhancement	
MOLNUPIRAVIR (EUA) 200 MG ORAL CAPSULE	Tier 4, QL BY RATIO 40/5	NF	Formulary Update	LAGEVRIO (EUA) 200 MG ORAL CAPSULE-4
TARGRETIN 1 % TOPICAL GEL (GRAM)	Tier 5, PA NSO	NF	Formulary Update	BEXAROTENE 1 % TOPICAL GEL (GRAM)-5
NEXAVAR 200 MG ORAL TABLET	Tier 5, QL BY RATIO 120/30, PA NSO	NF	Formulary Update	SORAFENIB 200 MG ORAL TABLET-5
UKONIQ 200 MG ORAL TABLET	Tier 5, QL BY RATIO 120/30, PA NSO	NF	Formulary Update	
PENNSAID 20MG/G(2%) TOPICAL SOL MD PMP	Tier 5, QL BY RATIO 224/28, PA	NF	Formulary Update	DICLOFENAC SODIUM 20MG/G(2%) TOPICAL SOL MD PMP-5
ESBRIET 267 MG ORAL TABLET	Tier 5, QL BY RATIO 270/30, PA	NF	Formulary Update	PIRFENIDONE 267 MG ORAL TABLET-5
ESBRIET 801 MG ORAL TABLET	Tier 5, QL BY RATIO 90/30, PA	NF	Formulary Update	PIRFENIDONE 801 MG ORAL TABLET-5
EFFECTIVE 10/01/2022				

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2022 FORMULARY CHANGES

Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
CALQUENCE 100 MG ORAL TABLET	NF	Tier 5, QL BY RATIO 60/30, PA NSO	Formulary Enhancement	
CAPLYTA 10.5 MG ORAL CAPSULE	NF	Tier 5, QL BY RATIO 30/30, ST NSO	Formulary Enhancement	
CAPLYTA 21 MG ORAL CAPSULE	NF	Tier 5, QL BY RATIO 30/30, ST NSO	Formulary Enhancement	
KERENDIA 10 MG ORAL TABLET	NF	Tier 3, QL BY RATIO 30/30, PA	Formulary Enhancement	
KERENDIA 20 MG ORAL TABLET	NF	Tier 3, QL BY RATIO 30/30, PA	Formulary Enhancement	
LANREOTIDE ACETATE 120MG/0.5 SUBCUTANE. SYRINGE	Tier 5, QL BY RATIO 0.5/28, PA	Tier 5, QL BY RATIO 0.5/28, PA NSO	Formulary Enhancement	
NORETHINDRONE-E. ESTRADIOL-IRON 5-7-9-7 ORAL TABLET	NF	Tier 2	Formulary Enhancement	
PIRFENIDONE 534 MG ORAL TABLET	NF	Tier 5, QL BY RATIO 90/30, PA	Formulary Enhancement	
QUETIAPINE FUMARATE 150 MG ORAL TABLET	NF	Tier 2, QL BY RATIO 30/30	Formulary Enhancement	
TASCENSO ODT 0.25 MG ORAL TAB RAPDIS	NF	Tier 5, QL BY RATIO 30/30, PA	Formulary Enhancement	
ONDANSETRON HCL 24 MG ORAL TABLET	Tier 4, PA BvD	NF	Formulary Update	
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2022 FORMULARY CHANGES

Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
IMBRUVICA 70 MG/ML ORAL SUSP	NF	Tier 5, QL BY RATIO 240/30, PA NSO	Formulary Enhancement	
JAVYGTOR 100 MG ORAL TABLET SOL	NF	Tier 5	Formulary Enhancement	
LENALIDOMIDE 2.5 MG ORAL CAPSULE	NF	Tier 5, QL BY RATIO 28/28, PA NSO	Formulary Enhancement	
LENALIDOMIDE 20 MG ORAL CAPSULE	NF	Tier 5, QL BY RATIO 28/28, PA NSO	Formulary Enhancement	
METHOTREXATE SODIUM 25 MG/ML INJECTION VIAL	Tier 2, PA BvD	Tier 2	Formulary Enhancement	
METHOTREXATE SODIUM 25 MG/ML INJECTION VIAL	Tier 2, PA BvD	Tier 2	Formulary Enhancement	
METHOTREXATE SODIUM 25 MG/ML INJECTION VIAL	Tier 2, PA BvD	Tier 2	Formulary Enhancement	
METHOTREXATE SODIUM 25 MG/ML INJECTION VIAL	Tier 2, PA BvD	Tier 2	Formulary Enhancement	
METHOTREXATE SODIUM 25 MG/ML INJECTION VIAL	Tier 2, PA BvD	Tier 2	Formulary Enhancement	
METHOTREXATE SODIUM 25 MG/ML INJECTION VIAL	Tier 2, PA BvD	Tier 2	Formulary Enhancement	
METHOTREXATE SODIUM 25 MG/ML INJECTION VIAL	Tier 2, PA BvD	Tier 2	Formulary Enhancement	
METHOTREXATE 1 G INJECTION VIAL	Tier 2, PA BvD	Tier 2	Formulary Enhancement	
METHOTREXATE 25 MG/ML INJECTION VIAL	Tier 2, PA BvD	Tier 2	Formulary Enhancement	
NALOXONE HCL 0.4 MG/ML INJECTION VIAL	Tier 2	Tier 1	Formulary Enhancement	

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2022 FORMULARY CHANGES

Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
NALOXONE HCL 0.4 MG/ML INJECTION VIAL	Tier 2	Tier 1	Formulary Enhancement	
NALOXONE HCL 0.4 MG/ML INJECTION VIAL	Tier 2	Tier 1	Formulary Enhancement	
NALOXONE HCL 4 MG NASAL SPRAY	Tier 3, QL BY RATIO 4/30	Tier 2, QL BY RATIO 4/30	Formulary Enhancement	
ORKAMBI 75 MG-94MG ORAL GRAN PACK	NF	Tier 5, QL BY RATIO 56/28, PA	Formulary Enhancement	
PEMAZYRE 13.5 MG ORAL TABLET	Tier 5, QL BY RATIO 14/21, PA NSO	Tier 5, QL BY RATIO 30/30, PA NSO	Formulary Enhancement	
PEMAZYRE 4.5 MG ORAL TABLET	Tier 5, QL BY RATIO 14/21, PA NSO	Tier 5, QL BY RATIO 30/30, PA NSO	Formulary Enhancement	
PEMAZYRE 9 MG ORAL TABLET	Tier 5, QL BY RATIO 14/21, PA NSO	Tier 5, QL BY RATIO 30/30, PA NSO	Formulary Enhancement	
ZONISADE 100 MG/5ML ORAL SUSP	NF	Tier 4	Formulary Enhancement	
ZTALMY 50 MG/ML ORAL SUSP	NF	Tier 5, QL BY RATIO 1080/30, PA NSO	Formulary Enhancement	
EFFECTIVE 12/01/2022				
AUVELITY 45MG-105 MG ORAL TAB IR ER	NF	Tier 5, ST NSO	Formulary Enhancement	
CLOTRIMAZOLE 1% TOPICAL SOLUTION	NF	Tier 2	Formulary Enhancement	
ESOMEPRAZOLE MAGNESIUM 10 MG ORAL SUSP DR PKT	NF	Tier 3, QL BY RATIO 30/30, ST	Formulary Enhancement	

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Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
ESOMEPRAZOLE MAGNESIUM 20 MG ORAL SUSP DR PKT	NF	Tier 3, QL BY RATIO 30/30, ST	Formulary Enhancement	
ESOMEPRAZOLE MAGNESIUM 40 MG ORAL SUSP DR PKT	NF	Tier 3, QL BY RATIO 60/30, ST	Formulary Enhancement	
ROFLUMILAST 500 MCG ORAL TABLET	NF	Tier 2, QL BY RATIO 30/30	Formulary Enhancement	
VENLAFAXINE BESYLATE ER 112.5 MG ORAL TAB ER 24	NF	Tier 4, QL BY RATIO 30/30	Formulary Enhancement	

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