



Highmark Wholecare Medicare Assured Formulary Changes

Current as of: 12/1/2023

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	Skvrizi 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
6/1/2023	Endocet Tablet 2.5-325 MG ORAL	Formulary Addition	Additional Formulary Option	N/A	Tier 3
6/1/2023	Quetiapine Fumarate Tablet 150 MG Oral	Formulary Addition	Additional Formulary Option	N/A	Tier 3
6/1/2023	Subvenite Tablet 200 MG Oral	Formulary Addition	Protected Class Medication	N/A	Tier 2
6/1/2023	Subvenite Tablet 25 MG Oral	Formulary Addition	Protected Class Medication	N/A	Tier 2
6/1/2023	Subvenite Tablet 100 MG Oral	Formulary Addition	Protected Class Medication	N/A	Tier 2
6/1/2023	Subvenite Tablet 150 MG Oral	Formulary Addition	Protected Class Medication	N/A	Tier 2
6/1/2023	Icatibant Acetate Solution Prefilled Syringe 30 MG/3ML SQ	Formulary Addition	Additional Formulary Option	N/A	Tier 5
6/1/2023	Megestrol Acetate Suspension 400 MG/10ML Oral	Formulary Addition	Additional Formulary Option	N/A	Tier 2
6/1/2023	Megestrol Acetate Suspension 800 MG/20ML Oral	Formulary Addition	Additional Formulary Option	N/A	Tier 2
6/1/2023	Lumakras Tablet 320 MG Oral	Formulary Addition	Protected Class Medication	N/A	Tier 5
6/1/2023	Erleada Tablet 240 MG Oral	Formulary Addition	Protected Class Medication	N/A	Tier 5
6/1/2023	V-Go Kit 20 UNIT/24HR	Formulary Addition	Additional Formulary Option	N/A	Tier 1
6/1/2023	V-Go Kit 30 UNIT/24HR	Formulary Addition	Additional Formulary Option	N/A	Tier 1
6/1/2023	V-Go Kit 40 UNIT/24HR	Formulary Addition	Additional Formulary Option	N/A	Tier 1
7/1/2023	Rotarix Suspension Oral	Formulary Addition	Additional Formulary Option	N/A	Tier 4
7/1/2023	Acetaminophen-Codeine Tablet 300-30 MG Oral	Formulary Addition	Additional Formulary Option	N/A	Tier 2
7/1/2023	Austedo XR Tablet Extended Release 24 Hour 6 MG Oral	Formulary Addition	Additional Formulary Option	N/A	Tier 5
7/1/2023	Austedo XR Tablet Extended Release 24 Hour 12 MG Oral	Formulary Addition	Additional Formulary Option	N/A	Tier 5
7/1/2023	Austedo XR Tablet Extended Release 24 Hour 24 MG Oral	Formulary Addition	Additional Formulary Option	N/A	Tier 5
7/1/2023	Gilenya Capsule 0.25 MG Oral	Formulary Addition	Additional Formulary Option	N/A	Tier 5
7/1/2023	DayVigo Tablet 5 MG Oral	Formulary Addition	Additional Formulary Option	N/A	Tier 3
7/1/2023	DayVigo Tablet 10 MG Oral	Formulary Addition	Additional Formulary Option	N/A	Tier 3
7/1/2023	Posaconazole Suspension 40 MG/ML Oral	Formulary Addition	Additional Formulary Option	N/A	Tier 5
7/1/2023	Sodium Oxybate Solution 500 MG/ML Oral	Formulary Addition	Additional Formulary Option	N/A	Tier 5
7/1/2023	Joenja Tablet 70 MG Oral	Formulary Addition	Additional Formulary Option	N/A	Tier 5
7/1/2023	Kesimpta Solution Auto-Injector 20 MG/0.4ML Subcutaneous	Formulary Addition	Protected Class Medication	N/A	Tier 5
7/1/2023	Skyclarys Capsule 50 MG Oral	Formulary Addition	Additional Formulary Option	N/A	Tier 5
7/1/2023	Filspari Tablet 200 MG Oral	Formulary Addition	Additional Formulary Option	N/A	Tier 5
7/1/2023	Filspari Tablet 400 MG Oral	Formulary Addition	Additional Formulary Option	N/A	Tier 5
7/1/2023	Lupron Depot-Ped (6-Month)	Formulary Addition	Additional Formulary Option	N/A	Tier 5
7/1/2023	Lupron Depot-Ped (3-Month)	Formulary Addition	Additional Formulary Option	N/A	Tier 5
7/1/2023	Daybue 200 MG/ML Oral Sol	Formulary Addition	Additional Formulary Option	N/A	Tier 5
8/1/2023	Abilify Asimtufii Prefilled Syringe 720 MG/2.4ML Intramuscular	Formulary Addition	Protected Class Medication	N/A	Tier 5
8/1/2023	Abilify Asimtufii Prefilled Syringe 960 MG/3.2ML Intramuscular	Formulary Addition	Protected Class Medication	N/A	Tier 5
8/1/2023	Acetaminophen-Codeine #3 Tablet 300-30 MG Oral	Formulary Addition	Additional Formulary Option	N/A	Tier 2
8/1/2023	Acetaminophen-Codeine Tablet 300-30 MG Oral	Formulary Addition	Additional Formulary Option	N/A	Tier 2
8/1/2023	Celontin Capsule 300 MG Oral	Formulary Deletion	Generic Available	Methsuximide Capsule 300mg Oral	Tier 3
8/1/2023	Depo-Testosterone Solution 100 MG/ML Intramuscular	Formulary Addition	Additional Formulary Option	N/A	Tier 2
8/1/2023	Depo-Testosterone Solution 200 MG/ML Intramuscular	Formulary Addition	Additional Formulary Option	N/A	Tier 2
8/1/2023	Epkinly Solution 4 MG/0.8ML Subcutaneous	Formulary Addition	Protected Class Medication	N/A	Tier 5
8/1/2023	Epkinly Solution 48 MG/0.8ML Subcutaneous	Formulary Addition	Protected Class Medication	N/A	Tier 5
8/1/2023	Estring Ring 7.5 MCG/24HR Vaginal	Formulary Addition	Additional Formulary Option	N/A	Tier 3
8/1/2023	Gefitinib Tablet 250 MG Oral	Formulary Addition	Additional Formulary Option	N/A	Tier 5
8/1/2023	Gilenya Capsule 0.25 MG Oral	Formulary Deletion	Generic Available	Linezolid Capsule 0.25mg Oral	Tier 5
8/1/2023	Iressa Tablet 250 MG Oral	Formulary Deletion	Generic Available	Gefitinib Tablet 250mg Oral	Tier 5
8/1/2023	Mekinist Solution Reconstituted 0.05 MG/ML Oral	Formulary Addition	Protected Class Medication	N/A	Tier 5
8/1/2023	Methsuximide Capsule 300 MG Oral	Formulary Addition	Additional Formulary Option	N/A	Tier 3
8/1/2023	Nitisinone Capsule 20 MG Oral	Formulary Addition	Additional Formulary Option	N/A	Tier 5
8/1/2023	Omnipod DASH PDM (Gen 4) Kit	Formulary Addition	Additional Formulary Option	N/A	Tier 1
8/1/2023	Tafinlar Tablet Soluble 10 MG Oral	Formulary Addition	Protected Class Medication	N/A	Tier 5
8/1/2023	Testosterone Gel 1.62 % Transdermal	Formulary Addition	Additional Formulary Option	N/A	Tier 4
8/1/2023	Uzedy Suspension Prefilled Syringe 100 MG/0.28ML Subcutaneous	Formulary Addition	Protected Class Medication	N/A	Tier 5
8/1/2023	Uzedy Suspension Prefilled Syringe 125 MG/0.35ML Subcutaneous	Formulary Addition	Protected Class Medication	N/A	Tier 5
8/1/2023	Uzedy Suspension Prefilled Syringe 150 MG/0.42ML Subcutaneous	Formulary Addition	Protected Class Medication	N/A	Tier 5
8/1/2023	Uzedy Suspension Prefilled Syringe 200 MG/0.56ML Subcutaneous	Formulary Addition	Protected Class Medication	N/A	Tier 5
8/1/2023	Uzedy Suspension Prefilled Syringe 250 MG/0.7ML Subcutaneous	Formulary Addition	Protected Class Medication	N/A	Tier 5
8/1/2023	Uzedy Suspension Prefilled Syringe 50 MG/0.14ML Subcutaneous	Formulary Addition	Protected Class Medication	N/A	Tier 5
8/1/2023	Uzedy Suspension Prefilled Syringe 75 MG/0.21ML Subcutaneous	Formulary Addition	Protected Class Medication	N/A	Tier 5

Effective Date of Change	Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Cost Share
9/1/2023	Darunavir Tablet 600 MG Oral	Formulary Addition	Additional Formulary Option	N/A	Tier 5
9/1/2023	Darunavir Tablet 800 MG Oral	Formulary Addition	Additional Formulary Option	N/A	Tier 5
9/1/2023	Kalydeco Packet 13.4 MG Oral	Formulary Addition	Additional Formulary Option	N/A	Tier 5
9/1/2023	Omnipod Go Kit 10 UNIT/24HR	Formulary Addition	Additional Formulary Option	N/A	Tier 1
9/1/2023	Omnipod Go Kit 15 UNIT/24HR	Formulary Addition	Additional Formulary Option	N/A	Tier 1
9/1/2023	Omnipod Go Kit 25 UNIT/24HR	Formulary Addition	Additional Formulary Option	N/A	Tier 1
9/1/2023	Omnipod Go Kit 35 UNIT/24HR	Formulary Addition	Additional Formulary Option	N/A	Tier 1
9/1/2023	Prezista Tablet 600 MG Oral	Formulary Deletion	Generic Available	Darunavir Tablet 600 MG Oral	Tier 5
9/1/2023	Prezista Tablet 800 MG Oral	Formulary Deletion	Generic Available	Darunavir Tablet 800 MG Oral	Tier 5
9/1/2023	Trikafta Therapy Pack 100-50-75 & 75 MG Oral	Formulary Addition	Additional Formulary Option	N/A	Tier 5
9/1/2023	Trikafta Therapy Pack 80-40-60 & 59.5 MG Oral	Formulary Addition	Additional Formulary Option	N/A	Tier 5
9/1/2023	Turalio Capsule 200 MG Oral	Formulary Deletion	New Strength	Turalio Capsule 125mg Oral	Tier 5
10/1/2023	Abrysvo Solution Injection 120mcg/0.5ml	Formulary Addition	Additional Formulary Option	N/A	Tier 4
10/1/2023	Arexvy Suspension Injection 120 mcg/o.5ml	Formulary Addition	Additional Formulary Option	N/A	Tier 4
10/1/2023	Haloette Ring 0.12-0.015 MG/24HR	Formulary Addition	Additional Formulary Option	N/A	Tier 2
10/1/2023	Talzenna Cap 0.1mg	Formulary Addition	Additional Formulary Option	N/A	Tier 5
10/1/2023	Talzenna Cap 0.35mg	Formulary Addition	Additional Formulary Option	N/A	Tier 5
10/1/2023	Vigadrone Tablet 500mg	Formulary Addition	Additional Formulary Option	N/A	Tier 5
10/1/2023	Zejula Tablet 100mg	Formulary Addition	Additional Formulary Option	N/A	Tier 5
10/1/2023	Zejula Tablet 200mg	Formulary Addition	Additional Formulary Option	N/A	Tier 5
10/1/2023	Zejula Tablet 300mg	Formulary Addition	Additional Formulary Option	N/A	Tier 5
10/1/2023	Zeposia Cap Starter Kit	Formulary Addition	Additional Formulary Option	N/A	Tier 5
11/1/2023	Akeega Tablets 50-500mg	Formulary Addition	Protected Class Medication	N/A	Tier 5
11/1/2023	Akeega Tablets 100-500mg	Formulary Addition	Protected Class Medication	N/A	Tier 5
12/1/2023	Austedo XR Patient Titration Tab ER Therapy Pack 6-12-24 MG	Formulary Addition	Additional Formulary Option	N/A	Tier 5
12/1/2023	Breo Ellipta Aerosol 50-25 MCG/INH Inhalation	Formulary Addition	New Strength	N/A	Tier 3
12/1/2023	Ciprofloxacin-Dexamethasone Suspension 0.3-0.1 % Otic	Formulary Addition	Additional Formulary Option	N/A	Tier 3
12/1/2023	Lithium Solution 8 MEQ/5ML Oral	Formulary Addition	Additional Formulary Option	N/A	Tier 2
12/1/2023	Oijaara Tablet 100 MG Oral	Formulary Addition	Protected Class Medication	N/A	Tier 5
12/1/2023	Oijaara Tablet 150 MG Oral	Formulary Addition	Protected Class Medication	N/A	Tier 5
12/1/2023	Oijaara Tablet 200 MG Oral	Formulary Addition	Protected Class Medication	N/A	Tier 5
12/1/2023	Oxybutynin Chloride Solution 5 MG/5ML Oral	Formulary Addition	Additional Formulary Option	N/A	Tier 1
12/1/2023	Sohonos Capsule 1 MG Oral	Formulary Addition	Additional Formulary Option	N/A	Tier 5
12/1/2023	Sohonos Capsule 1.5 MG Oral	Formulary Addition	Additional Formulary Option	N/A	Tier 5
12/1/2023	Sohonos Capsule 10 MG Oral	Formulary Addition	Additional Formulary Option	N/A	Tier 5
12/1/2023	Sohonos Capsule 2.5 MG Oral	Formulary Addition	Additional Formulary Option	N/A	Tier 5
12/1/2023	Sohonos Capsule 5 MG Oral	Formulary Addition	Additional Formulary Option	N/A	Tier 5
12/1/2023	Tecfidera 120 & 240 MG Oral	Formulary Addition	Additional Formulary Option	N/A	Tier 5
12/1/2023	Vanflyta Tablet 17.7 MG Oral	Formulary Addition	Protected Class Medication	N/A	Tier 5
12/1/2023	Vanflyta Tablet 26.5 MG Oral	Formulary Addition	Protected Class Medication	N/A	Tier 5
12/1/2023	Vyjuvek Gel 5000000000 PFU/2.5ML External	Formulary Addition	Additional Formulary Option	N/A	Tier 5
12/1/2023	Xdemvy Solution 0.25 % Ophthalmic	Formulary Addition	Additional Formulary Option	N/A	Tier 5