

Changes to Our Plan's Formulary

Our Plan 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. Or, 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. 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. Also, if the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we may immediately remove the drug from our formulary and provide notice to members who take the drug.

Before we make other changes during the year to our Drug List that affect members currently taking a drug and that require us to provide advance notice, we will notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a one-month supply of the drug.

The table below outlines changes to our formulary that may impact you.

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug(s) *	Alternative Drug(s) Cost-Sharing Tier	Effective Date
AVITA CRE 0.025%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	TRETINOIN CREAM 0.025%	Tier 2	11/01/2023
AVITA GEL 0.025%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	TRETINOIN GEL 0.025%	Tier 2	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		11/01/2023
BYETTA INJ 10 MCG	Prior Authorization Added**	PA Added To Ensure Use Is For A Part D Covered Indication	Consult Your Health Care Provider		11/01/2023
CALCITRIOL INJ 1 MCG/ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CALCITRIOL SOL 1 MCG/ML	Tier 2	07/01/2023

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug(s) *	Alternative Drug(s) Cost-Sharing Tier	Effective Date
CAZANT PAK	Deletion Of Drug From Formulary	Manufacturer Discontinuation	VELIVET PAK	Tier 2	01/01/2023
CEFACLO SUS 125 MG / 5 ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CEFACLO SUS 250 MG / 5 ML	Tier 2	12/01/2023
CEFACLO SUS 375 MG / 5 ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CEFACLO SUS 250 MG / 5 ML	Tier 2	12/01/2023
CEFTAZIDIME D5W IV SOL	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CEFTAZIDIME INJ	Tier 2	12/01/2023
DALIRESP TAB	Deletion Of Drug From Formulary	Generic Available	ROFLUMILAST TAB	Tier 2	05/01/2023
DIGOX TAB 0.125 MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	DIGOXIN TAB 0.125 MG	Tier 2	01/01/2023
DIGOX TAB 0.25 MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	DIGOXIN TAB 0.25 MG	Tier 2	01/01/2023
ELLA TAB 30 MG	Deletion Of Drug From Formulary	Medicare Will No Longer Cover	Consult Your Health Care Provider		04/01/2023
ESBRIET CAP 267 MG	Deletion Of Drug From Formulary	Generic Available	PIRFENIDONE CAP 267 MG	Tier 5	05/01/2023
FREAMINE III INJ 10%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	TROPHAMINE INJ 10%, TRAVASOL INJ 10%	Tier 4	10/01/2023
GILENYA CAP 0.5 MG	Deletion Of Drug From Formulary	Generic Available	FINGOLIMOD CAP 0.5 MG	Tier 5	05/01/2023
HETLIOZ CAP 20 MG	Deletion Of Drug From Formulary	Generic Available	TASIMELTEON CAP 20 MG	Tier 5	05/01/2023

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug(s) *	Alternative Drug(s) Cost-Sharing Tier	Effective Date
ISOPTO ATROP SOL 1% OP	Deletion Of Drug From Formulary	Manufacturer Discontinuation	ATROPINE SULFATE OPHTH SOLN 1%	Tier 2	11/01/2023
KYNMOBI FILM	Deletion Of Drug From Formulary	Manufacturer Discontinuation	APOKYN INJ 10 MG/ML	Tier 5	08/01/2023
LARISSIA TAB	Deletion Of Drug From Formulary	Manufacturer Discontinuation	AVIANE TAB	Tier 2	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 2	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 2	12/01/2023
MYORISAN CAP	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CLARAVIS CAP	Tier 2	07/01/2023
NEVIRAPINE TAB 100 MG ER	Deletion Of Drug From Formulary	Manufacturer Discontinuation	NEVIRAPINE TAB 400 MG ER	Tier 2	11/01/2023
NORVIR SOLN 80 MG/ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	NORVIR PACKET 100 MG	Tier 4	04/01/2023
OXANDROLONE TAB 10 MG	Deletion Of Drug From Formulary	Market Removal	Consult Your Health Care Provider		11/01/2023
OXANDROLONE TAB 2.5 MG	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		11/01/2023

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug(s) *	Alternative Drug(s) Cost-Sharing Tier	Effective Date
PASER PACKETS 4 GM	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 27-1 MG	Tier 3	03/01/2023
PROCALAMINE INJ 3%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CLINIMIX INJ 4.25/D5W	Tier 4	08/01/2023
PROCTO-PAK CRE 1%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	HYDROCORTISONE PERIANAL CREAM 1%	Tier 2	09/01/2023
ROSADAN CREAM 0.75%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	METRONIDAZOLE CREAM 0.75%	Tier 2	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		11/01/2023
STAVUDINE CAP	Deletion Of Drug From Formulary	Manufacturer Discontinuation	ABACAVIR TAB, EMTRICITABINE CAP, LAMIVUDINE TAB, ZIDOVUDINE TAB	Tier 2	10/01/2023
SYNERCID INJ 500 MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	Consult Your Health Care Provider		09/01/2023
TOPOSAR INJ 100 / 5 ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	ETOPOSIDE INJ 20 MG/ML	Tier 2	09/01/2023
TOPOSAR INJ 1 GM / 50 ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	ETOPOSIDE INJ 1 GM / 50 ML	Tier 2	09/01/2023
TRICARE TAB PRENATAL	Deletion Of Drug From Formulary	Manufacturer Discontinuation	PRENATAL TAB 27-1 MG; M-NATAL PLUS TAB	Tier 3	12/01/2023

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug(s) *	Alternative Drug(s) Cost-Sharing Tier	Effective Date
TRULICITY INJ	Prior Authorization Added**	PA Added To Ensure Use Is For A Part D Covered Indication	Consult Your Health Care Provider		11/01/2023
VICTOZA INJ	Prior Authorization Added**	PA Added To Ensure Use Is For A Part D Covered Indication	Consult Your Health Care Provider		11/01/2023

*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.

**If you are currently taking this drug, this change will not affect your coverage for this drug for the rest of the plan year.

Section 1557 Non-Discrimination Language

Notice of Non-Discrimination

Health Net complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Health Net:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact Health Net's Member Services at: **1-800-275-4737** (TTY: **711**). From October 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. A messaging system is used after hours, weekends, and on federal holidays.

If you believe that Health Net has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by calling the number above and telling them you need help filing a grievance; Health Net's Member Services is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>** or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019** (TDD: **1-800-537-7697**).

Complaint forms are available at **<http://www.hhs.gov/ocr/office/file/index.html>**.

Multi-Language Insert
Multi-Language Interpreter Services

Form Approved
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Spanish: Contamos con servicios de interpretación gratuitos para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para obtener un intérprete, llámenos al **1-800-275-4737** (TTY: **711**). Alguien que habla español puede ayudarle. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费翻译服务，以便回答您可能对我们的健康或药物计划提出的任何问题。如需翻译，请拨打电话 **1-800-275-4737** (TTY: **711**)。会说汉语普通话的人员可为您提供帮助。此项服务免费。

Chinese Cantonese: 我們提供免費口譯服務，可回答您任何關於我們健康或藥物計劃的問題。若要取得口譯服務，請致電**1-800-275-4737** (TTY: **711**)。會說粵語的人員可以幫助您。此為免費服務。

Tagalog: Mayroon kaming libreng serbisyo ng tagasalin para sagutin ang anumang mga tanong na mayroon ka tungkol sa aming health o drug plan. Para kumuha ng tagasalin, tawagin lang kami sa **1-800-275-4737** (TTY: **711**). May nagsasalita ng Tagalog na puwedeng tumulong sa iyo. Ito ay libreng serbisyo.

French: Nous disposons de services d'interprétation gratuits pour répondre à toutes les questions que vous pouvez avoir sur notre régime de santé ou de médicaments. Pour entrer en contact avec un interprète, il suffit de nous appeler au **1-800-275-4737** (TTY : **711**). Une personne qui parle français peut vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch viên miễn phí để trả lời mọi câu hỏi quý vị có thể có về chương trình thuốc hoặc chương trình sức khỏe của chúng tôi. Để yêu cầu thông dịch viên, chỉ cần gọi cho chúng tôi theo số **1-800-275-4737** (TTY: **711**). Nhân viên nói tiếng Việt sẽ hỗ trợ quý vị. Dịch vụ này được miễn phí.

German: Unser kostenloser Dolmetscherdienst beantwortet mögliche Fragen zu Ihrem Gesundheits- oder Medikamentenplan. Wenn Sie einen Dolmetscher benötigen, rufen Sie uns gerne unter der folgenden Rufnummer an: **1-800-275-4737** (TTY: **711**). Sie erhalten Hilfe in deutscher Sprache. Dieser Service ist für Sie kostenlos.

Korean: 당사의 건강 또는 의약품 플랜과 관련해서 물어볼 수 있는 모든 질문에 답변하기 위한 무료 통역 서비스가 있습니다. 통역사가 필요한 경우, **1-800-275-4737**(TTY: **711**)번으로 당사에 문의해 주십시오. 한국어를 구사하는 통역사가 도움을 드릴 수 있습니다. 통역 서비스는 무료로 제공됩니다.

Russian: Если у вас возникли какие-либо вопросы о нашем плане медицинского страхования или плане с покрытием лекарственных препаратов, для вас предусмотрены бесплатные услуги переводчика. Чтобы воспользоваться услугами переводчика, просто позвоните нам по номеру **1-800-275-4737** (TTY: **711**). Вам поможет сотрудник, владеющий русским языком. Эта услуга предоставляется бесплатно.

Arabic: نوَقِّر خدمات ترجمة فورية مجانية للإجابة على أي أسئلة قد تكون لديك حول خطة الصحة أو الدواء الخاصة بنا. للحصول على مترجم فوري، ما عليك سوى الاتصال بنا على الرقم **1-800-275-4737** (TTY: **711**). يمكن أن يساعدك شخص يتحدث العربية وهذه الخدمة مجانية.

Hindi: हमारे पास अपने हेल्थ या ड्रग प्लान को लेकर संभवतः आपके मन में उठने वाले सवालों के जवाब देने के लिए मुफ्त में दुभाषिया सेवाएं हैं. दुभाषिया पाने के लिए, बस **1-800-275-4737** (TTY: **711**) पर हमें कॉल करें. हिंदी जानने वाला कोई व्यक्ति आपकी मदद करेगा. यह सेवा मुफ्त में है.

Italian: Sono disponibili servizi di interpretariato gratuiti per rispondere a qualsiasi domanda possa avere in merito al nostro piano farmacologico o sanitario. Per usufruire di un interprete, è sufficiente contattare il numero **1-800-275-4737** (TTY: **711**). Qualcuno la assisterà in lingua italiana. È un servizio gratuito.

Portuguese: Temos serviços de intérprete gratuitos para responder a quaisquer dúvidas que possa ter sobre o nosso plano de saúde ou medicação. Para obter um intérprete, contacte-nos através do número **1-800-275-4737** (TTY: **711**). Um falante de português poderá ajudá-lo. Este serviço é gratuito.

French Creole: Nou gen sèvis entèprèt gratis pou reponn nenpòt kesyon ou ka genyen sou plan sante oswa medikaman nou an. Pou jwenn yon entèprèt, jis rele nou nan **1-800-275-4737** (TTY: **711**). Yon moun ki pale Kreyòl-Franse ka ede w. Sa a se yon sèvis gratis.

Polish: Dysponujemy bezpłatnymi usługami tłumaczeniowymi w celu odpowiedzi na dowolne pytania dotyczące naszych planów zdrowotnych i lekowych. Aby uzyskać pomoc tłumacza, zadzwoń pod numer **1-800-275-4737** (TTY: **711**). Osoba mówiąca po polsku może Ci pomóc. Ta usługa jest bezpłatna.

Japanese: 無料の通訳サービスを利用して、健康や医薬品に関するご質問にお答えします。通訳をご希望の場合は、**1-800-275-4737** (TTY: **711**) までお電話ください。日本語話者がお手伝いいたします。このサービスは無料です。