

## Changes to Your Plan's Formulary

Updated 12/2023

The table below outlines changes to our formulary that may impact you. Please talk to your doctor to see if the alternative drug is right for you.

\*Alternative drug(s) are drugs that you could consider with your prescriber. Only your prescriber can determine alternative drugs that are appropriate for you given the individualized nature of drug therapy. Please consult your prescriber to confirm if this is an appropriate drug for you.

<b>Name of Affected Drug</b>	<b>Description of Change</b>	<b>Reason for Change</b>	<b>Alternative Drug(s) *</b>	<b>Alternative Drug(s) Cost-Sharing Tier</b>	<b>Effective Date</b>
AVITA CRE 0.025%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	TRETINOIN CREAM 0.025%	Tier 1	11/01/2023
AVITA GEL 0.025%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	TRETINOIN GEL 0.025%	Tier 1	07/01/2023
BYDUREON BC INJ	Prior Authorization Added**	PA Added To Ensure Use Is For A Part D Covered Indication	Consult Your Health Care Provider		10/01/2023
BYETTA INJ 10MCG	Prior Authorization Added**	PA Added To Ensure Use Is For A Part D Covered Indication	Consult Your Health Care Provider		10/01/2023
CALCITRIOL INJ 1MCG/ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CALCITRIOL SOL 1MCG/ML	Tier 1	07/01/2023
CAZIANP PAK	Deletion Of Drug From Formulary	Manufacturer Discontinuation	VELIVET PAK	Tier 1	01/01/2023

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CEFACLOR SUS 125MG/5ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CEFACLOR SUS 250MG/5ML	Tier 1	12/01/2023
CEFACLOR SUS 375MG/5ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CEFACLOR SUS 250MG/5ML	Tier 1	12/01/2023
CEFTAZIDIME D5W IV SOL	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CEFTAZIDIME INJ	Tier 1	12/01/2023
DALIRESP TAB	Deletion Of Drug From Formulary	Generic Available	ROFLUMILAST TAB	Tier 1	05/01/2023
DIGOX TAB 0.125MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	DIGOXIN TAB 0.125MG	Tier 1	01/01/2023
DIGOX TAB 0.25MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	DIGOXIN TAB 0.25MG	Tier 1	01/01/2023
ELLA TAB 30MG	Deletion Of Drug From Formulary	Medicare Will No Longer Cover	Consult Your Health Care Provider		04/01/2023
ESBRIET CAP 267MG	Deletion Of Drug From Formulary	Generic Available	PIRFENIDONE CAP 267 MG	Tier 1	05/01/2023
FREAMINE III INJ 10%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	TROPHAMINE INJ 10%, TRAVASOL INJ 10%	Tier 1	10/01/2023
GILENYA CAP 0.5MG	Deletion Of Drug From Formulary	Generic Available	FINGOLIMOD CAP 0.5MG	Tier 1	05/01/2023
HETLIOZ CAP 20MG	Deletion Of Drug From Formulary	Generic Available	TASIMELTEON CAP 20MG	Tier 1	05/01/2023
ISOPTO ATROP SOL 1% OP	Deletion Of Drug From Formulary	Manufacturer Discontinuation	ATROPINE SULFATE OPHTH SOLN 1%	Tier 1	11/01/2023

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KYNMOBI FILM	Deletion Of Drug From Formulary	Manufacturer Discontinuation	Consult Your Health Care Provider		08/01/2023
LARISSIA TAB	Deletion Of Drug From Formulary	Manufacturer Discontinuation	AVIANE TAB	Tier 1	02/01/2023
LEVO-T TAB	Deletion Of Drug From Formulary	Medicare Will No Longer Cover	LEVOTHYROXINE SODIUM TAB	Tier 1	08/01/2023
LIDOCAINE HCL GEL 2%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	GLYDO GEL 2%	Tier 1	07/01/2023
LILLOW TAB 0.15-30 MG-MCG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	LEVONORGESTREL-ETHINYL ESTRADIOL TAB 0.15-30 MG-MCG	Tier 1	12/01/2023
MYORISAN CAP	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CLARAVIS CAP	Tier 1	07/01/2023
NEVIRAPINE TAB 100MG ER	Deletion Of Drug From Formulary	Manufacturer Discontinuation	NEVIRAPINE TAB 400MG ER	Tier 1	11/01/2023
NORVIR SOLN 80MG/ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	NORVIR PACKET 100MG	Tier 1	04/01/2023
OXANDROLONE TAB 10MG	Deletion Of Drug From Formulary	Market Removal	Consult Your Health Care Provider		11/01/2023
OXANDROLONE TAB 2.5MG	Deletion Of Drug From Formulary	Market Removal	Consult Your Health Care Provider		11/01/2023
OZEMPIC INJ	Prior Authorization Added**	PA Added To Ensure Use Is For A Part D Covered Indication	Consult Your Health Care Provider		10/01/2023

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PASER PACKETS 4GM	Deletion Of Drug From Formulary	Manufacturer Discontinuation	Consult Your Health Care Provider		03/01/2023
PRENATAL VIT TAB LOW IRON	Deletion Of Drug From Formulary	Manufacturer Discontinuation	PRENATAL TAB 27-1MG	Tier 1	03/01/2023
PROCALAMINE INJ 3%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CLINIMIX INJ 4.25/D5W	Tier 1	08/01/2023
PROCTO-PAK CRE 1%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	HYDROCORTISONE PERIANAL CREAM 1%	Tier 1	09/01/2023
ROSADAN CREAM 0.75%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	METRONIDAZOLE CREAM 0.75%	Tier 1	03/01/2023
RYBELSUS TAB	Prior Authorization Added**	PA Added To Ensure Use Is For A Part D Covered Indication	Consult Your Health Care Provider		10/01/2023
STAVUDINE CAP	Deletion Of Drug From Formulary	Manufacturer Discontinuation	ABACAVIR TAB, EMTRICITABINE CAP, LAMIVUDINE TAB, ZIDOVUDINE TAB	Tier 1	10/01/2023
SYNERCID INJ 500MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	Consult Your Health Care Provider		09/01/2023
TOPOSAR INJ 100/5ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	ETOPOSIDE INJ 20MG/ML	Tier 1	09/01/2023
TOPOSAR INJ 1GM/50ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	ETOPOSIDE INJ 1GM/50ML	Tier 1	09/01/2023

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TRICARE TAB PRENATAL	Deletion Of Drug From Formulary	Manufacturer Discontinuation	PRENATAL TAB 27-1MG; M-NATAL PLUS TAB	Tier 1	12/01/2023
TRULICITY INJ	Prior Authorization Added**	PA Added To Ensure Use Is For A Part D Covered Indication	Consult Your Health Care Provider		10/01/2023
VICTOZA INJ	Prior Authorization Added**	PA Added To Ensure Use Is For A Part D Covered Indication	Consult Your Health Care Provider		10/01/2023