



P.O. Box 240
Columbia, TN 38402

FARM BUREAU HEALTH PLANS - FORMULARY CHANGES:

The following are a list of Formulary changes that have been made for calendar year 2024. These changes are updated once a month denoted in the effective date column.

Drug Name	Formulary Change	Tier	Utilization Management/Change Affected - Notes	Effective Date
ADALIMUMAB-AATY 100 MG/ML	Addition	5	PA 1 and MDD QL	2/1/2024
ADALIMUMAB-AATY 100 MG/ML	Addition	5	PA 1 and MDD QL	2/1/2024
BRIMONIDINE TARTRATE 1 MG/ML	Addition	3		2/1/2024
CAPIVASERTIB 160 MG	Addition	5	PA 2	2/1/2024
CAPIVASERTIB 200 MG	Addition	5	PA 2	2/1/2024
ETHINYL ESTRADIOL 0.000625 MG/HR / ETONOGESTREL 0.005 MG/HR	Addition	4		2/1/2024
FLUTICASONE FUROATE 0.05 MG/ACTUAT / VILANTEROL 0.025 MG/ACTUAT	Addition	3	MDD QL	2/1/2024
FRUQUINTINIB 1 MG	Addition	5	PA 2	2/1/2024
FRUQUINTINIB 5 MG	Addition	5		2/1/2024



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GLIPIZIDE 2.5 MG	Addition	2		2/1/2024
LITHIUM CITRATE 60 MG/ML	Addition	2		2/1/2024
MOLNUPIRAVIR 200 MG	Addition	3	MDD QL	2/1/2024
MOMELOTINIB 100 MG	Addition	5	PA 2	2/1/2024
MOMELOTINIB 150 MG	Addition	5	PA 2	2/1/2024
MOMELOTINIB 200 MG	Addition	5	PA 2	2/1/2024
NIRMATRELVIR 150 MG/RITONAVIR 100 MG	Addition	3	MDD QL	2/1/2024
NIRMATRELVIR 150 MG/RITONAVIR 100 MG	Addition	3	MDD QL	2/1/2024
PAZOPANIB 200 MG	Addition	5	PA 2	2/1/2024
PITAVASTATIN CALCIUM 1 MG	Addition	4	ST 1	2/1/2024
PITAVASTATIN CALCIUM 2 MG	Addition	4	ST 1	2/1/2024



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PITAVASTATIN CALCIUM 4 MG	Addition	4	ST 1	2/1/2024
QUIZARTINIB 17.7 MG	Addition	5	PA 2	2/1/2024
QUIZARTINIB 26.5 MG	Addition	5	PA 2	2/1/2024
TRIAMCINOLONE ACETONIDE 0.001 MG/MG	Addition	3		2/1/2024
ZURANOLONE 20 MG	Addition	5	PA 2 and MDD QL	2/1/2024
ZURANOLONE 25 MG	Addition	5	PA 2 and MDD QL	2/1/2024
ZURANOLONE 30 MG	Addition	5	PA 2 and MDD QL	2/1/2024
MARCH 2024 CHANGES				
ABIRATERONE ACETATE 500 MG / NIRAPARIB 100 MG ORAL TABLET [AKEEGA]	Addition	5	PA 2	3/1/2024
ABIRATERONE ACETATE 500 MG / NIRAPARIB 50 MG ORAL TABLET [AKEEGA]	Addition	5	PA 2	3/1/2024
AMYLASE 252600 UNT / LIPASE 60000 UNT / PROTEASE 189600 UNT DELAYED RELEASE ORAL CAPSULE [ZENPEP]	Addition	3	ST 1	3/1/2024



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IVACAFTOR 5.8 MG ORAL GRANULES [KALYDECO]	Addition	5	PA 1	3/1/2024
NIROGACESTAT 50 MG ORAL TABLET [OGSIVEO]	Addition	5	PA 2	3/1/2024
REPOTRECTINIB 40 MG ORAL CAPSULE [AUGTYRO]	Addition	5	PA 2	3/1/2024
VIGABATRIN 500 MG POWDER FOR ORAL SOLUTION [VIGPODER]	Addition	5	PA 2	3/1/2024
APRIL 2024 CHANGES				
0.5 ML NEISSERIA MENINGITIDIS SEROGROUP A CAPSULAR POLYSACCHARIDE TETANUS TOXOID PROTEIN CONJUGATE VACCINE 0.01 MG/ML / NEISSERIA MENINGITIDIS SEROGROUP B RECOMBINANT LP2086 A05 PROTEIN VARIANT ANTIGEN 0.12 MG/ML / NEISSERIA MENINGITIDIS SEROGROUP B RECOM	Addition	3		4/1/2024
24 HR EMPAGLIFLOZIN 10 MG / METFORMIN HYDROCHLORIDE 1000 MG EXTENDED RELEASE ORAL TABLET [SYNJARDY]	Addition	3	ST 1	4/1/2024



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24 HR EMPAGLIFLOZIN 12.5 MG / METFORMIN HYDROCHLORIDE 1000 MG EXTENDED RELEASE ORAL TABLET [SYNJARDY]	Addition	3	ST 1	4/1/2024
24 HR EMPAGLIFLOZIN 25 MG / METFORMIN HYDROCHLORIDE 1000 MG EXTENDED RELEASE ORAL TABLET [SYNJARDY]	Addition	3	ST 1	4/1/2024
24 HR EMPAGLIFLOZIN 5 MG / METFORMIN HYDROCHLORIDE 1000 MG EXTENDED RELEASE ORAL TABLET [SYNJARDY]	Addition	3	ST 1	4/1/2024
BOSUTINIB 100 MG ORAL CAPSULE [BOSULIF]	Addition	5	PA 2	4/1/2024
BOSUTINIB 50 MG ORAL CAPSULE [BOSULIF]	Addition	5	PA 2	4/1/2024
BROMFENAC 0.7 MG/ML OPHTHALMIC SOLUTION	Addition	4	ST 1 and PTD QL	4/1/2024
CRIZOTINIB 150 MG ORAL PELLETT [XALKORI]	Addition	5	PA 2	4/1/2024
CRIZOTINIB 20 MG ORAL PELLETT [XALKORI]	Addition	5	PA 2	4/1/2024



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CRIZOTINIB 50 MG ORAL PELLETT [XALKORI]	Addition	5	PA 2	4/1/2024
EFLORNITHINE 192 MG ORAL TABLET [IWILFIN]	Addition	5	PA 2	4/1/2024
MAGNESIUM SULFATE 0.0277 MEQ/ML / POTASSIUM SULFATE 0.0374 MEQ/ML / SODIUM SULFATE 0.257 MEQ/ML ORAL SOLUTION	Addition	3		4/1/2024
RISPERIDONE 12.5 MG INJECTION	Addition	4	ST 1	4/1/2024
RISPERIDONE 25 MG INJECTION	Addition	5	ST 1	4/1/2024
RISPERIDONE 37.5 MG INJECTION	Addition	5	ST 1	4/1/2024
RISPERIDONE 50 MG INJECTION	Addition	5	ST 1	4/1/2024
MAY 2024 CHANGES				
{28 (NORETHINDRONE 0.35 MG ORAL TABLET) } PACK [HEATHER 28 DAY]	Addition	3		5/1/2024



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0.5 ML OMALIZUMAB 150 MG/ML AUTO-INJECTOR [XOLAIR]	Addition	5	PA 1	5/1/2024
1 ML OMALIZUMAB 150 MG/ML AUTO-INJECTOR [XOLAIR]	Addition	5	PA 1	5/1/2024
2 ML OMALIZUMAB 150 MG/ML AUTO-INJECTOR [XOLAIR]	Addition	5	PA 1	5/1/2024
2 ML OMALIZUMAB 150 MG/ML PREFILLED SYRINGE [XOLAIR]	Addition	5	PA 1	5/1/2024
CHIKUNGUNYA VIRUS ANTIGEN, LIVE ATTENUATED LR2006 OPY1 STRAIN 2000 UNT INJECTION [IXCHIQ]	Addition	3		5/1/2024
CYCLOSERINE 250 MG ORAL CAPSULE	Addition	5		5/1/2024
ENTRECTINIB 50 MG ORAL PELLETT [ROZLYTREK]	Addition	5	PA 2	5/1/2024
MIFEPRISTONE 300 MG ORAL TABLET	Addition	5	PA 1 W/ MDD QL	5/1/2024



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QL = Quantity Limit; **PA** = Prior Authorization; **PA 1** = Prior Authorization for all members; **PA 2** = Prior Authorization required for new members, if already receiving this drug you are “grandfathered” and no new prior authorization is required; **ST** = Step Therapy; **ST 1** = Step Therapy for all members; **ST 2** = Step Therapy for new members, if you already qualify you are “grandfathered” and no new step therapy is required; **MDD** = Maximum Daily Dosage; **PTD QL** = Period To Date Quantity Limit, also referred to as quantity over time quantity limit. These are quantity limits for drugs that have a specific treatment time such as antiviral (Tamiflu) or some antibiotics which are not considered a maintenance drug.

Members Health Insurance Company’s prescription drug benefits are administered through our Pharmacy Benefit Manager (PBM) Optum Rx. For questions related to your Prescription Drug benefits please contact Optum Rx at 1-844-368-8739, for any other inquiries please contact Farm Bureau Health Plans Member Services at 1-833-999-0103. TTY/TDD users should call 711. Our hours of operation are 8 a.m. to 8 p.m. local time, 7 days a week, October 1st – March 31st; and April 1st – September 30th, our hours are 8 a.m. to 8 p.m. local time, Monday – Friday, during this time our automated phone system may answer your calls on weekends and holidays. You may also visit our website at www.mhinsurance.com/part-d.

Members Health Insurance Company is a Prescription Drug Plan (PDP) with a Medicare contract. Enrollment in Members Health Insurance Company depends on contract renewal.