



Highmark Wholecare Medicare Assured Formulary Changes

Current as of: 5/1/2023

Please be aware that Highmark Wholecare Medicare Assured may need to change its current list of approved drugs (drug formulary) from time to time. Highmark Wholecare may add, revise or remove a drug, move a drug to a different cost-sharing tier, add specific rules for use, place quantity limits, require prior drug therapies, and/or apply other special criteria for use. When a change is made, Highmark Wholecare will notify members who take the drug at least 30 days prior to the effective date of change. However, please note that immediate removal of a drug from our Drug List may be required if the Food and Drug Administration (FDA) decides a drug is unsafe or if a manufacturer removes a drug from the market for any reason. Highmark Wholecare will also provide notice to members who are taking the drug in these instances. For **new generic drugs**, we 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. Also, 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. If you are currently taking that brand name drug, 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. The complete drug formulary can be viewed at any time on our website at <https://highmarkwholecare.com/Medicare/Member-Tools/Medication-Benefits/Formulary-Medication>. The following changes are being provided for your information:

Effective Date of Change	Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Cost Share
1/1/2023	Omnipod pod pals	Formulary Addition	Additional Formulary Option	N/A	N/A
1/1/2023	Penciclovir Cream 1 %	Formulary Addition	Generic Available	N/A	N/A
1/1/2023	Denavir cream 1%	Formulary Deletion	Generic Available	Penciclovir Cream 1 %	Tier 3
1/1/2023	ZiAlmy Suspension 50 MG/ML Oral	Formulary Addition	Protected Class Medication	N/A	N/A
1/1/2023	Auvelity Tablet Extended Release 45-105 MG Oral	Formulary Addition	Protected Class Medication	N/A	N/A
1/1/2023	Lytgobi (12 MG Daily Dose) Tablet Therapy Pack 4 MG Oral	Formulary Addition	Protected Class Medication	N/A	N/A
1/1/2023	Lytgobi (20 MG Daily Dose) Tablet Therapy Pack 4 MG Oral	Formulary Addition	Protected Class Medication	N/A	N/A
1/1/2023	Lytgobi (16 MG Daily Dose) Tablet Therapy Pack 4 MG Oral	Formulary Addition	Protected Class Medication	N/A	N/A
1/1/2023	Tecvayli Solution 30 MG/3ML Subcutaneous	Formulary Addition	Protected Class Medication	N/A	N/A
1/1/2023	Tecvayli Solution 153 MG/1.7ML Subcutaneous	Formulary Addition	Protected Class Medication	N/A	N/A
2/1/2023	Roflumilast 500mcg tablet	Formulary Addition	Generic Available	N/A	N/A
2/1/2023	Daliresp 500mcg Tablet	Formulary Deletion	Generic Available	Roflumilast 500mcg tablet	Tier 4
2/1/2023	Norethindron-Ethinyl Estrad-Fe Tablet 1-20/1-30/1-35 MG-MCG Oral	Formulary Addition	Additional Formulary Option	N/A	N/A
2/1/2023	Pirfenidone Tablet 534 MG Oral	Formulary Addition	Additional Formulary Option	N/A	N/A
2/1/2023	Orkambi Packet 75-94 MG Oral	Formulary Addition	Additional Formulary Option	N/A	N/A
2/1/2023	Javygtor Packet 100 MG Oral	Formulary Addition	Additional Formulary Option	N/A	N/A
2/1/2023	Javygtor Tablet 100 MG Oral	Formulary Addition	Additional Formulary Option	N/A	N/A
2/1/2023	Javygtor Packet 500 MG Oral	Formulary Addition	Additional Formulary Option	N/A	N/A
2/1/2023	Blephamide S.O.P. Ointment 10-0.2 % Ophthalmic	Formulary Deletion	Formulary Reference File Deletion	Sulfacetamide-Prednisolone Solution 10-0.23 % Ophthalmic	Tier 2
2/1/2023	Intron A Solution Reconstituted 18000000 UNIT Injection	Formulary Deletion	Formulary Reference File Deletion	Intron A Injection Solution 6000000 Unit/MI	Tier 5
3/1/2023	Sunlenca Solution 463.5 MG/1.5ML Subcutaneous	Formulary Addition	Protected Class Medication	N/A	N/A
3/1/2023	Sunlenca Tablet Therapy Pack 4 x 300 MG Oral	Formulary Addition	Protected Class Medication	N/A	N/A
3/1/2023	Sunlenca Tablet Therapy Pack 5 x 300 MG Oral	Formulary Addition	Protected Class Medication	N/A	N/A
3/1/2023	Jynneos Suspension 0.5 ML Subcutaneous	Formulary Addition	Additional Formulary Option	N/A	N/A
3/1/2023	Rezlidhia Capsule 150 MG Oral	Formulary Addition	Protected Class Medication	N/A	N/A
3/1/2023	Krazati Tablet 200 MG Oral	Formulary Addition	Protected Class Medication	N/A	N/A
3/1/2023	Skyrizi Solution Cartridge 180 MG/1.2ML Subcutaneous	Formulary Addition	Additional Formulary Option	N/A	N/A
3/1/2023	Roflumilast Tablet 250 MCG Oral	Formulary Addition	Generic Available	N/A	N/A
3/1/2023	Tasimelteon Capsule 20 MG Oral	Formulary Addition	Generic Available	N/A	N/A
3/1/2023	Oxbryta Tablet 300 MG Oral	Formulary Addition	Additional Formulary Option	N/A	N/A
3/1/2023	Daliresp Tablet 250 MCG Oral	Formulary Deletion	Generic Available	Roflumilast Tablet 250 MCG Oral	Tier 4
3/1/2023	Turalio Capsule 125 MG Oral	Formulary Addition	Protected Class Medication	N/A	N/A
4/1/2023	Norvir Solution 80 MG/ML Oral	Formulary Addition	Protected Class Medication	N/A	Tier 4
4/1/2023	Digitek Tablet 250 MCG Oral	Formulary Addition	Additional Formulary Option	N/A	Tier 1
4/1/2023	Pirfenidone Capsule 267 MG Oral	Formulary Addition	Generic Available	N/A	Tier 5
4/1/2023	Heplisav-B Solution Prefilled Syringe 20 MCG/0.5ML IM	Formulary Addition	Additional Formulary Option	N/A	Tier 4
4/1/2023	Leuprolide Acetate Injectable 22.5MG Intramuscular	Formulary Addition	Protected Class Medication	N/A	Tier 4
4/1/2023	Ozempic (0.25 or 0.5 MG/DOSE) Sol Pen-Injector 2 MG/3ML SQ	Formulary Addition	Additional Formulary Option	N/A	Tier 3
4/1/2023	Sunlenca Tablet Therapy Pack 4 x 300 MG Oral	Formulary Addition	Protected Class Medication	N/A	Tier 5
4/1/2023	Sunlenca Tablet Therapy Pack 5 x 300 MG Oral	Formulary Addition	Protected Class Medication	N/A	Tier 5
5/1/2023	Polycin B Ophthalmic Ointment 500-10000 unit/gm	Formulary Addition	Additional Formulary Option	N/A	Tier 2
5/1/2023	Neo-Polycin HC 1% Ophthalmic Ointment	Formulary Addition	Additional Formulary Option	N/A	Tier 2
5/1/2023	Neo-Polycin Ophthalmic Ointment 3.5mg-400unit-10000unit	Formulary Addition	Additional Formulary Option	N/A	Tier 2
5/1/2023	Kitabis Pak Nebulization Solution 300mg/5ml Inhalation	Formulary Addition	Additional Formulary Option	N/A	Tier 5
5/1/2023	Zosyn IV Solution 2-0.25gm	Formulary Deletion	Generic Available	Piperacillin Sod - Tazobactam Sod Sol 2.25 (2-0.25) GM IV	Tier 2
5/1/2023	Zosyn IV Solution 3-0.375gm	Formulary Deletion	Generic Available	Piperacillin Sod - Tazobactam Sod Sol 3.375 (3-0.375) GM IV	Tier 3

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5/1/2023	Clindacin Foam 1% External	Formulary Addition	Additional Formulary Option	N/A	Tier 4
5/1/2023	Orserdu 86 MG Tablet	Formulary Addition	Protected Class Medication	N/A	Tier 5
5/1/2023	Orserdu 345 MG Tablet	Formulary Addition	Protected Class Medication	N/A	Tier 5
5/1/2023	Jaypirca 100 MG Tablet	Formulary Addition	Protected Class Medication	N/A	Tier 5
5/1/2023	Jaypirca 50 MG Tablet	Formulary Addition	Protected Class Medication	N/A	Tier 5