

Georgia Health Advantage Choice (HMO I-SNP)

2022

Formulary Addendum

(1 Tier)

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

For a complete list of drugs covered by **Georgia Health Advantage Choice**, please visit our website at georgiahealthadvantage.com, or call Member Services at 1-844-917-0645, 8:00 am to 8:00 pm, 7 days a week from October 1st to March 31st and Monday to Friday from April 1st through September 30th. TTY/TDD users should call 711.

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

2022 FORMULARY CHANGES

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

Formulary ID: 22393, Version 7

Last Updated: 10/05/2021

Effective date: 01/01/2022

H8093_FormularyChanges00222_C

Georgia Health Advantage Choice (HMO I-SNP)

2022

Formulary Addendum

(1 Tier)

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

For a complete list of drugs covered by **Georgia Health Advantage Choice**, please visit our website at georgiahealthadvantage.com, or call Member Services at 1-844-917-0645, 8:00 am to 8:00 pm, 7 days a week from October 1st to March 31st and Monday to Friday from April 1st through September 30th. TTY/TDD users should call 711.

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

2022 FORMULARY CHANGES

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

Formulary ID: 22393, Version 7

Last Updated: 10/05/2021

Effective date: 01/01/2022

H8093_FormularyChanges00222_C

Georgia Health Advantage Choice (HMO I-SNP)

2022

Formulary Addendum

(1 Tier)

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

For a complete list of drugs covered by **Georgia Health Advantage Choice**, please visit our website at georgiahealthadvantage.com, or call Member Services at 1-844-917-0645, 8:00 am to 8:00 pm, 7 days a week from October 1st to March 31st and Monday to Friday from April 1st through September 30th. TTY/TDD users should call 711.

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

2022 FORMULARY CHANGES

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

Formulary ID: 22393, Version 7

Last Updated: 10/05/2021

Effective date: 01/01/2022

H8093_FormularyChanges00222_C

Georgia Health Advantage Choice (HMO I-SNP)

2022

Formulary Addendum

(1 Tier)

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

For a complete list of drugs covered by *Georgia Health Advantage Choice*, please visit our website at georgiahealthadvantage.com, or call Member Services at 1-844-917-0645, 8:00 am to 8:00 pm, 7 days a week from October 1st to March 31st and Monday to Friday from April 1st through September 30th. TTY/TDD users should call 711.

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

2022 FORMULARY CHANGES

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

Formulary ID: 22393, Version 7

Last Updated: 10/05/2021

Effective date: 01/01/2022

H8093_FormularyChanges00222_C

Georgia Health Advantage Choice (HMO I-SNP)

2022

Formulary Addendum

(1 Tier)

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

For a complete list of drugs covered by **Georgia Health Advantage Choice**, please visit our website at georgiahealthadvantage.com, or call Member Services at 1-844-917-0645, 8:00 am to 8:00 pm, 7 days a week from October 1st to March 31st and Monday to Friday from April 1st through September 30th. TTY/TDD users should call 711.

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

2022 FORMULARY CHANGES

Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Xofluza (80 MG Dose) Tablet Therapy Pack 2 x 40 MG Oral	1	NF	CMS Required Deletion	N/A

Formulary ID: 22393, Version 7

Last Updated: 10/05/2021

Effective date: 01/01/2022

H8093_FormularyChanges00222_C