

***Tribute Health Plans  
2023 Formulary Addendum***

**BvD – Part B vs. Part D, NF - Non-Formulary, PA - Prior Authorization,  
QL – Quantity Limit per 30 Days, ST - Step Therapy**

**2023 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> |
|-------------------------------------------------------------------|--------------------------|----------------------|--------------------------|------------------------------------------------|
| <b>EFFECTIVE 01/01/2023</b>                                       |                          |                      |                          |                                                |
| Caziant TABLET 0.1/0.125/0.15 - 0.025 MG Oral                     | 1                        | NF                   | CMS Required Deletion    | N/A                                            |
| Digox Tablet 125 MCG Oral                                         | 1 + QL 30                | NF                   | CMS Required Deletion    | N/A                                            |
| Digox Tablet 250 MCG Oral                                         | 1                        | NF                   | CMS Required Deletion    | N/A                                            |
| Engerix-B Suspension 20 MCG/ML Injection                          | NF                       | 1 + BvD              | Formulary Enhancement    | N/A                                            |
| Lindane Shampoo 1 % External                                      | 1                        | NF                   | CMS Required Deletion    | N/A                                            |
| Na Sulfate-K Sulfate-Mg Sulf Solution 17.5-3.13-1.6 GM/177ML Oral | NF                       | 1                    | Formulary Enhancement    | N/A                                            |
| Nucala Solution Prefilled Syringe 40 MG/0.4ML Subcutaneous        | NF                       | 1 + PA               | Formulary Enhancement    | N/A                                            |
| Pentacel SUSPENSION RECONSTITUTED Intramuscular                   | NF                       | 1                    | Formulary Enhancement    | N/A                                            |
| Priorix Suspension Reconstituted Subcutaneous                     | NF                       | 1                    | Formulary Enhancement    | N/A                                            |
| Procalamine Solution 3 % Intravenous                              | 1 + BvD                  | NF                   | CMS Required Deletion    | N/A                                            |
| Quadracel Suspension Prefilled Syringe 0.5 ML Intramuscular       | NF                       | 1                    | Formulary Enhancement    | N/A                                            |
| Recombivax HB SUSPENSION 5 MCG/0.5ML INJECTION                    | NF                       | 1 + BvD              | Formulary Enhancement    | N/A                                            |
| Skyrizi Solution Cartridge 360 MG/2.4ML Subcutaneous              | NF                       | 1 + PA               | Formulary Enhancement    | N/A                                            |
| Tenivac INJECTABLE 5-2 LFU Intramuscular                          | NF                       | 1 + BvD              | Formulary Enhancement    | N/A                                            |
| Ticovac Suspension Prefilled Syringe 1.2 MCG/0.25ML Intramuscular | NF                       | 1                    | Formulary Enhancement    | N/A                                            |

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|---------------------------------------------------------|--------------------------|----------------------|--------------------------|--------------------------------------------------|
| YF-VAX INJECTABLE<br>Subcutaneous                       | NF                       | 1                    | Formulary Enhancement    | N/A                                              |
| <b>EFFECTIVE 02/01/2023</b>                             |                          |                      |                          |                                                  |
| Adefovir Dipivoxil Tablet 10 MG<br>Oral                 | 1 + QL 30 +<br>PA        | 1 + QL 30            | Formulary Enhancement    | N/A                                              |
| Baraclude SOLUTION 0.05 MG/ML<br>ORAL                   | 1 + QL 600 +<br>PA       | 1 + QL 600           | Formulary Enhancement    | N/A                                              |
| Calquence Tablet 100 MG Oral                            | NF                       | 1 + QL 60 +<br>PA    | Formulary Enhancement    | N/A                                              |
| Caplyta Capsule 10.5 MG Oral                            | NF                       | 1 + QL 30 +<br>PA    | Formulary Enhancement    | N/A                                              |
| Caplyta Capsule 21 MG Oral                              | NF                       | 1 + QL 30 +<br>PA    | Formulary Enhancement    | N/A                                              |
| Daliresp Tablet 500 MCG Oral                            | 1                        | NF                   | Formulary Update         | roflumilast tablet<br>500 mcg oral, 1            |
| Descovy Tablet 120-15 MG Oral                           | NF                       | 1                    | Formulary Enhancement    | N/A                                              |
| Digitek TABLET 125 MCG ORAL                             | 1 + QL 30                | NF                   | CMS Required Deletion    | N/A                                              |
| Enbrel Solution Reconstituted 25 MG<br>Subcutaneous     | 1 + PA                   | NF                   | CMS Required Deletion    | N/A                                              |
| Entecavir Tablet 0.5 MG Oral                            | 1 + QL 30 +<br>PA        | 1 + QL 30            | Formulary Enhancement    | N/A                                              |
| Entecavir Tablet 1 MG Oral                              | 1 + QL 30 +<br>PA        | 1 + QL 30            | Formulary Enhancement    | N/A                                              |
| Fingolimod HCl Capsule 0.5 MG Oral                      | NF                       | 1 + PA               | Formulary Enhancement    | N/A                                              |
| Furosemide SOLUTION 10 MG/ML<br>INJECTION (4ML SYRINGE) | 1                        | NF                   | CMS Required Deletion    | N/A                                              |
| Gilenya CAPSULE 0.5 MG ORAL                             | 1 + PA                   | NF                   | Formulary Update         | fingolimod hcl<br>capsule 0.5 mg<br>oral, 1 + PA |
| Hyftor Gel 0.2 % External                               | NF                       | 1 + PA               | Formulary Enhancement    | N/A                                              |
| Imbruvica Suspension 70 MG/ML<br>Oral                   | NF                       | 1 + QL 240 +<br>PA   | Formulary Enhancement    | N/A                                              |

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| <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> |
|----------------------------------------------------------------------------------------|--------------------------|----------------------|--------------------------|------------------------------------------------|
| Intron A Solution Reconstituted 18000000 UNIT Injection                                | 1 + PA                   | NF                   | CMS Required Deletion    | N/A                                            |
| Jynneos Suspension 0.5 ML Subcutaneous                                                 | NF                       | 1                    | Formulary Enhancement    | N/A                                            |
| Larissia Tablet 0.1-20 MG-MCG Oral                                                     | 1                        | NF                   | CMS Required Deletion    | N/A                                            |
| Lenalidomide Capsule 2.5 MG Oral                                                       | NF                       | 1 + PA               | Formulary Enhancement    | N/A                                            |
| Lenalidomide Capsule 20 MG Oral                                                        | NF                       | 1 + PA               | Formulary Enhancement    | N/A                                            |
| Noxafil Packet 300 MG Oral                                                             | NF                       | 1 + PA               | Formulary Enhancement    | N/A                                            |
| Orkambi Packet 75-94 MG Oral                                                           | NF                       | 1 + QL 56/28 + PA    | Formulary Enhancement    | N/A                                            |
| Pentacel Suspension Reconstituted Intramuscular (96-30-68-1-80-2-16-3-64-20 var units) | 1                        | NF                   | CMS Required Deletion    | N/A                                            |
| Pirfenidone Tablet 534 MG Oral                                                         | NF                       | 1 + PA               | Formulary Enhancement    | N/A                                            |
| Pred-G SUSPENSION 0.3-1 % OPHTHALMIC                                                   | 1                        | NF                   | CMS Required Deletion    | N/A                                            |
| ProAir HFA Aerosol Solution 108 (90 Base) MCG/ACT Inhalation                           | 1                        | NF                   | CMS Required Deletion    | N/A                                            |
| Revlimid Capsule 2.5 MG Oral                                                           | 1 + PA                   | NF                   | Formulary Update         | lenalidomide capsule 2.5 mg oral, 1 + PA       |
| Revlimid Capsule 20 MG Oral                                                            | 1 + PA                   | NF                   | Formulary Update         | lenalidomide capsule 20 mg oral, 1 + PA        |
| Roflumilast Tablet 500 MCG Oral                                                        | NF                       | 1                    | Formulary Enhancement    | N/A                                            |
| Skyrizi (150 MG Dose) Prefilled Syringe Kit 75 MG/0.83ML Subcutaneous                  | 1 + PA                   | NF                   | CMS Required Deletion    | N/A                                            |
| Tazarotene Gel 0.05 % External                                                         | NF                       | 1 + PA               | Formulary Enhancement    | N/A                                            |
| Tazarotene Gel 0.1 % External                                                          | NF                       | 1 + PA               | Formulary Enhancement    | N/A                                            |

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| Tazorac Gel 0.05 % External                                           | 1 + PA                   | NF                   | Formulary Update         | tazarotene gel 0.05 % external, 1 + PA         |
| Tazorac Gel 0.1 % External                                            | 1 + PA                   | NF                   | Formulary Update         | tazarotene gel 0.1 % external, 1 + PA          |
| Vemlidy TABLET 25 MG ORAL                                             | 1 + PA                   | 1                    | Formulary Enhancement    | N/A                                            |
| Venlafaxine Besylate ER Tablet Extended Release 24 Hour 112.5 MG Oral | NF                       | 1                    | Formulary Enhancement    | N/A                                            |
| Zonisade Suspension 100 MG/5ML Oral                                   | NF                       | 1                    | Formulary Enhancement    | N/A                                            |
| <b>EFFECTIVE 03/01/2023</b>                                           |                          |                      |                          |                                                |
| Auvelity Tablet Extended Release 45-105 MG Oral                       | NF                       | 1 + QL 60            | Formulary Enhancement    | N/A                                            |
| Daliresp Tablet 250 MCG Oral                                          | 1                        | NF                   | Formulary Update         | roflumilast tablet 250 mcg oral, 1             |
| Gleostine CAPSULE 10 MG ORAL                                          | NF                       | 1 + PA               | Formulary Enhancement    | N/A                                            |
| Gleostine CAPSULE 100 MG ORAL                                         | NF                       | 1 + PA               | Formulary Enhancement    | N/A                                            |
| Gleostine CAPSULE 40 MG ORAL                                          | NF                       | 1 + PA               | Formulary Enhancement    | N/A                                            |
| Intron A Solution Reconstituted 10000000 UNIT Injection               | 1 + PA                   | NF                   | CMS Required Deletion    | N/A                                            |
| Intron A Solution Reconstituted 50000000 UNIT Injection               | 1 + PA                   | NF                   | CMS Required Deletion    | N/A                                            |
| Menest Tablet 2.5 MG Oral                                             | NF                       | 1                    | Formulary Enhancement    | N/A                                            |
| Paser PACKET 4 GM ORAL                                                | 1                        | NF                   | CMS Required Deletion    | N/A                                            |
| Roflumilast Tablet 250 MCG Oral                                       | NF                       | 1                    | Formulary Enhancement    | N/A                                            |
| Skyrizi Solution Cartridge 180 MG/1.2ML Subcutaneous                  | NF                       | 1 + PA               | Formulary Enhancement    | N/A                                            |
| <b>EFFECTIVE 04/01/2023</b>                                           |                          |                      |                          |                                                |
| Digitek TABLET 250 MCG ORAL                                           | 1                        | NF                   | CMS Required Deletion    | N/A                                            |
| Esbriet Capsule 267 MG Oral                                           | 1 + PA                   | NF                   | Formulary Update         | pirfenidone capsule 267 mg oral, 1 + PA        |

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| Femynor Tablet 0.25-35 MG-MCG Oral                                        | 1                        | NF                   | CMS Required Deletion    | N/A                                               |
| Heplisav-B Solution Prefilled Syringe 20 MCG/0.5ML Intramuscular          | NF                       | 1 + BVD              | Formulary Enhancement    | N/A                                               |
| Krazati Tablet 200 MG Oral                                                | NF                       | 1 + PA               | Formulary Enhancement    | N/A                                               |
| Leuprolide Acetate Injectable 22.5 MG Intramuscular                       | NF                       | 1 + PA               | Formulary Enhancement    | N/A                                               |
| Norvir SOLUTION 80 MG/ML ORAL                                             | 1                        | NF                   | CMS Required Deletion    | N/A                                               |
| Ozempic (0.25 or 0.5 MG/DOSE) Solution Pen-Injector 2 MG/3ML Subcutaneous | NF                       | 1                    | Formulary Enhancement    | N/A                                               |
| Pirfenidone Capsule 267 MG Oral                                           | NF                       | 1 + PA               | Formulary Enhancement    | N/A                                               |
| Sodium Oxybate Solution 500 MG/ML Oral                                    | NF                       | 1 + QL 540 + PA      | Formulary Enhancement    | N/A                                               |
| Sunlenca Tablet Therapy Pack 4 x 300 MG Oral                              | NF                       | 1                    | Formulary Enhancement    | N/A                                               |
| Sunlenca Tablet Therapy Pack 5 x 300 MG Oral                              | NF                       | 1                    | Formulary Enhancement    | N/A                                               |
| <b>EFFECTIVE 05/01/2023</b>                                               |                          |                      |                          |                                                   |
| Jaypirca Tablet 100 MG Oral                                               | NF                       | 1 + QL 60 + PA       | Formulary Enhancement    | N/A                                               |
| Jaypirca Tablet 50 MG Oral                                                | NF                       | 1 + QL 60 + PA       | Formulary Enhancement    | N/A                                               |
| lamoTRIGine Kit 21 x 25 MG & 7 x 50 MG Oral                               | NF                       | 1                    | Formulary Enhancement    | N/A                                               |
| lamoTRIGine Kit 42 x 50 MG & 14x100 MG Oral                               | NF                       | 1                    | Formulary Enhancement    | N/A                                               |
| Latuda Tablet 120 MG Oral                                                 | 1 + QL 30 + PA           | NF                   | Formulary Update         | lurasidone hcl tablet 120 mg oral, 1 + QL 30 + PA |

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|----------------------------------------------------------|--------------------------|----------------------|--------------------------|--------------------------------------------------|
| Latuda Tablet 20 MG Oral                                 | 1 + QL 30 + PA           | NF                   | Formulary Update         | lurasidone hcl tablet 20 mg oral, 1 + QL 30 + PA |
| Latuda Tablet 40 MG Oral                                 | 1 + QL 30 + PA           | NF                   | Formulary Update         | lurasidone hcl tablet 40 mg oral, 1 + QL 30 + PA |
| Latuda Tablet 60 MG Oral                                 | 1 + QL 30 + PA           | NF                   | Formulary Update         | lurasidone hcl tablet 60 mg oral, 1 + QL 30 + PA |
| Latuda Tablet 80 MG Oral                                 | 1 + QL 60 + PA           | NF                   | Formulary Update         | lurasidone hcl tablet 80 mg oral, 1 + QL 60 + PA |
| Lurasidone HCl Tablet 120 MG Oral                        | NF                       | 1 + QL 30 + PA       | Formulary Enhancement    | N/A                                              |
| Lurasidone HCl Tablet 20 MG Oral                         | NF                       | 1 + QL 30 + PA       | Formulary Enhancement    | N/A                                              |
| Lurasidone HCl Tablet 40 MG Oral                         | NF                       | 1 + QL 30 + PA       | Formulary Enhancement    | N/A                                              |
| Lurasidone HCl Tablet 60 MG Oral                         | NF                       | 1 + QL 30 + PA       | Formulary Enhancement    | N/A                                              |
| Lurasidone HCl Tablet 80 MG Oral                         | NF                       | 1 + QL 60 + PA       | Formulary Enhancement    | N/A                                              |
| Lytgobi (12 MG Daily Dose) Tablet Therapy Pack 4 MG Oral | NF                       | 1 + QL 84/28 + PA    | Formulary Enhancement    | N/A                                              |
| Lytgobi (16 MG Daily Dose) Tablet Therapy Pack 4 MG Oral | NF                       | 1 + QL 112/28 + PA   | Formulary Enhancement    | N/A                                              |
| Lytgobi (20 MG Daily Dose) Tablet Therapy Pack 4 MG Oral | NF                       | 1 + QL 140/28 + PA   | Formulary Enhancement    | N/A                                              |
| Orserdu Tablet 345 MG Oral                               | NF                       | 1 + PA               | Formulary Enhancement    | N/A                                              |
| Orserdu Tablet 86 MG Oral                                | NF                       | 1 + PA               | Formulary Enhancement    | N/A                                              |

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|------------------------------------------------------------|--------------------------|----------------------|--------------------------|------------------------------------------------|
| Pirmella 1/35 Tablet 1-35 MG-MCG Oral                      | 1                        | NF                   | CMS Required Deletion    | N/A                                            |
| QUetiapine Fumarate Tablet 150 MG Oral                     | NF                       | 1 + QL 60 + PA       | Formulary Enhancement    | N/A                                            |
| Rezlidhia Capsule 150 MG Oral                              | NF                       | 1 + PA               | Formulary Enhancement    | N/A                                            |
| Takhzyro Solution Prefilled Syringe 150 MG/ML Subcutaneous | NF                       | 1 + PA               | Formulary Enhancement    | N/A                                            |
| Ztalmy Suspension 50 MG/ML Oral                            | NF                       | 1                    | Formulary Enhancement    | N/A                                            |
| <b>EFFECTIVE 06/01/2023</b>                                |                          |                      |                          |                                                |
| Azelastine HCl SOLUTION 0.15 % NASAL                       | 1                        | NF                   | CMS Required Deletion    | N/A                                            |
| Erleada Tablet 240 MG Oral                                 | NF                       | 1 + QL 30 + PA       | Formulary Enhancement    | N/A                                            |
| Fluticasone-Salmeterol Aerosol 115-21 MCG/ACT Inhalation   | NF                       | 1                    | Formulary Enhancement    | N/A                                            |
| Fluticasone-Salmeterol Aerosol 230-21 MCG/ACT Inhalation   | NF                       | 1                    | Formulary Enhancement    | N/A                                            |
| Fluticasone-Salmeterol Aerosol 45-21 MCG/ACT Inhalation    | NF                       | 1                    | Formulary Enhancement    | N/A                                            |
| Gentak Ointment 0.3 % Ophthalmic                           | 1                        | NF                   | CMS Required Deletion    | N/A                                            |
| Olopatadine HCl SOLUTION 0.2 % Ophthalmic                  | 1                        | NF                   | CMS Required Deletion    | N/A                                            |
| Oxandrolone TABLET 10 MG ORAL                              | 1 + PA                   | NF                   | CMS Required Deletion    | N/A                                            |
| Oxandrolone TABLET 2.5 MG ORAL                             | 1 + PA                   | NF                   | CMS Required Deletion    | N/A                                            |
| Prednicarbate Ointment 0.1 % External                      | 1                        | NF                   | CMS Required Deletion    | N/A                                            |
| <b>EFFECTIVE 07/01/2023</b>                                |                          |                      |                          |                                                |
| Austedo XR Tablet Extended Release 24 Hour 12 MG Oral      | NF                       | 1 + QL 90 + PA       | Formulary Enhancement    | N/A                                            |
| Austedo XR Tablet Extended Release 24 Hour 24 MG Oral      | NF                       | 1 + QL 60 + PA       | Formulary Enhancement    | N/A                                            |

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| Austedo XR Tablet Extended Release 24 Hour 6 MG Oral                        | NF                       | 1 + QL 90 + PA       | Formulary Enhancement    | N/A                                            |
| Drizalma Sprinkle Capsule Delayed Release Sprinkle 20 MG Oral               | 1 + QL 60                | NF                   | CMS Required Deletion    | N/A                                            |
| Drizalma Sprinkle Capsule Delayed Release Sprinkle 30 MG Oral               | 1 + QL 60                | NF                   | CMS Required Deletion    | N/A                                            |
| Drizalma Sprinkle Capsule Delayed Release Sprinkle 40 MG Oral               | 1 + QL 60                | NF                   | CMS Required Deletion    | N/A                                            |
| Drizalma Sprinkle Capsule Delayed Release Sprinkle 60 MG Oral               | 1 + QL 60                | NF                   | CMS Required Deletion    | N/A                                            |
| Emoquette Tablet 0.15-30 MG-MCG Oral                                        | 1                        | NF                   | CMS Required Deletion    | N/A                                            |
| Epivir HBV Solution 5 MG/ML Oral                                            | 1                        | NF                   | CMS Required Deletion    | N/A                                            |
| levoFLOXacin Solution 25 MG/ML Intravenous                                  | 1                        | NF                   | CMS Required Deletion    | N/A                                            |
| Lumakras Tablet 320 MG Oral                                                 | NF                       | 1 + QL 90 + PA       | Formulary Enhancement    | N/A                                            |
| Noxafil Suspension 40 MG/ML Oral                                            | 1 + PA                   | NF                   | Formulary Update         | posaconazole suspension 40 mg/ml oral, 1 + PA  |
| Ozempic (0.25 or 0.5 MG/DOSE) Solution Pen-Injector 2 MG/1.5ML Subcutaneous | 1                        | NF                   | CMS Required Deletion    | N/A                                            |
| Posaconazole Suspension 40 MG/ML Oral                                       | NF                       | 1 + PA               | Formulary Enhancement    | N/A                                            |
| Primidone Tablet 125 MG Oral                                                | NF                       | 1                    | Formulary Enhancement    | N/A                                            |
| Rotarix Suspension Oral                                                     | NF                       | 1                    | Formulary Enhancement    | N/A                                            |
| traMADol HCl Solution 5 MG/ML Oral                                          | NF                       | 1 + QL 2400          | Formulary Enhancement    | N/A                                            |
| Truseltiq (100MG Daily Dose) Capsule Therapy Pack 100 MG Oral               | 1 + QL 21/28 + PA        | NF                   | CMS Required Deletion    | N/A                                            |

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| Truseltiq (125MG Daily Dose) Capsule Therapy Pack 100 & 25 MG Oral | 1 + QL 42/28 + PA        | NF                   | CMS Required Deletion    | N/A                                            |
| Truseltiq (50MG Daily Dose) Capsule Therapy Pack 25 MG Oral        | 1 + QL 42/28 + PA        | NF                   | CMS Required Deletion    | N/A                                            |
| Truseltiq (75MG Daily Dose) Capsule Therapy Pack 25 MG Oral        | 1 + QL 63/28 + PA        | NF                   | CMS Required Deletion    | N/A                                            |
| Zokinvy Capsule 50 MG Oral                                         | NF                       | 1 + PA               | Formulary Enhancement    | N/A                                            |
| Zokinvy Capsule 75 MG Oral                                         | NF                       | 1 + PA               | Formulary Enhancement    | N/A                                            |
| <b>EFFECTIVE 08/01/2023</b>                                        |                          |                      |                          |                                                |
| Abilify Asimtufii Prefilled Syringe 720 MG/2.4ML Intramuscular     | NF                       | 1 + QL 1/56          | Formulary Enhancement    | N/A                                            |
| Abilify Asimtufii Prefilled Syringe 960 MG/3.2ML Intramuscular     | NF                       | 1 + QL 1/56          | Formulary Enhancement    | N/A                                            |
| Celontin CAPSULE 300 MG ORAL                                       | 1                        | NF                   | Formulary Update         | methsuximide capsule 300 mg oral, 1            |
| Cimetidine HCl Solution 300 MG/5ML Oral                            | 1                        | NF                   | CMS Required Deletion    | N/A                                            |
| Filspari Tablet 200 MG Oral                                        | NF                       | 1 + QL 30 + PA       | Formulary Enhancement    | N/A                                            |
| Filspari Tablet 400 MG Oral                                        | NF                       | 1 + QL 30 + PA       | Formulary Enhancement    | N/A                                            |
| Gefitinib Tablet 250 MG Oral                                       | NF                       | 1 + PA               | Formulary Enhancement    | N/A                                            |
| Iressa Tablet 250 MG Oral                                          | 1 + PA                   | NF                   | Formulary Update         | gefitinib tablet 250 mg oral, 1 + PA           |
| Kalydeco Packet 13.4 MG Oral                                       | NF                       | 1 + QL 56/28 + PA    | Formulary Enhancement    | N/A                                            |
| Kynmobi Film 10 MG Sublingual                                      | 1 + QL 150 + PA          | NF                   | CMS Required Deletion    | N/A                                            |
| Kynmobi Film 15 MG Sublingual                                      | 1 + QL 150 + PA          | NF                   | CMS Required Deletion    | N/A                                            |

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***Tribute Health Plans***  
***2023 Formulary Addendum***

**BvD – Part B vs. Part D, NF - Non-Formulary, PA - Prior Authorization,  
QL – Quantity Limit per 30 Days, ST - Step Therapy**

**2023 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> |
|------------------------------------------------------|--------------------------|----------------------|--------------------------|------------------------------------------------|
| Kynmobi Film 20 MG Sublingual                        | 1 + QL 150 + PA          | NF                   | CMS Required Deletion    | N/A                                            |
| Kynmobi Film 25 MG Sublingual                        | 1 + QL 150 + PA          | NF                   | CMS Required Deletion    | N/A                                            |
| Kynmobi Film 30 MG Sublingual                        | 1 + QL 150 + PA          | NF                   | CMS Required Deletion    | N/A                                            |
| Levo-T Tablet 100 MCG Oral                           | 1                        | NF                   | CMS Required Deletion    | N/A                                            |
| Levo-T TABLET 112 MCG ORAL                           | 1                        | NF                   | CMS Required Deletion    | N/A                                            |
| Levo-T Tablet 125 MCG Oral                           | 1                        | NF                   | CMS Required Deletion    | N/A                                            |
| Levo-T TABLET 137 MCG ORAL                           | 1                        | NF                   | CMS Required Deletion    | N/A                                            |
| Levo-T TABLET 150 MCG ORAL                           | 1                        | NF                   | CMS Required Deletion    | N/A                                            |
| Levo-T TABLET 175 MCG ORAL                           | 1                        | NF                   | CMS Required Deletion    | N/A                                            |
| Levo-T TABLET 200 MCG ORAL                           | 1                        | NF                   | CMS Required Deletion    | N/A                                            |
| Levo-T Tablet 25 MCG Oral                            | 1                        | NF                   | CMS Required Deletion    | N/A                                            |
| Levo-T TABLET 300 MCG ORAL                           | 1                        | NF                   | CMS Required Deletion    | N/A                                            |
| Levo-T Tablet 50 MCG Oral                            | 1                        | NF                   | CMS Required Deletion    | N/A                                            |
| Levo-T Tablet 75 MCG Oral                            | 1                        | NF                   | CMS Required Deletion    | N/A                                            |
| Levo-T TABLET 88 MCG ORAL                            | 1                        | NF                   | CMS Required Deletion    | N/A                                            |
| Mekinist Solution Reconstituted 0.05 MG/ML Oral      | NF                       | 1 + QL 1200 + PA     | Formulary Enhancement    | N/A                                            |
| Methsuximide Capsule 300 MG Oral                     | NF                       | 1                    | Formulary Enhancement    | N/A                                            |
| Nitisinone Capsule 20 MG Oral                        | NF                       | 1 + PA               | Formulary Enhancement    | N/A                                            |
| Orfadin Capsule 20 MG Oral                           | 1 + PA                   | NF                   | Formulary Update         | nitisinone capsule 20 mg oral, 1 + PA          |
| Quinapril-hydroCHLOROthiazide Tablet 10-12.5 MG Oral | 1                        | NF                   | CMS Required Deletion    | N/A                                            |
| Quinapril-hydroCHLOROthiazide Tablet 20-12.5 MG Oral | 1                        | NF                   | CMS Required Deletion    | N/A                                            |
| Quinapril-hydroCHLOROthiazide Tablet 20-25 MG Oral   | 1                        | NF                   | CMS Required Deletion    | N/A                                            |
| Tafinlar Tablet Soluble 10 MG Oral                   | NF                       | 1 + QL 900 + PA      | Formulary Enhancement    | N/A                                            |

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**2023 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> |
|-------------------------------------------------------------|--------------------------|----------------------|--------------------------|------------------------------------------------|
| Trikafta Therapy Pack 100-50-75 & 75 MG Oral                | NF                       | 1 + QL 56/28 + PA    | Formulary Enhancement    | N/A                                            |
| Trikafta Therapy Pack 80-40-60 & 59.5 MG Oral               | NF                       | 1 + QL 56/28 + PA    | Formulary Enhancement    | N/A                                            |
| Turalio Capsule 125 MG Oral                                 | NF                       | 1 + PA               | Formulary Enhancement    | N/A                                            |
| Vancomycin HCl Solution Reconstituted 25 MG/ML Oral         | NF                       | 1                    | Formulary Enhancement    | N/A                                            |
| <b>EFFECTIVE 09/01/2023</b>                                 |                          |                      |                          |                                                |
| Arexvy Suspension Reconstituted 120 MCG/0.5ML Intramuscular | NF                       | 1                    | Formulary Enhancement    | N/A                                            |
| Abrysvo Solution Reconstituted 120 MCG/0.5ML Intramuscular  | NF                       | 1                    | Formulary Enhancement    | N/A                                            |
| Clenpiq Solution 10-3.5-12 MG-GM - GM/175ML Oral            | NF                       | 1                    | Formulary Enhancement    | N/A                                            |
| Darunavir Tablet 600 MG Oral                                | NF                       | 1                    | Formulary Enhancement    | N/A                                            |
| Darunavir Tablet 800 MG Oral                                | NF                       | 1                    | Formulary Enhancement    | N/A                                            |
| Imbruvica Tablet 560 MG Oral                                | 1 + QL 30 + PA           | NF                   | CMS Required Deletion    | N/A                                            |
| Lupron Depot-Ped (1-Month) Kit 7.5 MG Intramuscular         | NF                       | 1 + PA               | Formulary Enhancement    | N/A                                            |
| Lupron Depot-Ped (3-Month) Kit 11.25 MG (Ped) Intramuscular | NF                       | 1 + PA               | Formulary Enhancement    | N/A                                            |
| Lupron Depot-Ped (6-Month) Kit 45 MG Intramuscular          | NF                       | 1 + PA               | Formulary Enhancement    | N/A                                            |
| Mekinist Solution Reconstituted 0.05 MG/ML Oral             | 1 + QL 1200 + PA         | 1 + QL 1260 + PA     | Formulary Enhancement    | N/A                                            |
| Prezista Tablet 600 MG Oral                                 | 1                        | NF                   | Formulary Update         | darunavir tablet 600 mg oral, 1                |
| Prezista Tablet 800 MG Oral                                 | 1                        | NF                   | Formulary Update         | darunavir tablet 800 mg oral, 1                |
| Procto-Pak Cream 1 % External                               | 1                        | NF                   | CMS Required Deletion    | N/A                                            |
| Turalio Capsule 200 MG Oral                                 | 1 + PA                   | NF                   | CMS Required Deletion    | N/A                                            |

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